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## Short Form

OMB No 1545-1150

Form **990-EZ****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)

► 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

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**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 #239, c/o BILLY TUTTLE

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

PO BOX 2481

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

SAPULA, OK 74067

**D** Employer identification number

73-1455168

**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 ► \$ 59,773**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	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)
3	Membership dues and assessments	3	59,528	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4		13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance		
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0	16	Other expenses (describe ► SEE ATTACHED SCHEDULE)	16	42,992
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>			17	Total expenses. Add lines 10 through 16	17	42,992
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 ► MISCELLANEOUS RECEIPTS)	8	245				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	59,773				

**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	50,260	22 67,041
23	Land and buildings		23
24	Other assets (describe ► OFFICE EQUIPMENT)	4,656	24 4,656
25	Total assets	54,916	25 71,697
26	Total liabilities (describe ►)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,916	27 71,697

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

Form **990-EZ** (2008)

## 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 entire membership.

28a	N/A
-----	-----

29a	N/A
-----	-----

30a	N/A
-----	-----

<b>31a</b>	N/A
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32	0
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[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> 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
<b>35</b> 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.		
<b>a</b> 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>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions.		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38a</b> 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>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
<b>b</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		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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.		
<b>41</b> List the states with which a copy of this return is filed.		
<b>42a</b> The books are in care of <b>FINANCIAL SECRETARY</b> Telephone no. ZIP + 4 Located at <b>ADDRESS IN BLOCK C</b>		
<b>b</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.		X
<b>c</b> 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:		X
<b>43</b> 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		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		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 . . . ▶		

<b>Sign Here</b>	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 <i>Billy Tuttle</i> Date <i>4-15-10</i>		
	Type or print name and title <i>Billy Tuttle</i> <b>FINANCIAL SECRETARY</b>		
<b>Paid Preparer's Use Only</b>	Preparer's signature <i>Paul V...</i>	Date <i>4/15/10</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>GMP INTERNATIONAL UNION</i>	Preparer's Identifying Number (See instructions) <i>P00 138735</i>	
	<i>PO BOX 607, MEDIA,</i>	EIN <i>23-0628010</i>	Phone no <i>610-565-5051</i>
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

GLASS, POTTERY, PLASTICS & ALLIED WORKERS

FORM 990-EZ

LOCAL UNION # 239

FILE # 540-688

EIN # 73-1455168

SAPULA, OK  
LOCATION

FISCAL YEAR ENDED: 10/31/2009

PART I - LINE 16 - OTHER EXPENSES - DETAILED LISTING

Salaries and other compensation	15,051
Meeting expense	6,146
Office expense & supplies	2,068
Wage Conference	240
Educational Conference	2,942
Convention - State & National	0
Dues to Affiliates	0
Rent	2,700
Gifts & Sprays	2,212
Refunds	3,306
Charity	0
Auditors & Professional Fees(Legal)	0
Int'l dues, DBI, and W/D cards	8
Payroll Taxes	1,431
Investments - capital	0
Insurance	0
Mortgage Interest	0
Building Improvements	0
Benefits	0
Loans Made	0
Other      Gift Cards-Members	6,888
	0
	0
	<u>42,992</u>

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

42,992

**Glass, Molders, Pottery, Plastics & Allied Workers**Local Union # 239Location: SAPULA, OKEIN # 73-1455168LM File # 540-688

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
RONNIE FENSLAGE	Pres	1,137	0	1,220
KERRY HOUSER	V Pres	1,406	0	1,020
WAYNE WILSON	Fin Sec	4,292	0	1,020
BILLY TUTTLE	Fin Sec	0	0	0
JULIE CLOSE	Rec Sec	354	0	831
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
TOTAL		7,189	0	4,091