### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>179,667</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>2</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
<td>3</td>
</tr>
<tr>
<td>Investment income</td>
<td>4</td>
</tr>
<tr>
<td>Less gross amount from sale of assets other than inventory</td>
<td>5a</td>
</tr>
<tr>
<td>Less cost or other basis and sales expenses</td>
<td>5b</td>
</tr>
<tr>
<td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td>
<td>5c</td>
</tr>
<tr>
<td>Gaming and fundraising events</td>
<td>6d</td>
</tr>
<tr>
<td>Less direct expenses from gaming and fundraising events</td>
<td>6c</td>
</tr>
<tr>
<td>Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)</td>
<td>0</td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td>7a</td>
</tr>
<tr>
<td>Less cost of goods sold</td>
<td>7b</td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td>
<td>7c</td>
</tr>
<tr>
<td>Other revenue (describe in Schedule 0)</td>
<td>8</td>
</tr>
<tr>
<td>Total revenue. Add lines 1, 2, 3, 4, 5, 6d, 7c, and 8</td>
<td>179,835</td>
</tr>
<tr>
<td>Grants and similar amounts paid (list in Schedule 0)</td>
<td>10</td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td>11</td>
</tr>
<tr>
<td>Salaries, other compensation, and employee benefits</td>
<td>12</td>
</tr>
<tr>
<td>Professional fees and other payments to independent contractors</td>
<td>13</td>
</tr>
<tr>
<td>Occupancy, rent, utilities, and maintenance</td>
<td>14</td>
</tr>
<tr>
<td>Printing, publications, postage, and shipping</td>
<td>15</td>
</tr>
<tr>
<td>Other expenses (describe in Schedule 0)</td>
<td>16</td>
</tr>
<tr>
<td>Total expenses. Add lines 10 through 16</td>
<td>17</td>
</tr>
<tr>
<td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td>
<td>18</td>
</tr>
<tr>
<td>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)</td>
<td>19</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (explain in Schedule 0)</td>
<td>20</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year Combine lines 18 through 20</td>
<td>21</td>
</tr>
</tbody>
</table>
## Part II  Balance Sheets

Check if the organization used Schedule O to respond to any questions in this Part II. 

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Cash, savings, and investments</td>
<td>80,590</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>80,590</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>80,590</td>
</tr>
</tbody>
</table>

## Part III  Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? PR O M O T I O N  O F  T H E  E L E C T R I C A L  L A B O R  I N D U S T R Y

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.

28 See Additional Data Table

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here</th>
<th>28a</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grants $ )</td>
<td>If this amount includes foreign grants, check here</td>
<td>29a</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grants $ )</td>
<td>If this amount includes foreign grants, check here</td>
<td>30a</td>
</tr>
</tbody>
</table>

31 Other program services (describe in Schedule O)

<table>
<thead>
<tr>
<th>(Grants $ )</th>
<th>If this amount includes foreign grants, check here</th>
<th>31a</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Total program service expenses (add lines 28a through 31a)</td>
<td>14,644</td>
</tr>
</tbody>
</table>

## Part IV  List of Officers, Directors, Trustees, and Key Employees

List each one even if not compensated. 

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

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-.)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDREW BERG</td>
<td>CFO 2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 WAXIE WAY STE 540 SAN DIEGO, CA 92123</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLAN SHUR</td>
<td>CEO 2 00</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9350 WAXIE WAY STE 540 SAN DIEGO, CA 92123</td>
<td></td>
<td></td>
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</tr>
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</table>
Part V Other Information (Note the 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>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>33</td>
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</tr>
<tr>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>35b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>37a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>38a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>38b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
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<td></td>
</tr>
<tr>
<td>39a</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>39b</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40e</td>
<td>No</td>
<td></td>
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<tr>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>42c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td></td>
<td></td>
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<tr>
<td>43a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>43b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>43c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>43d</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ  
45a 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  
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  
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  
48 Is the organization a school 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?  
49b 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."  
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."  
51(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.
## Supplemental Information to Form 990 or 990-EZ

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

### Name of the organization
SAN DIEGO ELECTRICAL INDUSTRY LABOR MANAGEMENT COOPERATION COMMITTEE INC

### Employer identification number
33-0084077

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form990-EZ, Part I, Line 16 8</td>
<td>Other Expenses 8</td>
<td>TAXES &amp; LICENSES $10</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 7</td>
<td>Other Expenses 7</td>
<td>BANK SERVICE CHARGES $196</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16</td>
<td>Other Expenses 6</td>
<td>DRUG TESTING PROGRAM $423</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 4</td>
<td>Other Expenses 4</td>
<td>EDUCATION $998</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 3</td>
<td>Other Expenses 3</td>
<td>MEALS &amp; ENTERTAINMENT $22044</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 2</td>
<td>Other Expenses 2</td>
<td>CONTRIBUTIONS: STATE $38981</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 1</td>
<td>Other Expenses 1</td>
<td>CONSULTING $53534</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 1007</td>
<td>Other Expenses 1007</td>
<td>Conferences, Conventions, and Meetings $1031</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>Form 990-EZ, Part I, Line 16 1001</td>
<td>Other Expenses 1001</td>
<td>Advertising and Promotion $11310</td>
</tr>
</tbody>
</table>
Form 990EZ, Part III - Statement of Program Service Accomplishments

<table>
<thead>
<tr>
<th>Program Description</th>
<th>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 PRINTING MATERIALS FOR PROMOTIONAL USE</td>
<td>28a</td>
</tr>
<tr>
<td>(Grants $ 882)</td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>29 RANDOM DRUG TESTING OF ITS MEMBERS</td>
<td>29a</td>
</tr>
<tr>
<td>(Grants $ 423)</td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>30 JOB TRAINING / EDUCATION TO VARIOUS MEMBERS</td>
<td>30a</td>
</tr>
<tr>
<td>(Grants $ 2,029)</td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>ADVERTISING THE ORGANIZATION TO THE PUBLIC</td>
<td></td>
</tr>
<tr>
<td>(Grants $ 11,310)</td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here</td>
<td></td>
</tr>
</tbody>
</table>