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# Form **990-EZ**

Department of the Treasury

Internal Revenue Service

# **Short Form**

Return of Organization Exempt From Income Tax

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

Sponsonng 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

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Number and strategy interest in territoria.   Number and street (or PO Dox, if mail is not delivered to street address)   Room/buttle   E Telephone number   Specific   Speci			Address change Use IRS GMP LOCAL #9B, C/O KENNY LAMBERT 42-10					57
Termination   Application pending   Seed   92.4 JOHNSON ST RD   Application pending   Seed   Septembro   Section 501(c)(3) organizations and 49417(q)(1) nonexempt charitable trusts must attach   a completed Schedule A (Form 990 or 990-E2).   H. Check ►	님	Name change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele						mber
Application perindro   Description   Specific   Description   Descrip	片							
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: ► MMW.gmpiu.org	Ħ				Specific City or town, state or country, and 7IP + 4	F Grou	Exemp	tion
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Website: ▶ www.gmpiu.org		• \$	ecti	on 501(c)(3)		_		☑ Cash ☐ Accrual
Website: № WWW. Gmp111.Org   Sorticity								
Organization type (check only one) - □ 501(c) (5) → (insert no.) □ 4947(a)(1) ro □ 527 □ 990-EZ, or 990-PF)   K Check   □ If the organization is not 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   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   ≥ \$ 37,529		W۵	heit	- WWW				
Check						•		dule 6 (Fomi 990,
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Add lines 5b, 6b, and 7b. to line 9t to determine gross recepts, if \$10,00,000 rome, file from 990 received.   1							<del></del>	COE OOO A seture is
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1 Contributions, gifts, grants, and similar amounts received. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 b Less: cost or other basis and sales expenses c Garn or (loss) from sale of assets other than inventory (Subtract the 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G) If any amounts from gaming, check here a Gross revenue (not including \$ of contributions c reported griding (N)								
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20 Other changes in net assets or fund balances (attach explanation)	set	i					72	
20 Other changes in net assets or fund balances (attach explanation)	Ass	'	•				19	15,595
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For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.		r Pri	ivac	v Act and D	Property Reduction Act Notice see the Instruction for Form 990		20 21	<del></del>

P	Statement of Program Service Accom	plishments (See the insti	ructions for Part	III.)		Expenses
Wł	nat is the organization's primary exempt purpose? $ { t L} $	OCAL LABOR UNIO	N			uired for 501(c)(3)
De	scribe what was achieved in carrying out the organiza	tion's exempt purposes In	a clear and concis	se manner,		(4) organizations 4947(a)(1) trusts.
des	scribe the services provided, the number of persons ben	efited, or other relevant infor	mation for each pro	ogram title		onal for others)
28						
	(Grants \$ ) If this amount inclu	ides foreign grants, check l	<u>here</u>	<u>.</u> ▶ □	28a	N/A
29	***************************************					
	(Grants \$ ) If this amount inclu				29a	N/A
30						
	/Canada (C				20-	N/A
21		ides foreign grants, check	nere		Sua	N/A
٠.					342	N/A
32	Total program service expenses (add lines 28a th	irough 31a)	<u> </u>			0
(Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a N  31 Other program services (attach schedule)						
		(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
	(a) Name and address					account and other allowances
SE	E ATTACHED SCHEDULE		·			
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Pa	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		Х
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		х
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			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		х
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		Х
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions  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?  If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39	ł i	-		
	Initiation fees and capital contributions included on line 9	55.1		rý.
	Gross receipts, included on line 9, for public use of club facilities	] ·		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ , section 4955 ▶	É,	μ1 <u>.</u> Έ	 
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		
С	L, Part I			* * *
d	Enter amount of tax on line 40c reimbursed by the organization			,
	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		<u>,                                     </u>
41	List the states with which a copy of this return is filed. ▶			_
42a	The books are in care of ► FINANCIAL SECRETARY  Located at ► ADDRESS IN BLOCK C  ZIP + 4 ►			
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		Yes	No
	account)?	42b		X
	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	· › (1/4)	. *	) (1)
_	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country: ▶	1720		
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	· · ·	•	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		Х
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		Х
			1 67	

_			4
JЯ	nε	•	4

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 and		organizations mu	st answer questi	ons 46	<del>-4</del> 9	
46		ne organization engage in direct or indirect p		s on behalf of or in	n opposition to	46	Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I							
47		ne organization engage in lobbying activities?				47		
48		organization operating a school as described			ete Schedule E .	48 49a		
49a	The regulation was any stationers to an enemption continue and the state of the sta							
<b>50</b>	Comp	s," was the related organization(s) a section plete this table for the five highest compensation received more than \$100,000 of compensation	ed employees (other than		trustees and key	49b employe	es) י	who
	(a) N	lame 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		xpens unt an llowan	d
NON	1E							
							_	
Tota	Inumb	er of other employees paid over \$100,000	<del></del>					
51		olete this table for the five highest compensate ensation from the organization. If there is nor		rs who each receiv	ved more than \$10	0,000 o	f 	
		(a) Name and address of each independent contractor pa	aid more than \$100,000	(b) Ty	pe of service	(c) Com	pensa	ion
NOI	<u>IE</u>							
			····					
Tota	l numt	per of other independent contractors each rec	eiving over \$100,000 .	. ▶		<del>-</del>		<del></del>
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompin of preparer (other than office	panying schedules and r) is based on all inform	nation of which prepare	er has any	y know y know	vledge vledge
Sig:		Signature of officer			Date	210		
		Kenny Lambel T Type or print name and title	FINA	NCIAL SECRI	ETARY			
Paid	arer's	Preparer's signature	Date / 2	Check if self-employed	Preparer's Identifying  ■ P00 1387		ee mstr	uctions)
Use		Firm's name (or yours GMP INTERNAT: if self-employed),			IN ▶23-06			
		address, and ZIP + 4 PO BOX 607, I	MEDIA,		Phone no ▶610-5			
мау	tne IR	S discuss this return with the preparer show	above? See instructions	<u> </u>	<u> </u>	<u>⊠ Ye</u> om 990		No (2008)

### GLASS, POTTERY, PLASTICS & ALLIED WORKERS

FORM 990-EZ\_\_\_

LOCAL UNION # 9B

FILE # 511-458

EIN # 42-1088957

KEOKUK, IA LOCATION

FISCAL YEAR ENDED 10/31/2009

#### PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

<b>.</b>	
Salaries and other compensation	8,780
Meeting expense	6,413
Office expense & supplies	4,702
Wage Conference	0
Educational Conference	1,199
Convention - State & National	0
Dues to Affiliates	3,658
Rent	1,538
Gifts & Sprays	58
Refunds	1,995
Charity	0
Auditors & Professional Fees(Legal)	325
Int'l dues, DBI, and W/D cards	36
Payroll Taxes	832
Investments - capital	0
Insurance	0
Mortgage Interest	0
Building Improvements	0
Benefits	0
Loans Made	0
Other Union Functions	680
0	0
0	0
	30,216

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

30,216

Local Union # 9B

Location: KEOKUK, IA

EIN # 42-1088957

LM File # 511-458

Fiscal Year Ended 10/31/2009

#### FORM 990-EZ

PART IV, LIST OF OFFICERS, DIRECTORS, TRUSTEES, & KEY EMPLOYEES

		(C)	(D) Contributions	(E) Expense
(A) Name	(B) Title	Compensation	to Emp Ben Plans	Acct & Allowances
			_	
TONY SHUMAN	Pres	2,961	0	1,001
TONY VERDUGHT	V Pres	476	0	0
KENNY LAMBERT	Fin Sec	2,219	0	0
MARK RULON	Rec Sec	2,303	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
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TOTAL		7,959	ا ه	1,001
TOTAL		1,505	<u> </u>	1,001