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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

UNITED STEEL WORKERS LOCAL 4-438

As Filed Data -

DLN: 93492133003111

D Employer identification number

22-1537954

2010

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Namo chango

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) ▶ 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

and ending 12-31-2010

Open to Public Inspection

_	ıtıal ret	-	588 LIVINGSTON AVENUE	om/suite	E Telephone num	iber	
_	iliai rel eminat				(732)	545-5038	
_		d return	City or town, state or country, and ZIP + 4		F Group Exempti	on	
	plication	on pending	NORTH BRUNSWICK, NJ 08902		Number 🟲		
			▼ Cash		•		
	count bsite	-	Cash Accrual Other (specify)		Chack - V	ıf the or	ganization is not
J Tax	-Exem _l	pt status(check	s only one)— 501(c)(3) 501(c)(5) ◀(insert no) 4947(a)(1) or 527		required to at (Form 990, 99	tach Sch	nedule B
\$5	0,000) A Form 990	anization is not a section 509(a)(3) supporting organization and its I-EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return				
L Add more,			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t d of Form 990-EZ	otal assets	(Part II, line 25, co ► \$	lumn (B) l	below) are \$500,000 or 144,328
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Bal ne organization used Schedule O to respond to any question in this		(See the instruc	tions for	Part I)
	1	Contribution	ns, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	
Revenue	3	Membership	dues and assessments			3	125,554
	4	Investment	ıncome			4	5,282
	5a	Gross amou	nt from sale of assets other than inventory	5a			
	ь	Less cost o	or other basis and sales expenses	5b		1	
	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from lii	ne 5a)		5c	
	6	Gaming and	fundraising events				
	а	Gross income f	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	b		ne from fundraising events (not including \$ _of contributions from fu line 1) (attach Schedule G if the sum of such gross income and con 		-		
	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 subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			_
	ь	Less cost o	ofgoods sold	7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7 b from line 7 a)			7c	
	8	O ther reven	ue (describe in Schedule O)	-		8	13,492
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	144,328
	10	Grants and	sımılar amounts paıd (lıst ın Schedule O)			10	
	11	Benefits pai	d to or for members			11	
	12	Salaries, oth	ner compensation, and employee benefits			12	83,479
o O	13	Professiona	l fees and other payments to independent contractors			13	62,777
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	18,242
Ë	15	Printing, pub	olications, postage, and shipping			15	
	16	Otherexpen	nses (describe in Schedule O)			16	35,851
	17	Total expens	ses. Add lines 10 through 16			17	200,349
<u> </u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-56,021
NetAssets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (mu	ıst agree	with		
र इ.स.		end-of-year	figure reported on prior year's return)			19	262,131
ž	20	Otherchang	ges in net assets or fund balances (explain in Schedule O)			20	7,361
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		. ▶	21	213,471

Part II Balance Sheets						_
Check if the organization used	Schedule O to respond to	any question in t	hıs Part I	<u> </u>		<u>l .</u>
(See the instruct	ions for Part II)	[(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments .				262,131	22	213,471
23 Land and buildings				0	23	· · · · · · · · · · · · · · · · · · ·
24 Other assets (describe in Schedule O) .			0	24	0
25 Total assets				262,131	25	213,471
26 Total liabilities (describe in Schedule	0)			, O	+	·
27 Net assets or fund balances (line 27 of	<i>.</i> f column (B) must agree wit	:h line 21) .		262,131	27	213,471
Check if the organization used What is the organization's primary exempt COLLECTIVE BARGAINING Describe what was achieved in carrying out describe the services provided, the number	Schedule O to respond to purpose?	any question in t	:lear and (concise manner,	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, cional for others)
29	WORKING CONDITIONS	TO SUPPORT A L AND STATE LA grants, check her	ND PROT A WS Fe	· ► 厂	28a 29a	200,242
30		, ,		<u> </u>	294	
(Grants \$) If thi	s amount includes foreign ç	grants, check her	e	. ▶ ┌	30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign (grants, check her	 е	. . . ⊢ 广	31a	
32 Total program service expenses (add line				▶	32	200,24
Part IV List of Officers, Directors, Tru			•		structioi	ns for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion i, en	V	lans 8	(e) Expense account and other allowances
See Additional Data Table						
_						

Ра	Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
	description of each activity in Schedule O	33		No
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)	34		No
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_		
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9 39a 0	-		
	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			
L	section 4911 , section 4912 , section 4955 . , section 4955 . , 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	40Ь		
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	40e		No
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of ► <u>KEN GANDERO</u> Telephone no 588 LIVINGSTON AVENUE	► (73	32) 545	-5038
	Located at NORTH BRUNSWICK, NJ ZIP + 4	<u>► 08</u>	8902	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Tes	No
	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 of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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	• •		▶ 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedula O			

Form 99	90-EZ (2010)							Page 4
					. (1) (1 =) = . = .		Yes	No
	s any related organization a controll (es,' Form 990 and Schedule R must be		_	fsection 512	2(b)(13)? <i>If</i>	45		Νo
	id the organization receive any payr neaning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		N o
46 D	id the organization engage, directly andidates for public office? If "Yes,"	or indirectly, in political	campaign activities on b					N o
Part	<u> </u>			evemnt c	haritable tri	46	nlv	No
Part	All section 501(c)(3) orga 47-49b and 52.							stions
	Check if the organization used	d Schedule O to respond	to any question in this P	art VI .		<u></u>		<u></u>
							Yes	No
47 D	ıd the organization engage in lobbyi	ng activities? If "Yes," c	omplete Schedule C, Par	rt II		47		
48 Is	s the organization a school describe	d in section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		
49a D	ıd the organization make any transfe	ers to an exempt non-cha	arıtable related organızat	tion?		49a		Νo
b If	f "Yes," was the related organization	a section 527 organizat	ion?			49b		
	omplete this table for the organizati		. ,		, ,			
е	mployees) who each received more	than \$100,000 of compe (b) Title and average	nsation from the organiz		e is none, enter		e " e) Exper	25.6
(a) Na	ame and address of each employee paid more than \$100,000	hours per week	(c) Compensation	employee b	enefit plans &	a	count	and
	F	devoted to position		deferred c	ompensation	othe	r allowa	inces
50(f)	Total number of other employees pa	nd over \$100,000 .				<u> </u>		
		, ,				• <u> </u>		
51 C	Total number of other employees pa omplete this table for the organizati f compensation from the organizatio	on's five highest compen		ractors who e	each received m	•	an \$10	0,000
51 C	omplete this table for the organizati	on's five highest compen n If there is none, enter	"None "	1	each received m		an \$10	
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter	"None "	1				
51 C	omplete this table for the organization of the compensation from the organization	on's five highest compen n If there is none, enter ndent contractor paid mo	"None " Tre than \$100,000	1				
51 C	omplete this table for the organization from the organization from the organization. Name and address of each independent of the organization complete Scheme.	on's five highest compen If there is none, enter Indent contractor paid mo contractors each receivir	"None " "re than \$100,000 "g over \$100,000 .	(b) Type	of service	(c) C	ompen	sation
51 C (z 51(d) 52	omplete this table for the organization from the organization. I) Name and address of each independent of the organization for the organization complete Schemust attach a completed Schedule.	on's five highest compen If there is none, enter Indent contractor paid mo	ng over \$100,000	(b) Type	of service	(c) C	aritable (es V	trusts
51 C 0 (z 51(d) 52 Juder person where	omplete this table for the organization from the organization. Name and address of each independent of the organization of the organization of the organization complete. So must attach a completed Schedule enalties of perjury, I declare that I having and belief, it is true, correct, and organization correct, and or the organization of the organization of the organization of the organization of the organization completed Schedule enalties of perjury, I declare that I having and belief, it is true, correct, and or the organization of the org	on's five highest compen If there is none, enter ndent contractor paid motor of the contractor seach receiving the contractors each receiving the contractors and the contractors each receiving the contractors are contractors.	g over \$100,000 on 501(c)(3) organizatio	(b) Type	of service	npt cha	aritable res v	trusts No
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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492133003111

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization UNITED STEEL WORKERS LOCAL 4-438 Employer identification number

22-1537954

ldentifier	Return Reference	Explanation
OTHER REVENUE SCHEDULE	FORM 990EZ PART I LINE 8	Description SUNDRY RECEIPTS Amount 13492

ldentifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description CONTRIBUTIONS Amount 650

ldentifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description UNION PER CAPITA TAX Amount 1440

ldentifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description OFFICE EXPENSE AND SUPPLIES Amount 20129

ldentifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description MISCELLANEOUS Amount 6934

Identifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description REIMBURSED EXPENSES Amount 3411

ldentifier	Return Reference	Explanation
OTHER EXPENSES SCHEDULE	FORM 990EZ PART I LINE 16	Description INVESTMENT EXPENSES Amount 1300

ldentifier	Return Reference	Explanation	1
OTHER CHANGES IN NET ASSETS - INCREASE	FORM 990EZ PART I LINE 20	Description UNREALIZED GAIN ON INVESTMENT Amount 7361	

Software ID: Software Version:

EIN: 22-1537954

Name: UNITED STEEL WORKERS LOCAL 4-438

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GERALD VAN PELL 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	PAST PRESIDENT 2 0	3,077	0	0
MIKE SMITH 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	PRESIDENT 40 0	9,664	0	0
KEN GANDERO 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	FINANCIAL SECRETARY 6 0	11,684	0	0
ANDREW BELLAMY 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	RECORDING SECRETARY 2 0	5,448	0	0
BETTY FODOR 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	CHIEF STEWARD 40 0	10,765	0	0
MARY LOU VAN PELL 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	PAST TRUSTEE 2 0	647	0	0
JOE BAILEY 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	TRUSTEE 2 0	205	0	0
DONISE GLADDEN 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	SERGEANT AT ARMS 2 0	3,918	0	0
JENNY OSORIO-TARWACKI 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	SERGEANT AT ARMS 2 0	420	0	0
CARL OWENS 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	VICE PRESIDENT 4 0	5,938	0	0
SCOTT NEUMYER 588 LIVINGSTON AVENUE NORTH BRUNSWICK,NJ 08902	TRUSTEE 2 0	5,514	0	0