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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning		JAN 1	, 2009, and ending	DEC 31	, 2009
<b>B</b> Check if applicable.	<b>C</b> Name of organization	<b>D</b> Employer identification number			
<input type="checkbox"/> Address change	USW LOCAL 1877	57-0469713			
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number		
<input type="checkbox"/> Initial return	1029 CREEKVIEW DRIVE		843-393-2514		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4		<b>F</b> Group Exemption Number ►		
<input type="checkbox"/> Amended return	DARLINGTON, SC 29540-8667		260		
<input type="checkbox"/> Application pending					

• 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: ►

**J** Tax-exempt status (check only one) —  501(c) ( ) ► (insert no.)  4947(a)(1) or  527

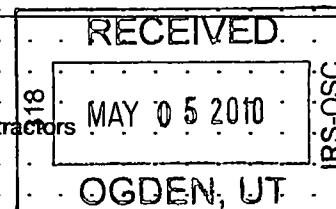
**H** Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 31114

**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		0
		2 Program service revenue including government fees and contracts . . . . .	2	0
	3 Membership dues and assessments . . . . .	3	31104	
	4 Investment income . . . . .	4	0	
	5a Gross amount from sale of assets other than inventory . . . . .	5a	0	
	b Less: cost or other basis and sales expenses . . . . .	5b	0	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>			
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	0	
	b Less: direct expenses other than fundraising expenses . . . . .	6b	0	
	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	0	
	b Less: cost of goods sold . . . . .	7b	0	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
	8 Other revenue (describe ► ) . . . . .	8	0	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	31114	
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10	0	
	11 Benefits paid to or for members . . . . .	11	0	
	12 Salaries, other compensation, and employee benefits . . . . .	12	26481	
	13 Professional fees and other payments to independent contractors . . . . .	13	0	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	466	
	15 Printing, publications, postage, and shipping . . . . .	15	0	
	16 Other expenses (describe ► ) . . . . .	16	7384	
<b>17 Total expenses.</b> Add lines 10 through 16 ►	17	34331		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(3217)	
	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	60741	
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	57524	



(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	60741	22	57524
23 Land and buildings . . . . .	0	23	0
24 Other assets (describe ► ) . . . . .	0	24	0
<b>25 Total assets</b> . . . . .	60741	25	57524
<b>26 Total liabilities</b> (describe ► 0) . . . . .	0	26	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	60741	27	57524

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

### What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	.....		
	.....		
29	.....		
	.....		
30	.....		
	.....		
31	Other program services (attach schedule) .....		
	.....		
32	<b>Total program service expenses</b> (add lines 28a through 31a) .....		
	.....		

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

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

	Yes	No
33		✓
34		✓
35		
a		✓
b		
36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b>	0
b		
38a		
b		
39		
a		
b		
40a		
b		
c		
d		
e		
41		
42a	The organization's books are in care of ► <b>GENE C. HUBBARD</b> Located at ► <b>1029 CREEKVIEW DRIVE, DARLINGTON, SC</b>	Telephone no. ► <b>843-393-2514</b> ZIP + 4 ► <b>29540-8667</b>
b		
If "Yes," enter the name of the foreign country: ► <b>_____</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>	□
44		✓
45		✓

**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 46–49b and complete the tables for lines 50 and 51.

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 . . . . . Yes  No

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization 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 a section 527 organization? . . . . .

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."

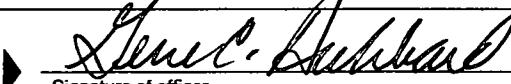
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
.....	.....	.....	.....	.....
N/A	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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
.....	.....	.....
.....	.....	.....
N/A	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

d 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 <b>GENE C. HUBBARD</b> Type or print name and title		
	4-30-2010 Date		
<b>Paid Preparer's Use Only</b>	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►	Preparer's identifying number (See instructions) Phone no. ►

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No