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Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

	Fo	the	2016 cale		and endin	g		<u>, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>	20
В	Chec	k ıf ap	plicable	C Name of organization ASSOCIATED GLASS AND POTTERY		D Emple	oyer iden	tification	number
M	ddr	ess cł	nange	Doing business as		25-11	2372	<u>6</u> _	
Ц١	lame	chan	ige	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telep	hone nun	nber	
Ц·	nitia	l retur	n ,	21 PAINTERS CROSSING		(304)	481	-7641	
∐ ŀ	inal	returr	1/	City or town, state or province, country, and ZIP or foreign postal code		G Gross	3		
_ t	erm	nated		WV 26187		receip			400,223
\coprod'	\mei	nded r	eturn	F Name and address of principal officer H	(a) Isthisa	group retur	n for subor	dinates?	Yes 🔀 No
\coprod_{ℓ}	Appl	cation	pending	H	(b) Are all su	ubordinates	included?	L	Yes ∐ No
	Гах-	-exer	npt status	501(c)(3) X 501(c)(6) ◀(insert no) 4947(a)(1) or 527	If "No	," attach a l	ıst (see ins	tructions)	
<u>J \</u>	Net	site	:▶ N/A	Н	(c) Group ex	xemption nu	ımber 🕨	····	
K	orm	of or	ganization	Corporation Trust Association Other ► L Year of	formation	1923	M State	of legal do	micile PA
P	art		Summ	nary					
		1	Briefly des	scribe the organization's mission or most significant activities					
q	, <u>†</u>	О	PROMO	TE GOODWILL FOR THE GLASS AND POTTERY	<u>Y MANU</u>	FACTU	JRERS	AND	
Gottornonce		PRO	VIDE	FUNDING AND SUPPORT FOR COOPERATIVE	PROJEC	TS WI	TH		
6	E	CDU	CATIO	NAL INSTITUTIONS					
Š		2	Check this	s box $lacktriangle$ $lacktriangle$ if the organization discontinued its operations or disposed of mo	ore than 25°	% of its ne	et assets		
6	}	3	Number o	f voting members of the governing body (Part VI, line 1a)		•	3		9
9	3	4	Number o	f independent voting members of the governing body (Part VI, line 1b)			4		
		5	Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)			_5		
Activities &		6	Total num	ber of volunteers (estimate if necessary)			6	_	9
	١,	7a	Total unre	alated business revenue from Part VIII, column (C), has teled business taxable income from Form 990-1 line 34			7a		
		b	Net unrela	ated business taxable income from Form 990-T line 34	<u> </u>		7b		0
				App	Pı	rior Year		Curre	ent Year
9	ای	8	Contribute	ons and grants (Part VIII, line 1h) Service revenue (Part VIII, line 2g)	<i>}</i> /	1	,350		1,370
Š		9	Program s	service revenue (Part VIII, line 2g)	í/ L				
Douglas		10	Investmen	nt income (Part VIII, column (A), lines 3, 4, and DIDDE A		30	,381		31,782
ų		11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c and 4 e,					
ا ـــــ		12	Total reve	nue add lines 8 through 11 (must equal Part VIII, column (A) line 12)		31	,731		33,152
}	1	13	Grants an	d similar amounts paid (Part IX, column (A), lines 1-3)					
		14	Benefits p	aid to or for members (Part IX, column (A), line 4)					
9	2	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)					
		16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)					
Ş	<u>}</u>	b	Total fund	fraising expenses (Part IX, column (D), line 25)	_				
Ú	ن	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		51	,417		39,372
		18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			,417		39 , 372
		19	Revenue	less expenses Subtract line 18 from line 12		-19	,686		-6,220
ş	S				Beginni	mg of Curre	nt Year		of Year
ssets		20	Total asse	ets (Part X, line 16)		1,018	474	1	,012,254
41	- 8	21	Total liabi	lities (Part X, line 26)					
ž	2 <u>8</u>	22	Net assets	s or fund balances. Subtract line 21 from line 20		1,018	474	1	,012,254
P	art	11	Signa	ture Block					
				r, I declare that I have examined this return, including accompanying schedules and states			my knowie	dge and be	lief, it is true,
corr	ect,	and c	omplete. De	claration of preparer (other than officer) is based on all information of which preparer ha	s any knowled	ige. 			
			\	Horge Leuton				4-2	4-17
Si	gn		Sig	nature of officer			E	Date	
He	re		GE	CORGE FENTON TREAS	URER				
			Тур	e or print name and title					
_			Print	Type preparer's name Preparer's signature Date	100/00	Check	⟨∐ ıf	PTIN	
Pa				TH CHELLMAN Buthshellman 04	20 20	V ∫ self-e	mployed	P0002	29616
		arer		's name ▶ HRB TAX GROUP INC		Firm's EIN	▶ 431	87184	40
Us	e	Only	/ Firm	's address ▶ 8953 LINCOLN HWY	- 1	Phone no		_	
_			IRW	VIN PA 15642	7	2486	<u>428</u> 83		
Ma	y th	e IRS	discuss t	his return with the preparer shown above? (see instructions)					Yes X No
Fo	Pa	perv	vork Redu	iction Act Notice, see the separate instructions.				Form	990 (2016)

916

FDA

Form	990 (2016) ASSOCIATED GLASS AND POTTE 25-1123726	Page 2
Par		🛛
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?	⊠ 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? Yes	⊠ 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 \$including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	

Checklist of Required Schedules Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 1 2 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 98-197 If "Yes," complete Schedule C, Part III Χ 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 Χ "Yes," complete Schedule D, Part I ... 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ 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 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI . . Χ 11a b Did the organization report an amount for investments -- other securities in Part X, line 12 that is 5% or more of its total Χ 11b c 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 Χ 11c 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 Χ Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X 11e 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII . . . 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 Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ... 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance 16 to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ... Χ 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Χ

Form 990 (2016) ASSOCIATED GLASS AND POTTE 25-1123726

Part IV Checklist of Required Schedules (continued)

			Yes	NO_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_X
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>X</u>
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		<u>X</u>
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	ļ		
	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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \mathbb{N}/\mathbb{A}$	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? $\dots \dots \dots$	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \dots N/A	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	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			
	any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
а	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,			
	Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ .	
	Part !	31	1	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		1 "	
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b				
	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	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	1	t
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			T
	Note. All Form 990 filers are required to complete Schedule O	38	X	
FΠΔ	16 9904 BWE 990 Form Software Convenient 1995 2017 HDD Tay Group Inc.	Гасст		(0016)

Part V

Sta	tements	Regarding	Other IRS	Filings and	Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u>. </u>	டி
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Litter the number of Forms W-2d moldded in line 1a. Litter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			٠,,
_	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	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		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	٠,		۱ ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			٠,,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			1
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			١
_	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
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).		,	
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?	7a		X .
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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 7d			.,
e	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 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
•	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_ '		7.7
0	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.		-	
a h	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a depart advisor or related parent?	9a		X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10			-	
a b	Initiation fees and capital contributions included on Part VIII, line 12	ĺ		
11	Section 501(c)(12) organizations. Enter	-		1
a				
b	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources	-		
12a	against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
b		12a	-	X
	very state of the	ł ,		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
h	Note. See the instructions for additional information the organization must report on Schedule O			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans	1	ľ	
14a		140	-	-
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N./A	14b	000	(2016)

Part VI

25-1123726 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\overline{X}
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body,		1	
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	1	Χ
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		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
_	or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
_	by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
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,"			
	describe in Schedule O how this was done $\cdots \cdots \cdots$	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			٠.
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Χ
	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			
	with a taxable entity during the year?	16a		X
þ	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			
	the organization's exempt status with respect to such arrangements?	16b		
	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 o	nly)		
	available for public inspection. Indicate how you made these available Check all that apply.			
	Own 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			
	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			
	SEE ATTACHMENT #1			

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

 \boxtimes

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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

(A)	(B)			(0	;)			(D)	(E)	(F)
Name and Title	ne and Title Average (do not check more hours per box, unless person officer and a director week officer and a director hours per h		tiON more th rson is l rector/1	an one both an trustee)		Reportable compensation	Reportable compensation	Estimated amount of		
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE MCCANN	4.00	Х		X				0	0	0
PRESIDENT GEORGE FENTON TREASURER	2.00	x		×				0	o	0
VICTOR WICKS DIRECTOR	1.00	х	,					0	0	0
DEAN STROH DIRECTOR	1.00	x						0	0	0
KENNETH DALZELL DIRECTOR	1.00							0	0	0
WILLIAM SMITH DIRECTOR	1.00							0		0
TRISTAN TRIGGS DIRECTOR	1.00							0	0	0
ROBERT GONZE DIRECTOR	1.00							0	0	0
JOHN POTTS DIRECTOR	1.00	X						0	0	0
				And the state of t						

Form **990** (2016)

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for	rait	Section A. Officers	, Directors	s, irusi	ees, n	ey En	ipioye	es, and	nigite	sat Compensated E	inployees (continue	,u)		
Name and title Name and title						(C	tion			6 .	(=)	1		
the Sub-total superior that a superior the superior that superior tha			1		box, ur	check less pe	more th	both an -				-1		
Total from continuation sheets to Part VII, Section A Total fided lines to and to) Total informer of increase sheets sheets sheets sheets sheets and other compensation from the total from the designation and related organization from the total from the sheets organization in the first sheets organization in the first sheets organization and related organization from the organization or increases and the sheet organization from the organization or increases and the sheet organization from the organization or increases and the sheet organization from the organization or increases organization from the organization from the organization or increases organization from the organization or increases organization or increases organization from the organization or increases organization organi		Name and title	hoursper		officer _	and a d	irector/	(trustee)			,			1
1b Sub-total and the sub-total				ndiv or di	nstit) Si	Key	High	Forn	1	i '	1		on
the Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A 2 Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 12° If "Yes," complete Schedule J for such individual 4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or individual or organization and related organization from any unrelated organization or individual or services sendered to the organization? If "Yes," complete Schedule J for such individual 4. X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than			for related	idua	ution	ĕ	emp!	est i	ĕ	the	l .	fro	m the	
the Sub-total c Total from continuation sheets to Part VII, Section A c Total from continuation sheets to Part VII, Section A 2 Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 12° If "Yes," complete Schedule J for such individual 4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual 4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization or individual or organization and related organization from any unrelated organization or individual or services sendered to the organization? If "Yes," complete Schedule J for such individual 4. X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year. (A) Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than		1	1 -	or Itrus	nal tr		loye	еощ		organization	(W-2/1099-MISC)	_		
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► Yes No. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Security organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4	c	Total from continuation sh	neets to Pa	art VII, S	Section	n A			. ▶					
from the organization Yes No.	_ d		·	•		•			. ▶			<u> </u>		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2		(including	but not l	ımıted	to tho	se liste	ed above) who	received more than	\$100,000 of reporta	ble comp	ensatio	on
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		from the organization >											Yes	No
on line 1a? If "Yes," complete Schedule J for such individual	3	Did the organization list any	former of	ficer, dir	ector.	or trus	itee, ke	ev emplo	vee. c	or highest compensa	ted employee			
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		= •							-	-				Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	For any individual listed on	line 1a, is t	he sum	of repo	ortable	comp	ensation	and e	other compensation	from the			
services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related org	janizations	greater	than \$	150,00	003 lt ,	'Yes," co	mplet	e Schedule J for suc	h individual	4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	Did any person listed on line	e 1a receiv	e or acc	rue co	mpens	sation	from any	unrel	ated organization or	individual for		ł	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than				If "Yes,	" comp	olete S	chedu	le J for s	uch p	erson		5	<u> </u>	X
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than														
(A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1											tay year		
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		compensation from the orga		report of	Jinper	isalion	ioi un	e calend	ai yea		in the organizations			
2 Total number of independent contractors (including but not limited to those listed above) who received more than		Name and		address	s						ervices			n
												·		
		T-t-t-t						1	<u> </u>					
	2			•	_		t limite	d to thos	e liste	ed above) who receive	ed more than			

Form 990 (2016)

Part VIII Statement of Revenue

Federated campaigns				exempt function	business revenue	excluded from tax under sections
Federated campaigns	1.1			revenue	revenue	512-514
	1a	1,370			,	
Membership dues .	· 1b	1,370				
Fundraising events	1c					,
Related organizations	· · 1d					,
Government grants (contrib					•	
All other contributions, gifts,	grants, &					
similar amounts not include	d above 1f				<u>'</u>	,
Noncash contributions included	in lines 1a-1f \$					
Total. Add lines 1a-1f		>	1,370			
		Business Code				
All other program service re	evenue					
Total. Add lines 2a-2f , ,		·				
Investment income (includir	ng dividends, interes	t, and				
other similar amounts) .			31,782			
Income from investment of	tax-exempt bond pr	roceeds ►				
Royalties						
	(ı) Real	(II) Personal		<u> </u>		
Gross rents						
Less rental expenses	·		7			
· · · · · · · · · · · · · · · · · · ·					,	
` ' L		>		-		
[<u> </u>	1
Gross amount from sales	(1) 0000111100	(/	1			
	325,304					
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	367,071					
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All other revenue .				1	l _	
• Total. Add lines 11a-11d						
	All other program service re Total. Add lines 1a–1f All other program service re Total. Add lines 2a–2f Investment income (including other similar amounts) Income from investment of Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Net rental income or (loss) Ver rental income or (loss) Servents Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundrare (not including \$ of contributions reported or See Part IV, line 18 Less direct expenses Net income or (loss) from finders Gross income from gaming Part IV, line 19 Less direct expenses Net income or (loss) from finders Gross sales of inventory, leading the process of goods sold Net income or (loss) from set of goods sold Net income or goods sold	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond process rents Less rental expenses Rental income or (loss) Net rental income or (loss) Net rental income or (loss) Caross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gan or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less direct expenses Gross income from gaming activities See Part IV, line 19 Less direct expenses Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue	similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Business Code Business Code All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Net rental income or (loss) Caross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) See Part IV, line 18 Less direct expenses Gross income from fundraising events Gross income from gaming activities Gross income from gaming activities Gross sales of inventory, less returns and allowances Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	similar amounts not included above Noncash contributions included in lines 1a-1f \$ 1,370 Susiness Code	similar amounts not included above Noncash contributions included in lines 1a-1f \$	similar amounts not included above [11] Noncash contributions included inlines 1a-11 \$

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to	any line in this Part		·	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) -Program service - expenses	(C) -Management-and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21		1		
2	Grants and other assistance to domestic				
	ındıvıduals. 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	L			
7	Other salaries and wages ·				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			ļ	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal· · · · · · · · · · · · · · · · · · ·			-	
С	Accounting	400		,	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			-	
f	Investment management fees				-
g	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				ļ
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				
17	Travel				-
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials	38,972			
19	Conferences, conventions, and meetings	30,372			
20	Interest				
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				
23 24	Other expenses Itemize expenses not covered above			 	
24	(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)				
•	ist line 24e expenses on Schedule O)	-		·	
a b		<u> </u>			
				1	
c d				1	
e	All other expenses	 	-	 	
25	Total functional expenses. Add lines 1 through 24e	39,372		-	
25 26	Joint costs. Complete this line only if the organization	37,372		 	
20	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	TOTOGRAPHIC CONTRACTOR AND TARRADOR AND ADDICTION OF THE CONTRACTOR AND TARRADOR AN	ı	1	i	1

ASSOCIATED GLASS AND POTTE 25-1123726 Form 990 (2016) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 16,146 26,427 1 Cash -- non-interest-bearing . . . 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net . . Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 7 Notes and loans receivable, net Inventories for sale or use . . 8 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 985,827 1,002,328 11 11 Investments -- publicly traded securities 12 Investments -- other securities See Part IV, line 11. 12 13 13 Investments -- program-related. See Part IV, line 11 ... 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 . . . 1,018,474 1,012,254 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses . . Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D O Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ | | and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets ... 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🛛 and Net Assets or complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

32

33

Retained earnings, endowment, accumulated income, or other funds

1,018,474

1,018,474

1,018,474

32

33

34

1,012,254

1,012,254

1,012,254

Form	990 (2016) ASSOCIATED GLASS AND POTTE 25-1123	726		Pag	je 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•		П
1	Total revenue (must equal Part VIII, column (A), line 12)	1		33	,152
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	,372
3	Revenue less expenses Subtract line 2 from line 1	3		-6	,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,018	,474
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	,012	,254
Par	XII Financial Statements and Reporting	·			
	Check if Schedule O contains a response or note to any line in this Part XII				. 📙
				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			1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	r	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis]
b	Were the organization's financial statements audited by an independent accountant?		2k	,	X
	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			-	
	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			Ī	İ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	. N	/.A 20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		[-		ľ

N/A

3b

Form **990** (2016)

FDA

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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

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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

2016

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) or e of organization	riganizationo Complete i di in		Employe	r identification number
	-	AND POTTERY MAN	IIEACTIIDEDS		23726
		the organization is exem			
1					
•	definition of "political camp	e organization's direct and indirect	a political campaign activ	vides in Fart IV. (see instruction	ons ioi
2	· ·	expenditures (see instructions)			▶ \$
3		campaign activities (see instruct	ione)	,	
حقم		the organization is exem		501(c)(3)	<u> </u>
1		cise tax incurred by the organiza		<u></u>	> \$
2	•	cise tax incurred by organization			> \$
3	•	a section 4955 tax, did it file For	-		Yes No
	Was a correction made?	a deductr 4000 tax, and it me i on	11 17 20 for tine your		Hyes H
	If "Yes." describe in Part IV	• •			
		the organization is exen	not under section	501(c), except section	501(c)(3).
1		xpended by the filing organizatio			
	activities			•	. ▶ \$
2	Enter the amount of the filir	ng organization's funds contribute	ed to other organizations	s for section	
	527 exempt function activiti	es			▶ \$
3	Total exempt function expe	nditures. Add lines 1 and 2. Ente	er here and on Form 112	0-POL,	
	line 17b				▶ \$
4	Did the filing organization fi	le Form 1120-POL for this year	?		. Yes No
5	organization made paymen the amount of political cont	s and employer identification nur its. For each organization listed, tributions received that were pror und or a political action committe	enter the amount paid from the paid from the paid from the paid and directly deliver	om the filing organization's fured to a separate political org	nds Also enter anization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	-			-	

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

of the I	ch "Yes," response on lines 1a-through-1i below, provide in Part-IV a detailed description	(a)	<u> </u>	<u> </u>	<u>) </u>	
1 [lobbying activity.	Yes	No		Am	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local			,			
l l	legislation, including any attempt to influence public opinion on a legislative matter or			î			
r	referendum, through the use of						
a \	Volunteers?	-	•	Ì		,	
b f	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1			,
c I	Media advertisements?		-	1			
d ł	Mailings to members, legislators, or the public?						
e i	Publications, or published or broadcast statements?						-
f (Grants to other organizations for lobbying purposes?						
g l	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h l	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i (Other activities?						
j ·	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		-				
b 1	If "Yes," enter the amount of any tax incurred under section 4912					•	
c l	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	•	1				
Part	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	on 5	01(c)(5),	or se	ction	
						Yes	
	Were substantially all (90% or more) dues received nondeductible by members?		•		1		X
	7 3 1						X
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the present the organization is exempt under section 501(c)(4), s						X
1 1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere line 3, is answered "Yes." Dues, assessments and similar amounts from members		1	··· (, 37
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political						
•	expenses for which the section 527(f) tax was paid). Current year		l				
	Culterit year		20				
	Corporate from lost year		2a				
b	Carryover from last year	•	2b				
b c	Total	•	2b 2c			· · · -	
ь с 3	Total		2b				
b c 3	Total		2b 2c				
b (c - 3 / 4	Total	al	2b 2c 3				
b (c - 3 / 4	Total	al	2b 2c				

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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 2016 Open to Public Inspection

Name of the organization

Employer identification number

25-1123726

ASSOCIATED GLASS AND POTTERY MANUFACTURERS SECTION A-6 THE ORGANIZATION HAS CORPORATE MEMBERS WHO EACH DESIGNATE - AN INDIVIDUAL FROM THEIR CORPORATION AS THEIR REPRESENTATIVE. -

MEMBERS ELECT 9 DIRECTORS ANNUALLY TO BE SECTION A-7A AND A-8A THETHE 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 THE 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 \$1,370, INTEREST CHECKING \$1.18, INVESTMENT GAIN \$31,780.55. TOTAL INCOME \$33,151.73. -

EXPENSES-ANNUAL MEMBERS MEETING COSTS \$30,598.06, DIRECTORS MEETING COST \$1,256.03, OFFICERS EXPENSES \$1,500, PROJECTS SPENDING \$5,245.56,TREASURER'S BOND \$100, TAX PREPARATION \$400, BROKERAGE FEES \$80 - OTHER EXPENSES \$192.51 = TOTAL EXPENSES \$39,372.16

ASSETS- LPL FINANCIAL CHECKING ACCOUNT 7493-4387 \$26,526.69, MANAGEMENT ACCOUNT 5224-9942 - 985,827.29. TOTAL ASSETS \$1,012,353.98. (INCLUDES UNCASHED \$100 CHECK)

KEY TRANSACTIONS DURING 2016 - STOCK SOLD 2/16/2016 AND 11/23/2016 FOR \$325,304.38 WITH STOCK COST BASIS OF \$367,071.41 = A LOSS OF \$41,767.03. - \$60,234.48 OF THE STOCK SALE WAS TRANSFERED TO CHECKING.

CHECKING ACCT STARTED WITH \$4,193.19 ADDING \$60,234.48 FROM SALE OF STOCK, MINUS EXPENSES \$39,372.16 PLUS MEMBERS DUES \$1,370. AND BANK INTEREST \$1.18. BALANCE IN CHECKING IS \$26,426.69 ADDING - UNCASHED CHECK OF \$100 = \$26,526.69

6/28/2016 PURCHASED 3 STOCK IN INVESTMENT ACCT 5224-9942 8/01/2016 PURCHASED 3 STOCK \$89,059.13 AND 9/1/2016 PURCHASED 3 STOCK \$88,924.44. -