

Form **990EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

OMB No 1545-1150  
**2018**  
**Open to Public Inspection**

**A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C Name of organization**  
 Electrical Construction Workers Union

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 8425 Four Seasons Trail

City or town, state or province, country, and ZIP or foreign postal code  
 Youngstown, OH 44514

**D Employer identification number**  
 34-1507917

**E Telephone number**

**F Group Exemption Number** ▶

**G** Accounting Method  Cash  Accrual  Other (specify) ▶ **H** Check  if the organization is not

**27 Net assets or fund balances** (line 27 of column (B) must agree with line 21) 4,700 **27** 8,721

**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 III . . .

What is the organization's primary exempt purpose?  
 REPRESENT EMPLOYEES OF ENERTECH INC

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

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

**28** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>28a</b>
<b>29</b>		<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	
<b>30</b>		<b>30a</b>
(Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ )	If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶		<b>32</b>

**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 title	(b) 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
David Shelley President	5 00	0	0	0
John Wilbert Secretary	5 00	0	0	0
Geoffry W Armbrecht Treasurer	5 00	0	0	0



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 . . . . .

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Geoffrey W Armbrecht Telephone no (330) 397-2158 Located at 8425 Four Seasons Trail Youngstown, OH ZIP + 4 44514

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 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 . . . . . **46**

Yes	No
	No

**Part VI Section 501(c)(3) organizations only**  
 All section 501(c)(3) organizations 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 . . . . .

**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 . . . . . **47**

Yes	No

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . **48**

Yes	No

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . . **49a**

Yes	No

**b** If "Yes," was the related organization a section 527 organization? . . . . . **49b**

Yes	No

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees)

(a) Name and title of each employee	(b) 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

**f** Total number of other employees paid over \$100,000 . . . . . **f** \_\_\_\_\_

**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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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.

\_\_\_\_\_  
 Preparer (other than officer)

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-1507917

**Name:** Electrical Construction Workers Union

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> LOCAL UNION FORMED TO REPRESENT THE EMPLOYEES OF ENERTECH INC OF LOWELLVILLE OHIO (Grants \$ )	<b>28a</b>	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Electrical Construction Workers Union

Employer identification number

34-1507917

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of other expenses Part I line 16	Description Amount Accounting 400 Golf Outing 2,118 Christmas Party 2,740 Flowers 111