



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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.

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
Instruc-
tions.**C** Name of organization

GMP LOCAL #166, c/o SHERYL MAILATH

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

9174 SPRINGHILL DR

Room/suite

City or town, state or country, and ZIP + 4

ST JOHN, IN 46373

D Employer identification number

36-6108526

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 ▶ \$ 79,388**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 71,943
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c 0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	6b	Less: direct expenses other than fundraising expenses	6b
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 0	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 0	
8	Other revenue (describe ▶ <u>VENDING RECEIPTS</u>)	8 7,445	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 79,388	
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 ▶ <u>SEE ATTACHED SCHEDULE</u>)	16 50,543
	17	Total expenses. Add lines 10 through 16	17 50,543
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 28,845
	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 34,653
	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 63,498

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	34,653	22 63,498
23 Land and buildings		23
24 Other assets (describe ▶ _____)		24
25 Total assets	34,653	25 63,498
26 Total liabilities (describe ▶ _____)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,653	27 63,498

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form **990-EZ** (2008)

SCANNED FEB 28 2010

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

Expenses

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

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

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

28 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	N/A
29 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	N/A
30 (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	N/A
31	Other program services (attach schedule) ▶ <input type="checkbox"/> (Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	N/A
32	Total program service expenses (add lines 28a through 31a) ▶	32	0

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

[illegible]

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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a 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?		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?		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 40a ; section 4912 40a ; section 4955 40a		
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 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41		
42a The books are in care of FINANCIAL SECRETARY Telephone no. 42a Located at ADDRESS IN BLOCK C ZIP + 4 42a		
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)? 42b If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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.

- 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** ☐ **Yes** ☐ **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ **Yes** ☐ **No**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ **Yes** ☐ **No**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 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
NONE				
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
NONE		
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.

Signature of officer: Sheryl M. LATH Date: 11-28-10

Type or print name and title: FINANCIAL SECRETARY

Paid Preparer's Use Only Preparer's signature: Fred Vercel CPA Date: 1/21/10 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 EIN: 23-0628010

PO BOX 607, MEDIA, 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 # 166

FILE # 045-792

EIN # 36-6108526

DOLTON, IL
LOCATION

FISCAL YEAR ENDED: 10/31/2009

PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

Salaries and other compensation	30,910
Meeting expense	1,679
Office expense & supplies	866
Wage Conference	0
Educational Conference	0
Convention - State & National	0
Dues to Affiliates	0
Rent	3,923
Gifts & Sprays	6,582
Refunds	0
Charity	0
Auditors & Professional Fees(Legal)	805
Int'l dues, DBI, and W/D cards	0
Payroll Taxes	5,778
Investments - capital	0
Insurance	0
Mortgage Interest	0
Building Improvements	0
Benefits	0
Loans Made	0
Other	0
	0
	0
	<u>0</u>
	50,543

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

50,543

Glass, Molders, Pottery, Plastics & Allied WorkersLocal Union # 166Location: DOLTON, ILEIN # 36-6108526LM File # 045-792Fiscal 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
WINSTONE DAVIS	Pres	2,100	0	268
PAMELA FRAZIER	Pres	2,281	0	506
PAMELA FRAZIER	2ND V Pres	2,610	0	47
RON FRYE	1ST V Pres	1,425	0	0
RONALD AKINS	2ND V Pres	1,118	0	0
THEODORE HAWTHORN	1ST V Pres	2,050	0	17
SUZY RHOADES	Fin Sec	2,029	0	935
ROBERT GABRYS	Fin Sec	2,573	0	981
SHERYL MAILATH	Fin Sec	2,646	0	281
DEBRA BUGGS	Rec Sec	4,085	0	0
0	0	0	0	0
TOTAL		22,917	0	3,035