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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2010 calendar year, or tax year beginning **NOVEMBER 1**, 2010, and ending **OCTOBER 31**, 20 **11****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

GMP LOCAL #121B, c/o STEVE KOFNETKA

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

Room/suite

PO BOX 159

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

NEENAH, WI 54957-0159

D Employer identification number

39-6060367

E Telephone number**F** Group Exemption

Number ▶ 0183

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (5) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 111,560

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

SCANNED FEB 27 2012

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	109,214
4	Investment income	4	1,471
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)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 10) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	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 in Schedule O)	8	875
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	111,560

Expenses

10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	70,196
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	14,400
15	Printing, publications, postage, and shipping	15	7,755
16	Other expenses (describe in Schedule O)	16	40,701
17	Total expenses. Add lines 10 through 16	17	133,052

Net Assets

18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(21,492)
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	128,200
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	106,708

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	115,125	22 93,633
23	Land and buildings		23
24	Other assets (describe in Schedule O)	13,075	24 13,075
25	Total assets	128,200	25 106,708
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	128,200	27 106,708

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)	Expenses
	Check if the organization used Schedule O to respond to any question in this Part III . . . <input type="checkbox"/>	(Required for section

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 28a

29 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 29a

30 _____

 (Grants \$ _____) If this amount includes foreign grants, check here ☐ 30a

31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a	

32	Total program service expenses (add lines 28a through 31a)	32
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Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Check if the organization used Schedule O to respond to any question in this Part V ☐

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization 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 a section 527 organization?	49b	

50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000 **▶** _____

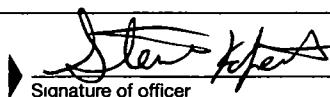
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

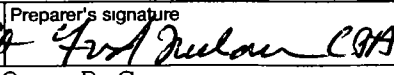
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

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		2-8-12
	Signature of officer	Date
	STEVE KOFNETKA F.W.S.P.C./TRAS.	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	FRED NEIBAUER CPA		2-1-2012		P00138735
	Firm's name ▶ NEIBAUER & CO., P.C.	Firm's EIN ▶ 23-2663341			
	Firm's address ▶ PO BOX 328 ABINGTON, PA 19001	Phone no. 215-885-770			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

GLASS MOLDERS POTTERY PLASTICS LOCAL UNION #121B

Employer identification number

39-6060367

PART I, LINE 8-OTHER REVENUE: INT'L INSURANCE \$464, INT'L DUES \$384,

WITHDRAWAL CARDS \$15, REFUNDS \$12

PART I, LINE 16-OTHER EXPENSES:

MEETING EXPENSE \$11,782

CONVENTION 260

EDUCATIONAL CONF 10,044

DUES-AFFILIATES 9,566

CHARITY 1,012

REFUNDS 150

PAYROLL TAXES 5,875

INT'L DUES, DBI, W/D CARDS 1,192

UNION BIBLES 820

TOTAL \$40,701

PART II, LINE 24-OTHER ASSETS:

OFFICE EQUIPMENT \$13,075

Glass, Molders, Pottery, Plastics & Allied WorkersLocal Union # 121BLocation: NEENAH, WIEIN # 39-6060367LM File # 025-182

Fiscal Year Ended 10/31/2011

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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
ROD RICE	Pres	12,392	0	1,738
DON SCHMITZ	V Pres	5,071	0	55
STEVE KOFNETKA	Fin Sec	8,563	0	1,189
TIM BOTTINE	Rec Sec	3,361	0	19
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
TOTAL		29,387	0	3,001