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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning NOVEMBER 1, , 2008, and ending OCTOBER 31, , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
GMP LOCAL #77, c/o LOUIS SMITH

Number and street (or P O box, if mail is not delivered to street address) Room/suite
679 ROUTE 146-A

City or town, state or country, and ZIP + 4
CLIFTON PARK, NY 12065-1624

D Employer identification number
14-1610094

E Telephone number

F Group Exemption Number . . ▶0183

- *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.gmpiu.org

J Organization type (check only one) – ☒ 501(c) (5)◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 30,139

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for 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	29,105
	4	Investment income	4	415
	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) (attach schedule)	5c	0.00
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.00
	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	0.00
	8	Other revenue (describe ▶ STALE OUTSTANDING CHECK, REFUND)	8	619
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	30,139.00
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ SEE ATTACHED SCHEDULE)	16	20,448
	17	**Total expenses.** Add lines 10 through 16 ▶	17	20,448.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,691.00
	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	79,842.00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	89,533.00

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	76,299	22	85,990
23	Land and buildings		23	
24	Other assets (describe ▶)	3,543	24	3,543
25	**Total assets**	79,842.00	25	89,533.00
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	79,842.00	27	89,533.00

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

What is the organization's primary exempt purpose? LOCAL LABOR UNION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; 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 entir membership. (Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	N/A
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	N/A
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	N/A
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	N/A
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	0.00

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SCHEDULE				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a NONE			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 unpaid at the start of the period 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:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	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) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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.	40e		

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

42a The books are in care of ▶ FINANCIAL SECRETARY Telephone no. ▶ _____

Located at ▶ ADDRESS IN BLOCK C ZIP + 4 ▶ _____

			Yes	No
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 **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____	42c		X

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	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the 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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the 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 address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

Louis M. Smith — Signature of officer — Date: March 23, 2010

Louis G. Smith — Type or print name and title: FINANCIAL SECRETARY

Paid Preparer's Use Only

Preparer's signature: [signature] — Date: 2/22/10 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instructions): P00 138735

Firm's name (or yours if self-employed), address, and ZIP + 4: GMP INTERNATIONAL UNION, PO BOX 607, MEDIA, PA 19063 — EIN ▶23-0628010 — Phone no ▶610-565-5051

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

GLASS, POTTERY, PLASTICS & ALLIED WORKERS

FORM 990-EZ

LOCAL UNION # 77

DELMAR, NY
LOCATION

FILE # 512-552 EIN # 14-1610094

FISCAL YEAR ENDED: 10/31/2009

PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

Salaries and other compensation		11,971
Meeting expense		10
Office expense & supplies		124
Wage Conference		0
Educational Conference		766
Convention - State & National		0
Dues to Affiliates		1,747
Rent		3,000
Gifts & Sprays		1,820
Refunds		0
Charity		775
Auditors & Professional Fees(Legal)		0
Int'l dues, DBI, and W/D cards		235
Payroll Taxes		0
Investments - capital		0
Insurance		0
Mortgage Interest		0
Building Improvements		0
Benefits		0
Loans Made		0
Other	0	0
	0	0
	0	0
		20,448

Other Expenses - Line 16 and Total Expenses - line 17 (Form 990-EZ) 20,448

Glass, Molders, Pottery, Plastics & Allied Workers

Local Union # 77

Location: DELMAR, NY

EIN # 14-1610094

LM File # 512-552

Fiscal Year Ended 10/31/2009

FORM 990-EZ
PART IV, LIST OF OFFICERS, DIRECTORS, TRUSTEES, & KEY EMPLOYEES

(A) Name	(B) Title	(C) Compensation	(D) Contributions to Emp Ben Plans	(E) Expense Acct & Allowances
ROBERT KRISANDA	Pres	1,767	0	130
STEVEN REKEMEYER	V Pres	1,050	0	0
LOUIS SMITH	Fin Sec	1,151	0	27
MICHAEL MC CORMICK	Rec Sec	695	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
TOTAL		4,663	0	157