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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.

OMB No 1545-0047 Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	CONTRACTORS EDUCATIONAL TRUST FUND			
	Name change				141483
	Initial return Termin ated	Number and street (or P 0 box if mail is not delivered to street address) P. O. BOX 3807	Room/suite	E Telephone numbe	r 275-4400
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	242,193.
	Application	BATON ROUGE, LA 70821		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer:VICTOR F. WESTON		for affiliates?	Yes X No
		P. O. BOX 3807, BATON ROUGE, LA 70821		H(b) Are all affiliates inc	luded? Yes No
		mpt status: X 501(c)(3) 501(c)( ) ( (Insert no ) 4947(a)(1) (	or 527	1	list. (see instructions)
<u>J</u>	Websit	e: ► N/A	<del></del>	H(c) Group exemptio	
		organization	L Year	of formation 1990 N	A State of legal domicile LA
P	art I	Summary			· · · · · · · · · · · · · · · · · · ·
9	1 1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{SEE}}$	SCHEDU	LE ATTACHED	
Activities & Governance		Check this box  if the organization discontinued its operations or dispose	end of more	than 25% of its net as	eete
Ver		Check this box  \[ \sum_ \subset \subset if the organization discontinued its operations or dispose the first thing is the governing body (Part VI, line 1a)	sea or more	3	5
Ĝ		Number of voting members of the governing body (Fart VI, line 1a)		4	5
<b>න්</b> ග		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Ę.		Total number of volunteers (estimate if necessary)		6	0
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ă	1	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	-	PEPPERMAN, EMBOULAS, SCHWAAVZ & TODARO, L.L.C.		Prior Year	Current Year
•	8	Contributions and grants (Partivilla Ineglia) Accountants		327,183.	242,095.
Revenue	9	Program service revenue (Part VIIIAline 2g) อนไลเลกิจ		0.	0.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		590.	98.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		327,773.	242,193.
-	7	Grants-and-similar-amounts-paid-(Part IX, column (A), lines 1-3)		115,000.	30,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part) X, column (A), line 11e)		0.	0.
e e	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17	Other expenses (Part-IX,-column (A), lines 11a-11d, 11f-24e)		23,155.	19,082.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>138,155.</u>	49,082.
	19	Revenue less expenses. Subtract line 18 from line 12		189,618.	193,111.
Net Assets or	3		Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		1,228,569.	1,421,680.
AB	21	Total liabilities (Part X, line 26)	_	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20		1,228,569.	1,421,680.
****		Signature Blook		<del></del>	<del></del>
		lties of perjury, I declage that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correc	t, and complete Degraration of preparer, (other than officer) is based on all information of wi	hich preparei		
		- July 9. Wish		Date	12
Sig	gn	Signature of officer		Date	
He	re	VICTOR F. WESTON, TRUSTEE  Type or print name and title			
_				Date Check	PTIN
D - 1	ı.a	Print/Type preparer's name  Prèparér's signature	, /		
Pai		LUCILLE M. HESS, CPA   Juntile 1970			72-0207210
	eparer	Firm's name Pepperman Emboulas Schwartz & T	Juaro	LLC Firm's EIN	12-0201210
USI	e Only	Firm's address 1815 Clearview Parkway Metairie, LA 70001		Dhara sa S	04-837-4555
_	41			Phone no 5	
		AS discuss this return with the preparer shown above? (see instructions) 3-12 LHA For Paperwork Reduction Act Notice, see the separate instruction		<del></del>	X Yes No Form 990 (2011)
132	001 01-2	3-12 LMA For Paperwork Reduction Act Notice, see the separate instructi	V112.	•	1 Onn <b>330</b> (2011)

Form 990 (2011) CONTRACTORS

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)?			
	If "Yes," complete Schedule A	_1_	X	<del> </del>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			.,
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		├
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
	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,	_		v
	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	_		x
	Schedule D, Part III	8_		<u> </u>
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	_		X
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	İ		1
а		11a		Х
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		<b></b>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11Ь		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<u> </u>
G	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	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	<del></del>		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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		Х
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		l	
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	l .		,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ <u>.</u>	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			U
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	U
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>├</b> ^
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2011)
		rorm	<b>33</b> U (	(2011)

Form 990 (2011) CONTRACTORS EDUCATIONAL TRUST FUND 72-6141483 Page 4

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		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			v
	Schedule J	23		<u> </u>
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	240		х
	Schedule K. If "No", go to line 25	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
234	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	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		Х
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		Х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	<u> </u>
		Form	<b>990</b> (	2011)

rai	Check if Schedule O contains a response to any question in this Part V			$\Box$
	Officer in Conducte C Contains a response to any question in this real v		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	)	res	140
_	Enter the number reported in Box 3 of Form 1096. Enter 0-11 not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b (	4 1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	†		
С	(gambling) winnings to prize winners?	1c	:	1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
28	filed for the calendar year ending with or within the year covered by this return  2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		1
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Зa	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		Х
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
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	L	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b	ļ .	<b>└</b>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ '		Х
	to file Form 8282?  If "Yes." Indicate the number of Forms 8282 filed during the year	7c		
d	• • • • • • • • • • • • • • • • • • • •	7e	1	1
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<b>—</b>		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	•	ĺ
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	┥ _		1
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	}		
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  Enter the amount of reserves on hand  13b  13c	†	l	
1/2		14a	<del></del>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del>                                     </del>	<del></del>
	in 165, has a mod a form (20 to report these payments) in 176, provide all explanation in dericade o		990	(2011)

132005 01-23-12

72-6141483 CONTRACTORS EDUCATIONAL TRUST FUND Form 990 (2011) 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 Section 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 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 5 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization 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 Х 16a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed LA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

132006

Form **990** (20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

J P MORGAN CHASE BANK NA - 225-332-3158

BATON ROUGE, LA

O. BOX 3399

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 employees."
- 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.

(A) Name and Title	(B) Average hours per week	box,	not cl unle:	ss pe	nore more rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK GOOTEE		х						0.	0.	0
TRUSTEE		Λ							· ·	
(2) RONNY GRAHAM		v						_	ا م	C
TRUSTEE		Х				-	$\vdash$	0.	0.	
(3) CHRISTOPHER STUART								_	ا م	,
RUSTEE		Х			-	-		0.	0.	(
(4) VICTOR F. WESTON		ا ب						0.	0.	(
PRUSTEE		X		_				<u> </u>	0.	
(5) JOY EVANS PRUSTEE		x						0.	0.	(
										-
										<del></del>
							_			
		ļ				_	_			

rart	Section A. Officers, Directors, Tru	stees, Key Er	mple	yee	s, a	nd ł	High	<u>est</u>	Compensated Employ	ees (continued)				
	(A)	(B)			(0	<b>C)</b>			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Est	timate	d
	, <u>, , , , , , , , , , , , , , , , , , </u>	hours per					than is bot		compensation	compensatio	n	am	ount o	of
		week	offi	cer an	dad	recto	or/trus	tee)	from	from related	i	(	other	
		(describe	텵			ļ	i	İ	the	organization	s	com	oensa	tion
		hours for	<b>F</b>	ا ا		ŀ	줥		organization	(W-2/1099-MIS	3C)	fre	om the	<del>)</del>
		related	1 28	智			S.		(W-2/1099-MISC)			_	anızatı	
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee						i relate	
		in Schedule	1	員	Officer	Ē	15 8	Former			1	orga	nızatı	ons
		0)	릴	뿔	₹	Š.	울통	Ē			$\longrightarrow$	_		
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		L <u>.,</u>		<u>L.</u>	l	<u> </u>					<del></del>			
1b	Sub-total								0.		0.			0.
C	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportab	le			_
	compensation from the organization													0
											r		Yes	No
	Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		- 1	1	
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		<u> X</u>
4	For any individual listed on line 1a, is the su	um of reportab	le c	omp	ensa	atior	n and	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	," cc	mpl	ete :	Sch	edul	e J i	for such ındivıdual		ļ	4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services	.		1	
	rendered to the organization? If "Yes," com	plete Schedu	le J	for s	uch	per	son					5		<u> X</u>
Sect	ion B. Independent Contractors													
	Complete this table for your five highest co	•									npensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	/ear	end	ng v	<u>vith</u>	or w	<u>ıthı</u>	n the organization's tax	year.				
	(A)								(B)		_	(C		
	Name and business	address	N	ONI	E				Description of s	services		omper	nsatio	<u> </u>
		<del></del>												
								ļ						
														-
								-						
			-						<u> </u>	<u>-</u>				
	Total number of independent contractors (		not l	ımıte	ed to	the	ose II	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation 🕨					U						200 /	

Pa	t VII	II   Statement of Rever	nue	·····		<u></u> -		
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats str	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ğ,	С	Fundraising events	1c	_				
# La	d	Related organizations	1d					
S,E	е	Government grants (contribut	ions) 1e	242,095.				
isis.	f	All other contributions, gifts, gran	ts, and					
돌림		similar amounts not included abo	1 1					
Ēģ	a	Noncash contributions included in lines						
3 K	-	Total. Add lines 1a-1f		<b>—</b>	242,095.			
$\neg$				Business Code			•	
•	2 a	ı						
, Ş	_ b							
Sel	c							_
E S	d							<del>-</del> ··-
Program Service Revenue	e							
품	f		enue					
		Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
	_	other similar amounts)	•	<b>•</b>	98.	98.		
	4	Income from investment of ta	x-exempt bond r	oroceeds ►				
į	5	Royalties		<b>•</b>				
	_		(i) Real	(II) Personal				
	6 a	Gross rents						
	b							
	c		-					
		Net rental income or (loss)		<b>•</b>			•	
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(// 555511135	(4) = 1.75				
	<b>1</b> -	Less: cost or other basis						
	•	and sales expenses						
		Gain or (loss)						
		d Net gain or (loss)	ł	<b>•</b>				
		a Gross income from fundraising	a events (not					
Other Revenue	0.0	including \$	of					
eve		contributions reported on line						
æ		Part IV, line 18	a .					
je	ŀ	b Less: direct expenses	_ b					
0		Net income or (loss) from fund	_	<b>•</b>				
İ		a Gross income from gaming a			······································			
		Part IV, line 19	а					
	E	b Less: direct expenses	- b					
		c Net income or (loss) from gan	-	<b>&gt;</b>		ĺ		
		a Gross sales of inventory, less						•
		and allowances	а	,				
	Ŀ	b Less: cost of goods sold	b					
		c Net income or (loss) from sale	es of inventory	<b>•</b>			•	
1		Miscellaneous Revenu	,	Business Code				
	11 a						•	
	_	b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d		<b>•</b>				,
	12	Total revenue. See instructions		<b></b>	242,193.	98.	0.	0.
13200 01-23								Form <b>990</b> (2011)

## 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).

	Check if Schedule O contains a respon	se to any question in th	e Part IY		
00	not include amounts reported on lines 6b,	(Á)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and		CAPONISOS	gonordi oxponoco	ОХРОПОСО
•	organizations in the United States See Part IV, line 21	30,000.	30,000.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		-		
Ū	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,				
J	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
5	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management				
b	Legal				
	Accounting	2,400.	2,400.		
d	Lobbying	_,			
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			•	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			!	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .				
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	DUES	6,000.	6,000.		
b	TRAINING	4,896.	4,896.		
c	CUSTODIAL FEES	3,756.	3,756.		
d	INSURANCE	2,030.	2,030.		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	49,082.	49,082.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				1

132010 01-23-12

Part X Balance Sheet End of year Beginning of year 1 1 Cash · non-interest-bearing 1,228,563. 1,421,664. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 6. 16. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments · other securities. See Part IV, line 11 13 13 Investments · program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,228,569. 1,421,680. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 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 Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 

X
and complete lines 30 through 34. 0. 30 30 Capital stock or trust principal, or current funds 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 1,228,569. 1,421,680. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,228,569. 1,421,680. 33 33 Total net assets or fund balances 1,228,569. 1,421,680.

Form 990 (2011)

Total liabilities and net assets/fund balances

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

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		_	CONTRAC	TORS EDUCATI	ONAL	TRUST	FUND	1		72	-6141	483	ı
Pa	rt I	Reason 1		ity Status (All organiz					tructions.				
he o	organi	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1				s, or association of chur									
2	一			0(b)(1)(A)(ii). (Attach Sc									
3	一			tal service organization	-	n section	170(b)(1)	(A)(iii).					
4	Ħ			operated in conjunction					(b)(1)(A)(ii	i). Enter the	e hospital's	s nam	ne.
•		city, and state				<b>F</b>				•	•		
5				benefit of a college or ur	niversity ov	vned or on	erated by	a governr	mental uni	t described	d in		
J		-	(b)(1)(A)(iv). (Comple				,	<b>- 3</b>					
				ent or governmental uni	t describer	d in section	n 170/h)/1	11/41/61					
6 7	=			ent or governmental diff eives a substantial part					r from the	general ni	iblic descr	ihed i	ın
′		_	-		oi its supp	ort nom a	governin	intai unit u	/ 110111 till	gonoral po	30110 00001		•••
	$\Box$	•	b)(1)(A)(vi). (Comple	ection 170(b)(1)(A)(vi).	(Complete	Dart II )							
8	$\overline{\mathbf{X}}$			eives: (1) more than 33			rom oontr	butions m	nomberchi	n face and	d arose rec	ainte	from
9	لکا			nctions - subject to certa									
			·	axable income (less sect									
					lion 511 la	X) Iroin bu	SII 162262 6	acquired o	y the Orga	unzanon an	ter ourie ot	J, 131	J.
			509(a)(2). (Complete	•	at far aubli	o oofoty S	en nastin	= E00/a\/	•				
10	$\vdash$			perated exclusively to te						v out the n		, ana	or
11				perated exclusively for the									Oi
				ations described in secti				2). See <b>se</b> (	Jeon Sos(	<b>a)(3).</b> Onec	K IIIE OOX	ınaı	
				organization and compl	ete iines i Typ			taaratad		ا	Type III - O	thar	
		a Type I		_ ,,			-	-					
е	ш			t the organization is not									
_				han one or more publicly						a(a)(1) or se	ection 509(	(a)(z).	
f				ten determination from t	tne IRS tha	atitisa iy	pe i, Type	ii, or iype	9 111				
			rganization, check th		•								لــــا
g				organization accepted ar							ſ	V	
				irectly controls, either al	one or tog	ether with	persons o	described	ın (II) and (	ill) below,	44-6	Yes	No
		•	• •	upported organization?							11g(i)		-
			· ·	n described in (i) above?		_					11g(ii)		<del>                                     </del>
				person described in (i)							11g(iii)		L
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
				(III) Tunn of	T				(1) 1				
(i)	Name	of supported	(II) EIN	(iii) Type of organization		organization sted in your			(vi) is organizati	on in col	(vii) Am		of
	orga	inization		(described on lines 1-9		document?		r support?	(i) organiz U S	ed in the	supp	ort	
				above or IRC section	Yes	No	Yes	No	Yes	No			
				(see instructions))	res	NO	res	140	162	140			
						· '							
	-				<del> </del>			<del> </del>		<del>  </del>			
					<del> </del>			<del> </del>		<del>  </del>			
		··· <del>··</del>			<del>                                     </del>					<del>  -</del>			
					1								
					<del>                                     </del>	-	<del> </del>	<del> </del>	<del> </del>	<del> </del>			
					-	-		<u> </u>		<del>  -</del>			
			i.					r	,				

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

Schedule A (Form 990 or 990-EZ) 2011	<u> </u>			(1. 1./4.1/4.1/1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Page 2
Part II Support Schedule for (Complete only if you checke	_					•
fails to qualify under the tests				n railed to quality	under Part III. II the	organization
Section A. Public Support	, 110,100 DOIO 117, DIO	acc complete ( alt				<del></del>
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(a) 2001	(b) 2000	(C) 2009	(4) 2010	(e) 2011	ti) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)	***************************************			*************		
6 Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>			
Section B. Total Support	r · · · · · · · · · · · · · · · · · · ·	T		1	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest,					:	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						<del></del> _
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on  10 Other income. Do not include gain		-		· -		
or loss from the sale of capital						
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10				· ·		
12 Gross receipts from related activities.	etc (see instruct	ions)	<b></b>	i	12	
13 First five years. If the Form 990 is for	•	•	rd, fourth, or fifth ta	ax vear as a sectio		<del></del>
organization, check this box and stop		0 11101, 0000110, 11111	0, 1001(11, 0, 1111111	21,00,00	00 ! (0)(0)	▶□
Section C. Computation of Publ		ercentage				
14 Public support percentage for 2011 (			column (f))		14	9/
15 Public support percentage from 2010			.,,		15	9/
16a 33 1/3% support test - 2011. If the			n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
stop here. The organization qualifies						▶ 🗀
b 33 1/3% support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/39	6 or more, check th	ns box
and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶□

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2011

17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	·					
	include any "unusual grants.")	183,271.	363,288.	454,110.	327,183.	242,095.	1569947.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1 through 5	183,271.	363,288.	454,110.	327,183.	242,095.	1569947.
	Amounts included on lines 1, 2, and	100/2/11	500,2000	101/1100	02.72000		
,,	3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(	Add lines 7a and 7b						0.
8	Public support (Subtract line 7c from line 6)						1569947.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning In) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	183,271.	363,288.	454,110.	327,183.	242,095.	1569947.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,230.	5,179.	3.	590.	98.	17,100.
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>		-		
•	Add lines 10a and 10b	11,230.	5,179.	3.	590.	98.	17,100.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		_				
13	Total support (Add lines 9, 10c, 11, and 12)	194,501.	368,467.	454,113.	327,773.	242,193.	1587047.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here	<del></del>					<b>D</b>
<u>Se</u>	ction C. Computation of Publ					[	00 00
15	Public support percentage for 2011 (			column (f))		15	98.92 %
16	Public support percentage from 2010					16	98.05 %
	ction D. Computation of Inves						1.08 %
	Investment income percentage for 20			ne 13, column (f))		17	1.08 %
18	Investment income percentage from				15 mars than 5	18	
19	a 33 1/3% support tests - 2011. If the						I / IS not ▶ X
	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20							▶ □
20	r rivate roundation. If the organization	m aid not bricon a	CON OIT MICE 1-11 10	-, -, , , , , , , , , , , , , , , , , ,		odulo A (Form 99	0 000 E7 0011

Schedule I (Form 990) (2011) **2 Employer identification number** 72-6141483 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. 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. Part II can be duplicated if additional space is needed ame and address of organization (below and address of organization are and address of organization (c) IRC section if applicable applicable cash grant assistance or government assistance other) 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 30,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CONTRACTORS EDUCATIONAL TRUST FUND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 70-6021176 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization LOUISIANA TECH UNIVERSITY 600 WEST ARIZONA AVE Name of the organization RUSTON, LA 71272 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part #

Page 2

72-6141483

Schedule I (Form 990) (2011) CONTRACTORS EDUCATIONAL TRUST FUND

| Part iii | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

| Part iii | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: PROGRAMS ARE ACTIVELY MONITORED BY SPECIFICALLY	MS ARE AC	TIVELY MO	NITORED BY	SPECIFICALLY	
ASSIGNED INDIVIDUALS AND THROUGH PERIODIC REPORT UPDATES.	ERIODIC	REPORT UPD	ATES.		

Schedule I (Form 990) (2011)

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## SCHEDULE O

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 **Employer identification number** 72-6141483 CONTRACTORS EDUCATIONAL TRUST FUND Form 990, Part III, Line 4d, Other Program Services: PROGRAM SERVICE EXPENSE including grants of \$ 0. Expenses \$ 19,082. Revenue \$ 0. Form 990, Part VI, Section B, line 11: A COPY OF FORM 990 AND A COPY OF THE COMPILED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR COMPARISON. Form 990, Part VI, Section C, Line 19: ALL DOCUMENTATION IS AVAILABLE FOR REVIEW UPON REQUEST. PART XI LINE 2C NO CHANGE FROM PRIOR YEAR

### FORM 990 - PART III

### PART III - PRIMARY EXEMPT PURPOSE:

The Trust is authorized to provide funds to Universities in Louisiana who meet the eligibility requirements to further the education of interested persons in the field of construction contracting in and for the State of Louisiana.

Four \$600,000 grants for endowed chairs at state universities having construction Technology schools; matched by state funds of \$400,000 to create \$1 million endowed chair. Eight \$60,000 grants to fund professorships at state universities without Construction Technology schools but having construction-related curricula; matched by state funds of \$40,000 for \$100,000 professorships. No application required; universities receiving the grants required to enter into agreement with Trust Fund as to how the monies would be used.

The principal programs which have been contributed to and which are contemplated are commonly referred to as "8g" programs in the State of Louisiana. The original \$2,900,000 invested in the Trust Fund, has already been expended. Basically, 8g Programs are endowed professorships and endowed chairs, which allow for matching funds from the state government, on a 60/40 basis, in order to establish these chairs/professorships. These funds are then used exclusively to fund higher education in fields that directly impact the contracting vocation. The remainder of the Trust Fund monies, and any future contributions, will be used in similar fashion, although the exact nature has yet to be determined. Obviously, any future expenditures will be for exempt purposes, under Section 501(c)(3) of the Internal Revenue Code.

Funds	expended to date are as follows:	
	Chair's - 4 @ \$600,000	\$2,400,000
2.	Professorships - 18 @ \$60,000	1,080,000
3.	Professorships - 1 @ \$40,000	40,000
	Professorships - 4 @ \$30,000	120,000
5.	Educational Programs	<u>772,500</u>
		44 410 500
	Total	\$4,412,500

During 2011, an additional grant of \$242,095 was received from the Louisiana State Licensing Board.