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Form 990

Department of the Treasury  
Internal Revenue Service

## 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)

OMB No 1545-0047

2009

Open to Public  
Inspection

► 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

and ending

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST</b>			D Employer identification number <b>52-6367549</b>		
	Doing Business As			E Telephone number <b>(202) 783-3545</b>		
	Number and street (or P.O. box if mail is not delivered to street address) <b>905 16TH STREET, N.W.</b>			Room/suite		
	City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20006</b>			G Gross receipts \$ <b>7,467,143.</b>		
	F Name and address of principal officer: <b>CHRISTOPHER P. ENGQUIST</b> <b>905 16TH STREET, NW, WASHINGTON, DC 20006</b>					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (5) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: ► <b>WWW.LECET.ORG</b>					H(c) Group exemption number ►	
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►					L Year of formation: <b>1988</b> M State of legal domicile: <b>DC</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <b>TO IMPROVE AND PROMOTE NEW JOBS AND BUSINESS OPPORTUNITIES IN THE TRADITIONAL CONSTRUCTION AND</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 54	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	695	Prior Year
	9 Program service revenue (Part VIII, line 2g)	MAY 10 2010	Current Year
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	IRS-OSC	<b>7,075,778.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 10c, and 11d)	OGDEN, UT	<b>417,013.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>13,948.</b>
			<b>7,506,739.</b>
			<b>7,218,512.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>899,268.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)		<b>2,948,323.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>2,701,177.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		<b>3,852,269.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>7,699,860.</b>
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>&lt;193,121.&gt;</b>
19 Revenue less expenses. Subtract line 18 from line 12		<b>393,305.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<b>10,479,581.</b>	<b>11,935,631.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>56,869.</b>	<b>79,416.</b>
		<b>10,422,712.</b>	<b>11,856,215.</b>

## Part II Signature Block

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►   
Signature of officer► 4-29-10  
Date► **ARMAND E. SABITONI CO-CHAIRMAN**  
Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature ► 	Date <b>4-22-10</b>	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>CALIBRE CPA GROUP PLLC</b> 1850 K STREET, N.W. WASHINGTON, DC 20006	EIN ►	Phone no. ► <b>(202) 331-9880</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission:

**TO IMPROVE AND PROMOTE NEW JOBS AND BUSINESS OPPORTUNITIES IN THE  
TRADITIONAL CONSTRUCTION AND EMERGING ENVIRONMENTAL REMEDIATION  
INDUSTRIES.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$) including grants of \$ (Revenue \$)  
**GENERATING BUSINESS OPPORTUNITIES FOR UNION CONTRACTORS AND JOB  
OPPORTUNITIES FOR UNION MEMBERS BY FOCUSING ON COMMUNICATIONS, MARKET  
RESEARCH, MARKETING, PROJECT TRACKING, LEGISLATIVE ACTIVITIES AND FIELD  
COORDINATION.**

4b (Code) (Expenses \$) including grants of \$ (Revenue \$)

4c (Code) (Expenses \$) including grants of \$ (Revenue \$)

4d Other program services (Describe in Schedule O)  
(Expenses \$) including grants of \$ (Revenue \$)

4e Total program service expenses ► \$

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i></li> <li>• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i></li> <li>• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i></li> <li>• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i></li> <li>• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i></li> </ul>	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? <i>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I</i>	14a	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	14b	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	15	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	16	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	18	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	19	X
	20	X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21	X	
22	X	
23	X	
24a	X	
24b		
24c		
24d		
25a		
25b		
26	X	
27	X	
28a	X	
28b	X	
28c	X	
29	X	
30	X	
31	X	
32	X	
33	X	
34	X	
35	X	
36		
37	X	
38	X	

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	6
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	26
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		
b	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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body	1a	14
b	Enter the number of voting members that are independent	1b	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15a	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b	X
a	The organization's CEO, Executive Director, or top management official	16a	X
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ►	<b>NONE</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.	
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►	
	<b>LINDA PRISCILLA - (202) 783-3545</b>	
	<b>905 16TH STREET, N.W., WASHINGTON, DC 20006</b>	

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0-0 in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ARMAND E SABITONI CO-CHAIRMAN	2.00	X					0.	0.	0.
MIKE QUEVEDO, JR. TRUSTEE	2.00	X					0.	0.	0.
RAYMOND M. POCINO TRUSTEE	2.00	X					0.	0.	0.
JOSEPH S. MANCINELLI TRUSTEE	2.00	X					0.	0.	0.
ROBERT E. RICHARDSON TRUSTEE	2.00	X					0.	0.	0.
TERRENCE M. HEALY TRUSTEE	2.00	X					0.	0.	0.
JOHN C. BARTNETT CO-CHAIRMAN	2.00	X					0.	0.	0.
THOMAS T. HOLSMAN TRUSTEE	2.00	X					0.	0.	0.
JOHN D. O'REILLY, III TRUSTEE	2.00	X					0.	0.	0.
MASSIMO MARINO TRUSTEE	2.00	X					0.	0.	0.
RICHARD LYALL TRUSTEE	2.00	X					0.	0.	0.
REGI PHELPS TRUSTEE	2.00	X					0.	0.	0.
ROBERT EPHIFANO TRUSTEE	2.00	X					0.	0.	0.
ROCCO DAVIS TRUSTEE	2.00	X					0.	0.	0.
CHRIS ENGQUIST EXECUTIVE DIRECTOR	37.50		X				162,236.	0.	52,536.
LINDA PRISCILLA ACCOUNTING MGR	37.50		X				109,335.	0.	42,463.
LEO GANNON LEGISLATIVE AFFAIRS	37.50			X			137,875.	0.	46,986.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

**2 Total**

830,524.

0. 308,181.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

10

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ _____ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 1e 1f			
Program Service Revenue	2 a PARTICIPANT CONTRIBS b _____ c _____ d _____ e _____ f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 900099	6,907,104.6,907,104.		
	3 Investment income (including dividends, interest, and other similar amounts) ► 410,206. 410,206.		410,206.		
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ►	(i) Real 150,000.	(ii) Personal 248,631.		
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ►	(i) Securities <98,631.►	(ii) Other <98,631.►		<98,631.►
Other Revenue	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ►	a b			
	9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ►	a b			
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ►	a b			
	Miscellaneous Revenue	Business Code 900099			
	11 a OTHER INCOME b _____ c _____ d All other revenue e Total. Add lines 11a-11d ►		<167.► <167.►		
	12 Total revenue. See instructions. ►		7,218,512.6,906,937.	0. 311,575.	

LABORERS EMPLOYERS COOPERATION AND  
EDUCATION TRUST

Form 990 (2009)

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	723,667.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	214,772.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,633,020.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	378,500.			
9 Other employee benefits	329,040.			
10 Payroll taxes	145,845.			
11 Fees for services (non-employees).				
a Management				
b Legal	138.			
c Accounting	21,400.			
d Lobbying	105,000.			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	101,682.			
12 Advertising and promotion	96,770.			
13 Office expenses	158,111.			
14 Information technology				
15 Royalties				
16 Occupancy	257,702.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	563,581.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	167,458.			
23 Insurance	129,768.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>DUES &amp; PUBLICATIONS</b>	725,574.			
b <b>FIELD COORDINATORS</b>	492,394.			
c <b>SHARED OFFICE LHSFNA</b>	435,154.			
d <b>REBATES TO AFFILIATES</b>	116,598.			
e <b>MISCELLANEOUS</b>	29,033.			
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>6,825,207.</b>			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

LABORERS EMPLOYERS COOPERATION AND  
EDUCATION TRUST

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
<b>Assets</b>				
1	Cash - non-interest-bearing	<103,448.1		142,908.
2	Savings and temporary cash investments	1,334,071.2		1,332,623.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	128,322.4		115,198.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,103,754.		
b	Less: accumulated depreciation	10b 947,480.	282,119.10c	156,274.
11	Investments - publicly traded securities	8,838,517.11		10,188,628.
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	10,479,581.16		11,935,631.
<b>Liabilities</b>				
17	Accounts payable and accrued expenses	56,869.17		79,416.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	<b>Total liabilities.</b> Add lines 17 through 25	56,869.26		79,416.
<b>Net Assets or Fund Balances</b>				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	10,422,712.27		11,856,215.
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	10,422,712.33		11,856,215.
34	<b>Total liabilities and net assets/fund balances</b>	10,479,581.34		11,935,631.

Form 990 (2009)

LABORERS EMPLOYERS COOPERATION AND  
EDUCATION TRUST

Form 990 (2009)

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**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other **MODIFIED CASH**

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST** Employer identification number **52-6367549**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

**LABORERS EMPLOYERS COOPERATION AND  
EDUCATION TRUST**

Schedule D (Form 990) 2009

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**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

1a Beginning of year balance  
b Contributions  
c Net investment earnings, gains, and losses  
d Grants or scholarships  
e Other expenditures for facilities and programs  
f Administrative expenses  
g End of year balance

(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► %  
b Permanent endowment ► %  
c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations  
(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	
3b	

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		511,687.	453,113.	58,574.
d Equipment		592,067.	494,367.	97,700.
e Other				0.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>► 156,274.</b>

Schedule D (Form 990) 2009

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►**

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►**

**Part IX** **Other Assets.** See Form 990, Part X, line 15.

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )**

**Part X Other Liabilities.** See Form 990, Part X, line 25

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )**

**2. FIN 48 Footnote** In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**LABORERS EMPLOYERS COOPERATION AND  
EDUCATION TRUST**

Schedule D (Form 990) 2009

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**Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	7,218,512.
2	6,825,207.
3	393,305.
4	1,040,198.
5	
6	
7	
8	
9	1,040,198.
10	1,433,503.

**Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	8,142,112.
2	
2a	1,040,198.
2b	
2c	
2d	
2e	1,040,198.
3	7,101,914.
4	
4a	
4b	116,598.
4c	116,598.
5	7,218,512.

**Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	6,708,609.
2	
2a	
2b	
2c	
2d	
2e	0.
3	6,708,609.
4	
4a	
4b	116,598.
4c	116,598.
5	6,825,207.

**Part XIV | Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**REBATES TO AFFILIATES**

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**REBATES TO AFFILIATES**

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
► Attach to Form 990.

OMB No 1545-0047  
**2009**  
Open to Public  
Inspection

Name of the organization	LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST					Employer identification number 52-6367549		
<b>Part I General Information on Grants and Assistance</b>								
<p>1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?</p> <p>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</p>						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>Part II Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ► <input type="checkbox"/></p>								
<b>1 (a) Name and address of organization or government</b>		<b>(b) EIN</b>	<b>(c) IRC section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
MIDWEST LECET 1 NORTH OLD STATE CAPITOL PLAZA, STE 100 SPRINGFIELD, IL 62701		01-0606353	501(C)(5)	200,000.	0.			REGIONAL OFFICE SUPPORT
CALIFORNIA LECET 11135 TRADE CENTER DRIVE, STE 100 RANCHO CORDOVA, CA 95670		91-1986600	501(C)(5)	55,070.	0.			REGIONAL OFFICE SUPPORT
MICHIGAN LECET 780 TOLL STREET MONROE, MI 48162		38-3187248	501(C)(5)	108,254.	0.			REGIONAL OFFICE SUPPORT
MID-ATLANTIC LECET 12355 SUNRISE VALLEY DRIVE RESTON, VA 20191		54-1575076	501(C)(5)	55,000.	0.			REGIONAL OFFICE SUPPORT
WISCONSIN LECET 4633 LIUNA WAY, STE 101 DEFOREST, WI 53532		39-1705116	501(C)(5)	36,667.	0.			REGIONAL OFFICE SUPPORT
NORTHWEST LECET 12201 TUKWILA INTERNATIONAL DR. SEATTLE, WA 98168-5121		91-1629709	501(C)(5)	55,000.	0.			REGIONAL OFFICE SUPPORT
<p><b>2</b> Enter total number of section 501(c)(3) and government organizations <b>3</b> Enter total number of other organizations</p>						<input checked="" type="checkbox"/> <b>2</b> <b>3</b> <input checked="" type="checkbox"/> <b>3</b> <b>9</b>		

Schedule I (Form 990) 2009

## LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST

**Schedule I (Form 990) 2009**

52-6367549

Page 2

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule J-1 (Form 990) if additional space is needed.

**Part IV Supplemental Information** Complete this part to provide the information required in Part I, line 2 and any other additional information

SCHEDULE 2: DUTCH LEADERSHIP OF FINANCIAL INSTITUTIONS

## ASSISTANCE WHICH IS NOT A GRANT-MAKING ORGANIZATION

**SCHEDULE I-1**  
**(Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

OMB No. 1545-0047  
**2009**  
 Open to Public  
 Inspection

Continuation Sheet for Schedule I (Form 990)  
 ▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.

Name of the organization

**LABORERS EMPLOYERS COOPERATION AND  
 EDUCATION TRUST**

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c)IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OVSS LECET 22 CENTURY BLVD NASHVILLE, TN 37214	72-1327933	501(C)(5)	50,000	0			REGIONAL OFFICE SUPPORT
NEW ENGLAND LABORERS APPRENTICESHIP ADVANCEMENT FUND - 226 S. MAIN STREET - PROVIDENCE RI 02903	03-0466664	501(C)(3)	35,000	0			CHARTER SCHOOL FOR CONSTRUCTION TRADES
AGC CONSTRUCTION EDUCATION FOUNDATION - 3095 BEACON BLVD - WEST SACRAMENTO, CA 95691	68-0463586	501(C)(3)	35,000	0			GENERAL SUPPORT
COUNCIL FOR TRIBAL EMPLOYEE RIGHTS 33600 6TH AVENUE SOUTH FEDERAL WAY, WA 98003	81-0382201	501(C)(3)	10,000	0			SPECIAL FUND RAISING EVENT
MINNESOTA LECET 2520 PILOT KNOB RD MENDOTA HEIGHTS, MN 55120	41-6363196	501(C)(5)	10,000	0			REGIONAL OFFICE SUPPORT
WISCONSIN LABORERS DISTRICT COUNCIL - 4633 LIUNA WAY, STE 101 - DEFOREST, WI 53532	39-1142477	501(C)(5)	10,000	0			REGIONAL OFFICE SUPPORT

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization	LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST	Employer identification number
		52-6367549

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b X

2 X

4a X

4b X

4c X

5a

5b

6a

6b

7

8

9

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

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(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRIS ENGQUIST	(i) <u>162,236.</u>			33,384.	19,152.	<u>214,772.</u>	
	(ii) <u>109,335.</u>			23,542.	<u>18,921.</u>	<u>151,798.</u>	
LINDA PRISCILLA	(i) <u>137,875.</u>			27,958.	19,028.	<u>184,861.</u>	
LEO GANNON	(i) <u>113,592.</u>			23,767.	<u>19,441.</u>	<u>156,800.</u>	
TERRY BUMPERS	(i) <u>0.</u>						
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## Supplemental Information to Form 990

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST	Employer identification number 52-6367549
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMERGING ENVIRONMENTAL REMEDIATION INDUSTRIES.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE  
CO-CHAIRMEN PRIOR TO SIGNING AND FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD APPROVES COMPENSATION FOR  
THE EXECUTIVE DIRECTOR. GENERALLY A COST OF LIVING INCREASE AND A COUPLE  
OF SEPARATE INCREASES BECAUSE OF GOOD PERFORMANCES THROUGHOUT THE YEAR ARE  
APPROVED BY THE BOARD AT ITS ANNUAL BUDGET MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THESE  
DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 1

OTHER METHOD OF ACCOUNTING

LECET PREPARES ITS FORM 990 USING A MODIFIED CASH BASIS OF REPORTING,  
CONSISTENT WITH REPORTING IN ITS ANNUAL AUDITED FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 2C

AUDITOR SELECTION AND AUDIT OVERSIGHT PROCESS

THERE WERE NO CHANGES DURING THE YEAR IN THE ORGANIZATION'S AUDITOR  
SELECTION PROCESS NOR IN ITS AUDIT OVERSIGHT PROCESS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932211  
02-03-10

Schedule O (Form 990) 2009

## **Supplemental Information to Form 990**

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

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Name of the organization **LABORERS EMPLOYERS COOPERATION AND EDUCATION TRUST** Employer identification number **52-6367549**

(A) NAME OF PERSON: ROBERT RICHARDSON, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**EMPLOYEE OF THE ORGANIZATION.**

(D) DESCRIPTION OF TRANSACTION: HE IS EMPLOYED BY THE ORGANIZATION AS A  
MARKETING REPRESENTATIVE. HE IS THE SON OF A TRUSTEE OF THE  
ORGANIZATION.