

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax 1710

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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 2016 calendar year, or tax year beginning

11-01, 2016, and ending

10-31, 2017

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 & ALLIED WKRS 239

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

PO BOX 2481

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

Sapulpa, OK 74067-2481

D Employer identification number

73-1455168

E Telephone number

05

F Group Exemption

Number ► 0183

G Accounting Method

 Cash Accrual Other (specify) ►H Check ► if the organization is not

I Website: ►

required to attach Schedule B

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) (insert no) 4947(a)(1) or 527

(Form 990, 990-EZ, or 990-PF)

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

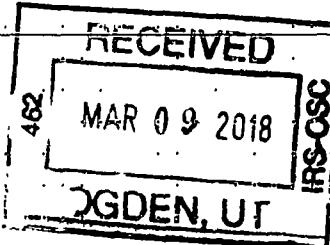
► \$

77,158

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

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 70,703
4 Investment income	4 189
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)	5c
6 Gaming and fundraising events	6d
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
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)	
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 6,266
8 Other revenue (describe in Schedule O)	8 77,158
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11 2,448
12 Salaries, other compensation, and employee benefits	12 32,237
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 3,500
15 Printing, publications, postage, and shipping	15 4,886
16 Other expenses (describe in Schedule O)	16 29,434
17 Total expenses. Add lines 10 through 16	17 72,505
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 4,653
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 40,135
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 44,788



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 II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	36,251	22	40,220
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	3,884	24	4,568
25 Total assets	40,135	25	44,788
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)	40,135	27	44,788

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 III.

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.

Expense

(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.

29

30

31

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 O 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
TIMOTHY MILGATE PRESIDENT	0.00	5,938	0	3,457
CHARLES MARTIN VICE PRESIDENT	0.00	1,097	0	1,500
WESLEY LEWIS FINANCIAL SECRETARY	0.00	6,048	0	6,690
ETHEL LEWIS RECORDING SECRETARY	0.00	1,131	0	2,579

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 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) 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)? 35a X
 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 35b
 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 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 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a
 b Did the organization file Form 1120-POL for this year? 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? 38a X
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a
 a Initiation fees and capital contributions included on line 9 39b
 b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40b , section 4912 ► 40c , section 4955 ► 40d
 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 40e X
 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 40f
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40g
 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 40h

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

42 a The organization's books are in care of ► WESLEY LEWIS Telephone no ► 918-694-2058
 Located at ► PO BOX 2481, Sapulpa, OK ZIP + 4 ► 74067-2481 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 ► 42c X
 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42d

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

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 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 44b X
 c Did the organization receive any payments for indoor tanning services during the year? 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 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 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) 45b X

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.

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

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.

Page 1 of 1

Sign Here	Signature of officer 	Date 3/5/18			
	Type or print name and title Wesley Lewis				
Paid Preparer Use Only	Print/Type preparer's name Wesley Lewis	Preparer's signature 	Date 3/5/18	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► Wesley Lewis		Firm's EIN ►		
	Firm's address ► 123 Main Street				

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

Yes No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2016**► 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.**Open to Public
Inspection**

Name of the organization

Employer identification number

GLASS MOLDERS POTTERY PLASTICS & ALLIED WKRS 239

73-1455168

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

Description	Amount
REFUNDS	2,818
STALE CHECKS	3,448

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

Description	Amount
Meeting expense	13,544
Wage Conference	360
Convention - State & National	4,259
Union Function	2,552
Educational Conference	8,719

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

Category	Beginning of Year	End of Year
OFFICE EQUIPMENT	3,884	4,568