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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
Instructions**C Name of organization**

GMP LOCAL #9B, c/o KENNY LAMBERT

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

924 JOHNSON ST RD

Room/suite

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

KEOKUK, IA 52632

D Employer identification number

42-1088957

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** ▶ \$ 37,529**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	26,630
	4	Investment income	4	202
	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
	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	
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	
8	Other revenue (describe ▶ REFUNDS/MISCELLANEOUS RECEIPTS)	8	10,697	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	37,529	
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	30,216
	17	Total expenses. Add lines 10 through 16 ▶	17	30,216
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,313
	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	15,595
	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	22,908

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	13,594	20,907
23 Land and buildings		
24 Other assets (describe ▶ OFFICE EQUIPMENT)	2,001	2,001
25 Total assets	15,595	22,908
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,595	22,908

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

Form **990-EZ** (2008)

SCANNED FEB 16 2010

Expenses

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

28 _____

 (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
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(a) Name and address

(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		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?	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 <u>FINANCIAL SECRETARY</u> Telephone no <u></u> Located at <u>ADDRESS IN BLOCK C</u> ZIP + 4 <u></u>		
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: <u></u> 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: <u></u>	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 <u></u>		
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

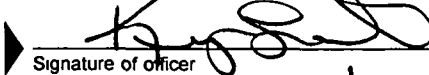
- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating 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(s) a section 527 organization?
- 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 . . ▶		

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.

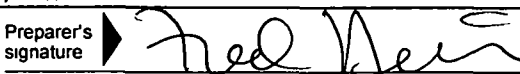
Sign Here ▶  Date 1/26/2010

Signature of officer

Kenny Lambert FINANCIAL SECRETARY

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date 1/26/10 Check if self-employed ☐

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 # 9B

FILE # 511-458

EIN # 42-1088957

KEOKUK, IA

LOCATION

FISCAL YEAR ENDED 10/31/2009

PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

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
	<u>30,216</u>

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

30,216

Glass, Molders, Pottery, Plastics & Allied WorkersLocal Union # 9BLocation: KEOKUK, IAEIN # 42-1088957LM File # 511-458

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
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
TOTAL		7,959	0	1,001