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Short Form
Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

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 2011 calendar year, or tax year beginning NOVEMBER 1, 2011, and ending OCTOBER 31, 2012

B Check if applicable

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization

GMP LOCAL UNION #239, c/o WESLEY LEWIS

D Employer identification number

73-1455168

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

Room/suite

2050 SIMMENTAL LN

E Telephone number

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

SAPULPA, OK 74066

F Group Exemption

Number ► 0183

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) ► (insert no) 4947(a)(1) or 527H 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 or a section 527 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 ► \$ 64,735.00

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

Revenue JUN 8 SCANNED	1 Contributions, gifts, grants, and similar amounts received	1	1
			2
Expenses	2 Program service revenue including government fees and contracts	3	63,872.00
			4 493.00
Net Assets	3 Membership dues and assessments	5c	(222.00)
			5c (222.00)
	4 Investment income	6d	0.00
			6d 0.00
	5a Gross amount from sale of assets other than inventory	6a	
			6a
	b Less: cost or other basis and sales expenses	6b	
			6b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6c	
			6c
	6 Gaming and fundraising events	7a	
			7a
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	7b	
			7b
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	7c	0.00
			7c 0.00
	c Less: direct expenses from gaming and fundraising events	8	370.00
			8 370.00
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	9	64,513.00
			9 64,513.00
	7a Gross sales of inventory, less returns and allowances	10	
			10
	b Less: cost of goods sold	11	7,839.00
			11 7,839.00
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	12	15,667.00
			12 15,667.00
	8 Other revenue (describe in Schedule O)	13	
			13
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	14	4,075.00
			14 4,075.00
	10 Grants and similar amounts paid (list in Schedule O)	15	2,228.00
			15 2,228.00
	11 Benefits paid to or for members	16	19,511.00
			16 19,511.00
	12 Salaries, other compensation, and employee benefits	17	49,320.00
			17 49,320.00
	13 Professional fees and other payments to independent contractors	18	15,193.00
			18 15,193.00
	14 Occupancy, rent, utilities, and maintenance	19	77,094.00
			19 77,094.00
	15 Printing, publications, postage, and shipping	20	
			20
	16 Other expenses (describe in Schedule O)	21	92,287.00
			21 92,287.00

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2011)

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	72,438.00	87,853.00
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,656.00	24 4,434.00
25 Total assets	77,094.00	25 92,287.00
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,094.00	27 92,287.00

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

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

What is the organization's primary exempt purpose? REPRESENTING UNION MEMBERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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.				
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	
29			N/A	
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			N/A	
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	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)			0.00	

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33	33	X
34	34	X
35a	35a	X
b	35b	
c	35c	X
36	36	X
37a	37a	
b	37b	X
38a	38a	X
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	
e		
41		
42a		
b		
c		
d		
43		
44a		
b		
c		
d		
45a		
45b		

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

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?

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 outstanding at the end of the tax year covered by this return?

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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3) and 501(c)(4) organizations. 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 40c

41 List the states with which a copy of this return is filed. ►

42a The organization's books are in care of ► Telephone no. ► Located at ► 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 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.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ►

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

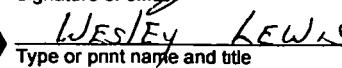
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a

45b 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 may need to be completed instead of Form 990-EZ (see instructions) 45b

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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 46			
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 <input type="checkbox"/>					
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input type="checkbox"/> Yes <input type="checkbox"/> No 47			
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input type="checkbox"/> Yes <input type="checkbox"/> No 48			
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No 49a			
b If "Yes," was the related organization a section 527 organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
f Total number of other employees paid over \$100,000 ►			51		
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."			<input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Name and address of each independent contractor paid more than \$100,000		(b) Type of service		(c) Compensation	
<hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/> <hr/>	
d Total number of other independent contractors each receiving over \$100,000 ►			52		
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			<input type="checkbox"/> Yes <input type="checkbox"/> 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			4/22/2013 Date		
	<input type="checkbox"/> Signature of officer WESLEY LEWIS		<input type="checkbox"/> Type or print name and title FINANCIAL SECRETARY		
Paid Preparer Use Only	Print/Type preparer's name WESLEY LEWIS	Preparer's signature 		Date 4/22/2013	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ► WESLEY LEWIS		Firm's EIN ► 1234567890		
	Firm's address ► 123 Main Street, Anytown, USA		Phone no (555) 123-4567		
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No					

Glass, Molders, Pottery, Plastics & Allied Workers

Local Union # 239

Location: SALPULPA, OK

EIN # 73-1455168

LM File # 540-688

Fiscal Year Ended 10/31/2012

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
WAYNE WILSON	Pres	3,338	0	1,268
SAM HERNANDEZ	Pres	37	0	0
TIM MILGATE	V Pres	3,337	0	900
TRACI BUZBEE	Fin Sec	3,180	0	1,020
WESLEY LEWIS	Fin Sec	0	0	0
JULIE CLOSE	Rec Sec	0	0	75
MIRANDA EMSLEY	Rec Sec	237	0	825
0	0	0	0	0
TOTAL		10,129	0	4,088

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

2011

Open to Public
Inspection

Name of the organization

GMP LOCAL UNION #239

Employer identification number

73-1455168

PART I

LINE 8-OTHER REVENUE: STALE DATED CHECKS \$348, REFUNDS \$17,
WITHDRAWAL CARDS \$5

LINE 16-OTHER EXPENSES:

MEETING EXPENSES \$6,878.00

CONVENTION 4,656.00

REFUNDS 4,280.00

PAYROLL TAXES/WITHHOLDING 3,695.00

INT'L DUES, DBI 2.00

TOTAL OTHER EXPENSES \$19,511.00

PART II, LINE 24-OTHER ASSETS:

OFFICE EQUIPMENT \$4,434.00

TOTAL \$.00