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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A</u> !	A For the 2011 calendar year, or tax year beginning and ending									
В	Check if	C Name of organization			D Employer	identifica	tion number			
,	applicat	LLLINOIS LABORERS-EMPL	OYERS COOPERATI	ON						
	Addr	958								
	Name				1	37-63	04539			
	Initial returr		vered to street address)	Room/suite						
	Term ated			525			89-4306			
	Amer	ded o		I = = 	G Gross receipt		1,945,598.			
	Appli				H(a) Is this a					
	pend	F Name and address of principal officer.JOH.	N PENN		for affilia		Yes X No			
		SAME AS C ABOVE			H(b) Are all af					
1	Гах-ех			or 527	-		it (see instructions)			
J	Webs	te: ► N/A			H(c) Group e					
			sociation Other	L Year			State of legal domicile: IL			
	art I	Summary								
	1	Briefly describe the organization's mission or most	significant activities ADDR	ESS LA	ABOR-MAN	AGEME	NT NEEDS			
Activities & Governance		IN STATE OF ILLINOIS								
r.	2	Check this box If the organization discor	ntinued its operations or dispo	sed of more	e than 25% of	ts net asse	ets			
ove	3	Number of voting members of the governing body	•			3	12			
Ğ	4	Number of independent voting members of the gov				4	11			
SS	5	Total number of individuals employed in calendar y				5	14			
, iţi	6	Total number of volunteers (estimate if necessary)	, , ,			6	0			
cti	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a	251.			
٦	1	Net unrelated business taxable income from Form				7b	0.			
;— :			THE THE PERSON		Prior Year		Current Year			
, ₀	8	Contributions and grants (Part VIII, line 1h)				019.	64,500.			
Revenue	9	Program service revenue (Part VIII, line 2g)		853,		847,294.				
}	10	Investment income (Part VIII, column (A), lines 3, 4	·		961.	55,214.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c		805,		965,703.				
	12	Total revenue - add lines 8 through 11 (must equal		ι -	1,765,		1,932,711.			
	13	Grants and similar amounts paid (Part IX, column (1	-		0.	0.			
	14	Benefits paid to or for members (Part IX, column!(A), line 4)			0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,072,	272.	1,235,923.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.	0.			
xpe	b	Total fundraising expenses (Part IX, column (D), line	e 25) >	0.						
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		656,	255.	719,369.			
	18	Total expenses Add lines 13-17 (must equal Part II	X, column (A), line 25)		1,728,		1,955,292.			
	19	Revenue less expenses Subtract line 18 from line	12			271.	<22,581.>			
Ces				Be	eginning of Curre	I	End of Year			
sets	20	Total assets (Part X, line 16)			1,220,		1,232,284.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)				722.	36,748.			
	22	Net assets or fund balances Subtract line 21 from	line 20		1,209,		1,195,536.			
Pa	art II	Signature Block								
Und	er pen	alties of perjury, I declare that I have examined this return,	including accompanying schedule	es and staten	nents, and to the	best of my k	knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich prepare	r has any knowle	dge.				
		Lot Venn								
Sig	n	Signature of officer			Date	. /	2/2 =			
Hei	Here JOHN PENN, CHAIRMAN ////3//									
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Pai	t					self-employed				
Pre	parer	Firm's name			Firm's	S EIN 🕨				
Use	Only	Firm's address								
					Phon	e no.				
Ма	y the I	RS discuss this return with the preparer shown abo	ve? (see instructions)				Yes No			
	01 01-			ons.			Form 990 (2011)			

	1990 (2011) AND EDUCATION TRUST	<u> 37-6304539</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	PRESERVE AND EXPAND WORK OPPORTUNITIES FOR LABORERS AND	THETR	
	EMPLOYERS IN THE BUILDING, CONSTRUCTION, ASBESTOS ABATEM		
	HAZARDOUS SUBSTANCED INDUSTRY	IDNI AND	-
	INDUSTRI		
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	X 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?	□v _o ,	X No
•	If "Yes," describe these changes on Schedule O	163	140
	•		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	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 \$	ie \$)
	PRESERVED AND EXPANDED WORK OPPORTUNITIES FOR LABORERS A	AND THEIR	
	EMPLOYERS IN THE BUILDING, CONSTRUCTION, ASBESTOS ABATEM		
	HAZARDOUS SUBSTANCED INDUSTRY	IDIAI WAD	
	MAZARDOUS SUBSTANCED INDUSTRI		
			
		R .	
4b	(Code) (Expenses \$	ie \$)
		-	
		.	
4c	(Code) (Expenses \$	ле \$)
		•	
			
			
			
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 37-6304539 Page **3**

			Yes	No
4	In the organization described in postion 501(a)(2) or 4047(a)(1) (ather than a private foundation)?		res	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_		v
^	If "Yes," complete Schedule A	1	X	_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3_		
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	7.5	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		17
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		1
	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	ļ
þ	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		į
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		i	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17	}	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		l	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		Х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T -
			990	(2011)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ĺ	! 	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			'
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	İ		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35</u> a		Х
b	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," complete Schedule R, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l
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- 41	Check if Schedule O contains a response to any question in this Part V				$\overline{}$
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	Х	
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country.				
	See instructions for 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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		_X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions and the did not be 2	ions or gifts			
7	were not tax deductible?		6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	auges arounded to the anyer?		i	v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices provided to the payor?	7a		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b		
ŭ	to file Form 8282?	as required	7¢		Х
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	1 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1			
a	Gross income from other sources (De not not amounte due or and to other sources and to other sources)	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	446			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	[120]			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O		.54		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
		- · · · · · · · · · · · · · · · · · · ·	Form	990 ((2011)

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AND EDUCATION TRUST

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

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{X}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a_	X	
þ	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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>
_	Describe in Schedule O the process, if any, used by the organization to review this Form 990		47	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		3.5	
13		12c	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	45-	x	
	Other officers or key employees of the organization	<u>15a</u> 15b	X	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	וטט	47	
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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.56		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			•
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection Indicate how you made these available Check all that apply		-	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	l finan	icial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨		
	JANELLE BROWN - 217-789-4306			
/8	1 N. OLD STATE CAPITOL PLAZA, SPRINGFIELD, IL, SPRINGFIELD, IL	62	701	
132000			990	(0044)

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

Check if Schedule O contains a response to any question in this Part VII

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	an compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	institutional trustee	Officer		Highest compensated employee		trom the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN REID	2.00	x						0.	0.	0
TRUSTEE	2.00	^	\vdash		-			<u> </u>	<u> </u>	0.
(2) BRUCE HOLLAND	2.00	X	}		}		}	0.	0.	0.
TRUSTEE (3) JOE LAMB	2.00	1	-			\vdash				
TRUSTEE	2.00	x						0.	0.	0.
(4) JOHN MEEK		 	i		ļ		 			
TRUSTEE	2.00	x						0.	0.	0.
(5) JAMES BRUNER		† -					ļ	1		
TRUSTEE	2.00	Х						0.	0.	0.
(6) JOHN PENN		Ι								
CHAIRMAN	4.00	X		X				0.	0.	0.
(7) CHARLES SHEMPF, JR.						-				
TRUSTEE	2.00	X						0.	0.	0.
(8) GLYN RAMAGE										
TRUSTEE	2.00	X	<u> </u>		ļ			0.	0.	0.
(9) TIMOTHY SCHMIDGALL				ļ				_	_	_
TRUSTEE	2.00	X	ļ			<u> </u>		0.	0.	0.
(10) CLINT TAYLOR		l								_
TRUSTEE	2.00	X	Ļ	<u> </u>		<u> </u>		0.	0.	0.
(11) STEVE ASHE]	}]					
TRUSTEE	2.00	X	├	<u> </u>	<u> </u>	-		0.	0.	0.
(12) RANDY HARRIS	40.00	7.		7,7				04.050		20 071
DIRECTOR	40.00	A	 -	X	├		-	84,950.	0.	39,071.
(13) WILLIAM ORRILL	40.00			1		X	}	140 210		E0 300
EMPLOYEE	40.00	┢	<u> </u>	├	├	^	├	140,319.	0.	58,399.
		\vdash	-	\vdash	 	+	\vdash	 		
		1			}					
		†	1	T	†	T	\vdash			
							1			
							1			
										F 990 (0011)

Form **990** (2011)

עבע ע	EDITCATTON	MDIICM

Par	VII Section A. Officers, Directors, Tru	stees, Key Er	npic	yee			ligh	<u>est</u>					400	
	(A)	(B) Average)) Posi	-	ı		(D)	(E)	Ì	-	(F)	لد.
	Name and title	hours per		not cl	heck :	more	than o		Reportable compensation	Reportable compensation			imate ount (
	,	week					or/trus		from	from related			other	· ·
		(describe	ector						the	organizations		comp		
		hours for related	individual trustee or director	a			Highest compensated employee		organization	(W-2/1099-MISC	?)		m the	
		organizations	rustee	l trust			nben		(W-2/1099-MISC)		1	•	ınızatı relat	
		ın Schedule	dualt	Institutional trustee	1	e e	stcor	a					nızatı	
		O)	튵	Instit	Office	Key	Highe	For				J		
		-												
			1											
			-				-		-					
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			<u> </u>											
			L	Ĺ			Ļ		005 060		$\overline{}$		7 4	7.0
	Sub-total								225,269.		0.	9	1,4	70.
	Total from continuation sheets to Part VI	I, Section A							225,269.		0.	0.	7 1	<u>0.</u> 70.
<u></u>	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	1000	lista	nd a	hov	9) W						/ <u>, 4</u>	70.
2	compensation from the organization	ot minica to ti	1030		Jua	500	C, **1	10 1	eceived more trial wroc	,000 or reportable				1
									·				Yes	No
3	Did the organization list any former officer,	director, or tri	uste	e, ke	y er	mple	oyee	, or	highest compensated e	mployee on		Î		
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	•		•					•	the organization				
	and related organizations greater than \$156										L	4	X	
5	Did any person listed on line 1a receive or a	•					•	elat	ted organization or indiv	dual for services		j		
S.	rendered to the organization? If "Yes," com	plete Schedui	e J	or s	uch	per	son					5		X
	tion B. Independent Contractors Complete this table for your five highest co	managatad in	do-	ond.	.nt a		roote		that received may then	\$100,000 of come				
1	the organization Report compensation for		-							-	Jensa	uon n	Ont	
	(A)	trio odioriodi j		<u> </u>			<u> </u>		(B)	your.		(C		
	Name and business	address	N	ON	E				Description of s	services	Co	omper		n
								_						
								ļ						
								_						
		· · ·	_			_								
2	Total number of independent contractors (including but i	not l	mite	d to	tho	ose li	ste	d above) who received r	nore than				
	\$100,000 of compensation from the organi	_					0		·					
					_						1	Form	990	(2011)

AND EDUCATION TRUST

Pa	T VIII	Statement of Rever	nue					
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
환화	1 a	Federated campaigns	1a					
트등	b	Membership dues	1b					
اڳڙي اڳڙي	С	Fundraising events	1c	·				
ž i	d	Related organizations	1d					
S, E	е	Government grants (contribut		-				
<u>8</u> .9		All other contributions, gifts, gran						
돌		similar amounts not included abo	1 1	64,500.				
음률	g	Noncash contributions included in lines	s 1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			64,500.			
T				Business Code				
<u>ب</u>	2 a	EMPLOYER CONTRI	BUTIONS	900099	847,294.	847,294.		
اه ڲ	b							
용킳	С							
e au	d							
Program Service Revenue	е							
ت	f	All other program service reve	enue					
\rightarrow	<u> </u>	Total. Add lines 2a-2f			847,294.			
ļ	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		.	54,963.			54,963.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		_				
			(ı) Real	(II) Personal		į		
	6 a	Gross rents						
	b	Less. rental expenses						
		, ,						
ŀ		Net rental income or (loss)			<u></u>			
l	7 a	Gross amount from sales of	(i) Securities	(II) Other	-			
[assets other than inventory		13,138.				
l	D	Less, cost or other basis		12,887.				
ł	_	and sales expenses		251.				
1		Gain or (loss) Net gain or (loss)	L	1 231.	251.		251.	
1		Gross income from fundraisin	a avante (nat		231.		231.	
ے ا	0 4	including \$						
§		contributions reported on line				[
~		Part IV, line 18	, 10, 000 •					
Other Revenue	b	Less: direct expenses	ł		1	:		
Ö		Net income or (loss) from fund						
		Gross income from gaming a						
		Part IV, line 19		,				
	b	Less: direct expenses			Ì			
		Net income or (loss) from gan	ning activities	•				
		Gross sales of inventory, less	-					
		and allowances	á	a				
	b	Less cost of goods sold	ŀ]			
1	c	Net income or (loss) from sale	es of inventory					
		Miscellaneous Reveni	ne	Business Code				
	11 a	REIMBURSED EXPI	ENSES	900099	965,703.	965,703.		
	b							
	С							
ļ	d	All other revenue						
	е	Total. Add lines 11a-11d		>	965,703.			
40.5	12	Total revenue See instructions.			1,932,711.	1,812,997.	251.	
13200 01-23	19 - 12							Form 990 (2011)

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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	Check if Schedule O contains a response not include amounts reported on lines 6b.	(A)	(B)	(C) Management and	(D) Fundraising		
	8b, 9b, and 10b of Part VIII.	Ind 10b of Part VIII. Total expenses Program service expenses					
1	Grants and other assistance to governments and						
	organizations in the United States. See Part IV, line 21						
2	Grants and other assistance to individuals in						
	the United States See Part IV, line 22						
3	Grants and other assistance to governments,						
	organizations, and individuals outside the						
_	United States See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,	124 021					
_	trustees, and key employees	124,021.					
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
7	persons described in section 4958(c)(3)(B)	691,671.			.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	031,0/1.					
J		243,345.					
9	section 401(k) and section 403(b) employer contributions) Other employee benefits	113,056.		 			
0	Payroll taxes	63,830.					
1	Fees for services (non-employees)	55,050.	· · ·				
а	Management						
b	Legal	546.					
С	Accounting	5,250.					
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	1,018.					
g	Other						
2	Advertising and promotion	3,617.					
3	Office expenses	10,176.					
4	Information technology						
5	Royalties						
6	Occupancy	29,056.			<u>.</u>		
7	Travel	50,934.					
8	Payments of travel or entertainment expenses	j		1			
	for any federal, state, or local public officials			<u> </u>			
9	Conferences, conventions, and meetings	587.					
0	Interest	F42 652					
1	Payments to affiliates	543,659.					
2	Depreciation, depletion, and amortization	16,072.					
3	Other expanses, Itamiza expanses not covered	10,967.		 			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)						
а	CHARITABLE DONATIONS	24,445.					
b	REIMBURSED EXPENSES	13,540.					
С	DUES & SUBSCRIPTIONS	5,434.					
d	LICENSES & FEES	3,048.					
е	All other expenses	1,020.					
5_	Total functional expenses Add lines 1 through 24e	1,955,292.					
6	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined	1					
	educational campaign and fundraising solicitation.						
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>			

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Form 990 (2011

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Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	184,018.	2	126,868.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	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 135, 499.			
	ь	Less accumulated depreciation 10b 78,312.	42,667.	10c	57,187.
	11	Investments - publicly traded securities	985,086.	11	57,187. 1,047,672.
	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	8,913.	15	557.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,220,684.	16	1,232,284.
	17	Accounts payable and accrued expenses	10,722.	17	36,748.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap I		highest compensated employees, and disqualified persons. Complete Part II			
Ë		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,722.		36,748.
		Organizations that follow SFAS 117, check here X and complete			
Ś		lines 27 through 29, and lines 33 and 34.			
ည	27	Unrestricted net assets	1,209,962.	27	1,195,536.
alaı	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and	·-		
P.		complete lines 30 through 34.			
ţs (30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·
ž	33	Total net assets or fund balances	1,209,962.		1,195,536.
				34	1,232,284.

Form 990 (2011)

Form	1990 (2011) AND EDUCATION TRUST	<u> 37-6:</u>	<u>304539</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				X
		ı ı			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u> 1,93</u>		_
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,95</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	<2	<u>2,5</u>	<u>81.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,20	<u>9,9</u>	62.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>55.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,19	5,5	<u>36.</u>
Pa	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash Cash Cornal X Other MODIFIE	D CASI	<u> </u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1	l
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		1	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			(
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Name of organization ILLINOIS LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST 7-6304539 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Employer identification number 37-6304539 Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955 Enter the amount of any excise tax incurred by organization under section 4955 I the organization incurred a section 4955 tax, did it file Form 4720 for this year? I the organization incurred a section 4955 tax, did it file Form 4720 for this year? I the organization incurred a section 4955 tax, did it file Form 4720 for this year? I there the amount directly expended by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 527 exempt function activities I there the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b. I the filing organization file Form 1120-POL for this year? I the filing organization file Form 1120-POL for this year? I the filing organization for funds. Also not which the filing organization's funds. If none, enter 4. (e) Elin (d) Amount	•	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III	,,,	_,,	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1				YERS COOPER	ATTON E	Employer identification number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filling organization for section 527 exempt function activities 2 Enter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments For each organization listed, enter the amount paid from the filling organizations to which the filling organization activitions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filling organization's funds. If none, enter-0-leveled and promptly and directly delivered to a separate political organization, enter-0-leveled and promptly and directly delivered to a separate political organization.						37-6304539
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 4955 5 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) if additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from funds in Part IV (e) Amount paid from funds. If none, enter 0- (e) Amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter 0-	Pa	art I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 52	?7 organization.
Part I-B Complete if the organization is exempt under section 501(c)(3). 1	1	Provide a description of the organi	· · · · · · · · · · · · · · · · · · ·		ın Part IV	
Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b if "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from filing organizations is contributions received and promptly and directly delivered to a separate political organization's funds. Also enter the amount of political contributions received and promptly and directly delivered to a separate political organization's funds. If none, enter -0.	3	Volunteer hours				
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filing organization's funds. If none, enter -0 promptly and directly delivered to a separate political organization.		political action committee (PAC) II	additional space is needed, pro	vide information in Pan	t IV	
funds. If none, enter -0- promptly and directly delivered to a separate political organization.		(a) Name	(b) Address	(c) EIN	1 ' '	
delivered to a separate political organization.						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

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Schedule C (Form 990 or 990-EZ) 2011	AND E	DUCATI	ON TRUST	= 504(a)(0) and 4:1-	37-(6304539 Page 2
Part II-A Complete if the org			npt under sectio	n 501(c)(3) and file	ea Form 5/68	
(election under sec						
				n Part IV each affiliated (group member's nar	ne, address, EIN,
expenses, and share		, ,	• •			
3 Check L If the filing organiza	tion check	ed box A ar	d "limited control" pr	ovisions apply		
Limit	ts on Lobi	bying Exper	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" m	eans amou	nts paid or incurred)	totals	totais
						
1a Total lobbying expenditures to influ	•			}-		-
b Total lobbying expenditures to influ		_	ly (direct lobbying)	}		
c Total lobbying expenditures (add li		d 1b)		-		
d Other exempt purpose expenditure				-		·
e Total exempt purpose expenditure	•		•		_	<u> </u>
f Lobbying nontaxable amount Enter						-
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable an			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			0 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000		0 plus 5% of the exc	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0	000			
						-
g Grassroots nontaxable amount (er		•		-		
h Subtract line 1g from line 1a If zer				-		
i Subtract line 1f from line 1c If zero				L		
j If there is an amount other than ze		er line 1h or	line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Como overnio	4: 46		eraging Period Under	• •	1.411 -6 Ab 6:	
•			• •	n do not have to comp es 2a through 2f on pa		
						
	LOD	bying Exper	Tailures During 4-16	ear Averaging Period	· · · · · · · · · · · · · · · · · · ·	
Calendar year	(2)	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
(or fiscal year beginning in)	(4,	2000	(5) 2005	(6) 2010	(u) 2011	(e) Total
	 		-			
O - I - laboure mentaurable emount						
2a Lobbying nontaxable amount						
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						
(150% of life 2a, columnite))						
- Total lobbung avacaditures						
c Total lobbying expenditures	 					
d Grassroots nontaxable amount						
e Grassroots ceiling amount	 			 		
(150% of line 2d, column (e))						
(15570 01 mile 20, column (e))	 			 		
f Grassroots lobbying expenditures	}					•
i Gresorooto lebeying experientales	<u> </u>		1	<u> </u>		

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990 EZ) 2011 AND EDUCATION TRUST 37-6304539 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Dd the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Dd the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Dd the organization make only in-house lobbying expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues 1 In notices were sent and the amount on line 2 exceeds the amount	1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1))? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? d Frants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1: a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if the Form 4720 for this year? 2 Interest the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6). 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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

ILLINOIS LABORERS-EMPLOYERS COOPERATION

Employer identification number 37 – 6304539

	AND EDUCATION TRUST	37-6304539
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	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	l funds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co	inferring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	rically important land area
	Protection of natural habitat Preservation of a certifie	ed historic structure
	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	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	•
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the o	rganization during the tax
	year ▶	
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?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements duri	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)	
	and section 170(h)(4)(B)(ii)?	└ Yes
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense s	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for
Do	conservation easements art III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ar Cimilar Assats
Га		ier Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stateme	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
b	of the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c 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 g	gain, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	.
a		► \$ ► \$
b	o Assets included in Form 990, Part X	▶ \$

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

Schedule D (Form 990) 2011

		ATION TRU							539 Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar A	Assets (c	ontinued)
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following that	are a sign	ııfıcant use	of its colle	ction items
	(check all that apply)								
а	Public exhibition	d	ַ∟ַוּ	oan or excl	nange progra	ms			
b	Scholarly research	е		Other					
C	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	n's exemp	t purpose	ın Part XIV	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r sımılar a	ssets		
	to be sold to raise funds rather than to be ma							Ye	
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered "	Yes" to Fo	rm 990, Pa	art IV, line 9	, or
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	s or other ass	sets not in	cluded		
	on Form 990, Part X?							Ye	s No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing t	able					
								Am	ount
c	Beginning balance						1c		<u> </u>
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					☐ Ye	s No
b_	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" to Fo	rm 990, Part I	IV, line 10			 -
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three years	s back (e)	Four years back
1a	Beginning of year balance								
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ind administe	red for the	organizatio	on	
	by.							_	Yes No
	(i) unrelated organizations							3	a(i)
	(ii) related organizations							3	a(iı)
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	dule R?					3b
4	Describe in Part XIV the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	ent. See Form 990	0, Part X	, line 10					
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulated	(d)	Book value
		basis (investi	ment)	basis	(other)	depr	eciation		
1a	Land								
b	Buildings								
С	Leasehold improvements			1	6,160.		11,855	5.	4,305.
d	Equipment			4	5,966.		34,007	' .	11,959.
e	Other			7	3,373.		32,450).	40,923.
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line	10(c))			• ·	57,187.

Schedule D (Form 990) 2011

Fart vii investinents - Other Securities, S	ee Form 330, Fart A, line	16	
(a) Description of security or category (including name of security)	(b) Book value		od of valuation of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)	<u> </u>		
(E)			
(F)	<u> </u>		
(G)	<u> </u>		
(H)			
()	<u> </u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line		and a five least and
(a) Description of investment type	(b) Book value		od of valuation. of-year market value
<u>(1)</u>			
(2)			·····
(3)			
(4)			
(5)		 	
(6)			
(7)			
(8)			
(9) (10)	 -		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, Irr	ne 15		
	a) Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X	ne 15.) X June 25		
(a) Description of liability	Χ, ΙΙΙΤΘ 23	(b) Book value	
(1) Federal income taxes		(2)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
(11)			
	ine 25)		
Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	e to the organization's financial sta	tements that reports the organization's lia	pility for uncertain tax positions under
132053 01-23-12			Schedule D (Form 990) 201

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	dule D (Form 990) 2011 AND EDUCATION TRUST			. 3	7-	6304539	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	990 to Audited Fina	ncial S	taten	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			1,932,	711.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			1,955,	292.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3				581.
4	Net unrealized gains (losses) on investments		4			8,	155.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net) Add lines 4 through 8		9			8,	<u> 155.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine line	es 3 and 9	10			<14,	426.>
Pai	t XII Reconciliation of Revenue per Audited Financial Sta	atements With Rev	enue p	er Re	turn		
1	Total revenue, gains, and other support per audited financial statements			L	1	1,939,	<u>848.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1					
а	Net unrealized gains on investments	2a	8,1	55.			
þ	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d		2d			- 1		
е	3 -2			L	2e		<u> 155.</u>
3	Subtract line 2e from line 1			_	3	1,931,	<u>693.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,0	18.	- 1		
b	Other (Describe in Part XIV.)	4b				_	
С	Add lines 4a and 4b			L	4c		018.
5 D2	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12				5	<u>1,932,</u>	<u>711.</u>
	rt XIII Reconciliation of Expenses per Audited Financial St	atements with Exp	enses	per F	etu		074
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25			-	1	1,954,	2/4.
z a	Donated services and use of facilities	ا ما			ĺ		
a	Prior year adjustments	2a					
c	Other losses	2b					
d	Other (Describe in Part XIV)	2c			- 1		
e	Add lines 2a through 2d	_ 2d			a-		0.
3	Subtract line 2e from line 1			-	2e 3	1,954,	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			-	<u>-</u>		2/4.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,0	1 8			
b	The state of the s	4b	<u> </u>				
c	Add lines 4a and 4b	_ 10]			4c	1	018.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)		F	5	1,955,	
	rt XIV Supplemental Information	<u> </u>					<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9	Part III, lines 1a and 4. I	Part IV. lu	nes 1b	and 2	2b. Part V. line 4	l. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Als						.,
				•			
						-	
		 					
						<u></u>	
				_			
	<u> </u>						

SCHEDULE J (Form 990)

Department of the Treasury

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. OMB No 1545-0047

pen to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

ILLINOIS LABORERS-EMPLOYERS COOPERATION

AND EDUCATION TRUST

Employer identification number 37-6304539

Questions Regarding Compensation Part I Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee 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? 4a Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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? 6a b Any related organization? 6b 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 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2011

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2011

37-6304539

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	140,319.	0	0	47,652.	10,747.	198,718.	0
1 WILLIAM ORRILL	: (9)		0	0	0	0		
	Ξ							
2	(E)							
	(i)							
3	(ii)							
	Θ							
4	(ii)					,		
	(i)							
	(ii)							
	(i)							
9	(ii)							
	(i)							
7	(ii)							
	ε							
8	(ii)							
	(i)							
6	(iii)							
	Θ							
10	(ii)							
	Θ					•		
11	<u> </u>							
	Ξ							
12	(1)							
	ε							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(3)							
	ε							
16	▣							

Schedule J (Form 990) 2011

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2011
Open to Public Inspection

Name of the organization

ILLINOIS LABORERS-EMPLOYERS COOPERATION AND EDUCATION TRUST

Employer identification number 37-6304539

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED WITH THE
CHAIRMAN OF THE BOARD AND THE ADMINISTRATOR.
FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS DISTRIBUTED TO THE TRUSTEES AT THE ANNUAL MEETING IN DECEMBER AND A SIGNOFF SHEET IS
COMPLETED.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF OFFICERS AND KEY EMPLOYEES IS DETERMINED BY DELIBERATION AND VOTING BY THE BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 8,155.
FORM 990, PART XI, LINE 1 THE ORGANIZATION USES THE MODIFIED CASH BASIS OF ACCOUNTING

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

. 2011	Open to Public	Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	► Attach to Form 990.	▶ See separate instructions.	uctions.			Inspection	on oi
tion ILLINOIS AND EDUCA	KERS-EMPLOYERS TRUST	COOPERATION			Employer identification number 37-6304539	tification nu 4539	mber
Part I Identification of Disregarded Entities (Complete If the organizate	ilete if the organization answered "Yes'	ton answered "Yes" to Form 990, Part IV, line 33)	<u>~</u>				
(a)	(q)	(0)	(b)	(e)		£	
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	ne End-of-year assets		Direct controlling entity	
				_			
Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	izations (Complete if the organization	answered "Yes" to Form 990	, Part IV, line 34 be	cause it had one or	more related tax-e	xempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) lled
		6		501(c)(3))		Yes	No
ILLINOIS LABORERS LEGISLATIVE COMMITTEE - 36-4001239 1 N OLD STATE CAPITOL PLAZA SUITE 525. SPRINGFIELD. IL 62701	SUPPORT & AID IN LEGISLATION & REGULATIONS	SIONITII	527		·		×
				-			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.			-	Schedule	Schedule R (Form 990) 2011	2011

Schedule R (Form 990) 2011 AND EDUCATION TRUST

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year! Part III

Page 2

37-6304539

General or Percentage managing ownership Percentage ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Yes Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total Income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e Direct controlling entity Share of total income ছ Legal domicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514) Predominant income <u>e</u> 28 Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Page 3

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AND EDUCATION TRUST Schedule R (Form 990) 2011 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

				Ĺ		1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۶	Yes	اہ
1 During the tax year, did the organization engage in any of the following transactior	ns with one or more re	transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-IV?			1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×	1
b Gift. grant. or capital contribution to related organization(s)				4	X	
C. Giff grant or capital contribution from related organization(s)				÷	×	l
				2	: :	1
d Loans or loan guarantees to or for related organization(s)				2	×	- 1
e Loans or loan guarantees by related organization(s)				1 e	×	ı
					-	
f Sale of assets to related organization(s)				1	×	
a Purchase of assets from related organization(s)				P	×	1
				7	*	1
				=	4	1
i Lease of facilities, equipment, or other assets to related organization(s)				;=	×	- 1
i lonco of familities commont or other secols from volated executation(s)						
בכמלכ כן ומכווונים, כקמוף ווכוול, כן כנווכן מלוכנה כן נקמון במונים					1	1
K Performance of services of membership of fundraising solicitations for related organization(s)	anization(s)			¥ ;	4 :	ì
Penormance of services or membership of fundraising solicitations by related organization(s)	anization(s)			=	4	1
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1m X	_	ı
n Sharing of paid employees with related organization(s)				T.	×	1
 Reimbursement paid to related organization(s) for expenses 				-	×	
n Reimbursement baid by related organization(s) for expenses				4	×	ı
				1	+	1
 Qther transfer of cash or property to related organization(s) 				1	×	
				+	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds			1
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	:		
(1) ILLINOIS LABORERS LEGISLATIVE COMMITTEE	A	0.				1
(2)						
(3)						
(4)						1
(2)						1
(9)						1
32163 01-23-12	29		Schedule R (Form 990) 2011	Rorm 99	90) 2011	l -

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ILLINOIS LABORERS-EMPLOYERS COOPERATION

Schedule R (Form 990) 2011 AND EDUCATION TRUST

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

DisproporLonding amount in box 20 managing ownership
allocations? of Schedule K-1 partner?
Ves No (Form 1065) ves No Ξ end-of-year Share of assets **6** Share of income total Predominant income parines sec (related, unrelated, orgs?) excluded from tax under section 512-514) Yes No (e) Are all partners sec 501(c)(3) orgs? € (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

Schedule R (Form 990) 2011

ILLINOIS LABORERS-EMPLOYERS COOPERATION 37-6304539 Page 5 AND EDUCATION TRUST Schedule R (Form 990) 2011 Part VII Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions)