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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012 Open to Public Inspection

A	For the	e 2012 calendar year, or tax year beginning	ind ending			
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
	Addre	AGC EDUCATIONAL ENDOWMENT FUND				
	Name chang	Doing Business As		34-6	480126	
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/surt	e E Telephone numbe	er	
	Termir				371-1550	
	Ameno		•	G Gross receipts \$	62,281.	
	Application			H(a) Is this a group r		
	pendii			for affiliates?	Yes X No	
			3906	H(b) Are all affiliates in		
T	Tax-ex	empt status: X 501(c)(3)		- 1 ' '	list. (see instructions)	
		te: WWW.AGCMICHIGAN.ORG	1.7 3 3.	H(c) Group exemption	,	
		organization X Corporation	L Yea		M State of legal domicile MI	
	art I	Summary	12	orioniation —	VI Otata di logal dollilono	
	· · · · · · · · · · · · · · · · · · ·	Briefly describe the organization's mission or most significant activities: SCI	HOLARSH	IPS GIVEN TO	QUALIFIED	
మ 2013 Governance	'	STUDENTS TO HELP WITH THEIR COLLEGE ED			<u> </u>	
₩. ₩.	2	Check this box If the organization discontinued its operations or dis			ecate	
20 Ve	3	Number of voting members of the governing body (Part VI, line 1a)	sposed of file	2	3	
විය	4	Number of independent voting members of the governing body (Part VI, line 1	(b)	4	3	
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	-	5	0	
⊁≅	ء ا	Total number of volunteers (estimate if necessary)		6	3	
<u>≨</u> ≩	6	Total unrelated business revenue from Part VIII, column (C), line 12	*	· · · · -	0.	
	/ a	Net unrelated business taxable income from Form 990-T, line 34		. <u>7a</u> 7b	0.	
<u></u>		Net unrelated business taxable income from Form 990-1, line 34	<u> </u>		 	
. \$		Contributions and grants (Part VIII. line 1b) RECEIVED	i H	Prior Year 27,830.	Current Year 9,400.	
Sevenue Revenue	8	The state of the s	5 H	27,030.	0.	
الترسيز يكياني Revenue	9	Frogram service revenue (rait viii, iiie 29)	۱ (م	15,549.	18,643.	
ð æ	10	Investment income (Part VIII, column (A), lines 334 and (76) 1 1 2013) H	15,549.	13,053.	
			2 -	43,379.		
_		Total revenue - add lines 8 through 11 (must equal Part XIII-column (A),-line 1	2) !	-	41,096.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u></u> -	14,000.	19,000.	
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0. 0.	0.	
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)		0.	
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·· _ -	0.	U •	
Expenses	. _p	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	4 500		
	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	4,500.	0.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,500.		
	19	Revenue less expenses. Subtract line 18 from line 12		24,879.		
Net Assets or	3		<u> [</u>	Beginning of Current Year	End of Year	
SSB	20	Total assets (Part X, line 16)	-	493,586.	551,797.	
¥ Z	21	Total liabilities (Part X, line 26)	ļ	1,090.	0.	
		Net assets or fund balances. Subtract line 21 from line 20		492,496.	551,797.	
	art ii	Signature Block	_			
		ities of perjury, I declare that I have examined this return, including accompanying sche			ny knowledge and belief, it is	
true	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all prormation of	of which prepar	er has any knowledge		
			# []	7		
Sig	gn .	Signature of officer		Date 3	17/13	
He	re	CHAD RIEHL, DIRECTOR			(11/2	
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check [PTIN	
Pai				self-employ		
	parer	Firm's name DOEREN MAYHEW		Firm's EIN ▶	38-2492570	
Use	Опіу	Firm's address 305 WEST BIG BEAVER ROAD				
		TROY, MI 48084		Phone no 2	48-244-3000	
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

Form 990 (2012)

Form 990 (2012) AGC EDUCATIONAL ENDOWMENT FUND

Part IV Checklist of Required Schedules

+ +++	11- One office of reduired confedence			
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		ŀ	
	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	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		١	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	ľ	}	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	.,
	Part VI	11a		Х
b	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 167 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	l		v
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	 	X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			X
_	Schedule D, Parts XI and XII	12a		
D	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 and XII is optional	12b	Х	
40				X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-0	 	
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1.75		
	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,		 	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			200	(0010

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	04		x
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		^
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	Х	
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			İ
	Schedule J	23		Х
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		X
b	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		Х
ь	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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,			
	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?		1	١
	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			v
	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, Part II, III, or IV, and	۱	X	
^-	Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		t
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		Х
27	If "Yes," complete Schedule R, Part V, line 2	36	1	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		**
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	Note: All Form 930 fileto die required to complete doriedgie O		990	(2012)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	<u> </u>	<u> </u>
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	ļ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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	Зь		↓
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	ļ	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
		<u>5c</u>	┼	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so	_		_v
	any contributions that were not tax deductible as charitable contributions?	. <u>6a</u>	 	X
Þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0.1		
_	were not tax deductible?	<u>6b</u>	-	1
7	Organizations that may receive deductible contributions under section 170(c).	0 00v0r2 70		X
		e payor?	+-	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		1	+
С	to file Form 8282?	7c		х
d		1,0	+	
e		7e	1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g			1	
_	the state of the s			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did 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		1
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:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	4	
b	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.		-	ـ
а	·	13a	 	—
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ				
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand		+	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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			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 1a 3			
	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 3			
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		Х
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		Х
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		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
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	[
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
ь	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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 organiza	tion:	_	
	BART CARRIGAN - 517-371-1550			
	2323 N. LARCH ST., LANSING, MI 48906			

Form	aan	(2012)	

AGC EDUCATIONAL ENDOWMENT FUND

34-6480126

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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.
- 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	(C) Position (do not check more than one					one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unle	ss pe	rson	s bot or/trus	h an	compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CHAD RIEHL	1.00									
DIRECTOR		X	<u> </u>			<u> </u>		0.	0.	0.
(2) DARRYL MASSA	1.00	1							_	
DIRECTOR		Х				<u> </u>		0.	0.	0.
(3) JIM NAHRGANG	1.00	↓								
DIRECTOR		X						0.	0.	0.
		_								
		_								
		_								
	-	_								
		-					_			
		_			_			<u> </u>		
		_		-						
		_								
		_			_					
	-	_	_			_				
	-	-								

1 OI	* *** Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>ees</u>	, and	<u>d Hi</u>	ghe	<u>st C</u>	compensated Employe	es (continued)				
	(A)	(B)			_	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					000	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	n an	compensation	compensation		ar	nount	of
		week	\vdash	ceran	id a d	irecto	or/trus	itee)	from	from related			other	
		(list any	E G						the	organizations		com	pensa	ation
		hours for	늉				둁		organization	(W-2/1099-MISC)	fı	om th	е
		related	Sta	Est			Bars		(W-2/1099-MISC)			_	anızat	
		organizations below	를	ona!		S S	§ 8						d relat	
		line)	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Ē				orga	anızati	ions
			Ĕ	Ē	₹	इ	ੁਵੇਂ 5	윤			_			
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		,					ŀ							
16	Sub-total	L	L]	!	L			0.).	-		_
	•								0.).			0.
	Total from continuation sheets to Part V	II, Section A												0.
	Total (add lines 1b and 1c)								0.					0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	DOV	e) wi	no re	eceived more than \$100	0,000 of reportable				
	compensation from the organization													(
											_		Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee	, or l	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the si	ım of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization	Γ	- ' '		
	and related organizations greater than \$15									3		4		X
5	Did any person listed on line 1a receive or									Idual for services	┌		-	
•	rendered to the organization? If "Yes," corr							Cial	co organization or more	idual for services		5		Х
Sec	tion B. Independent Contractors	ipiete ochedur	- 0 1	01 30	JCII	pers	SOII					3_	_	Λ
			.			4-	4 .			£400.000 f				
1	Complete this table for your five highest co										ensa	tion 1	rom	
	the organization. Report compensation for	the calendar y	ear (<u>endi</u>	ng v	vith	or w	tthin	the organization's tax	year.				
	(A)		37/		_				(B)		_	(0		
	Name and business	address	N	INC	<u> </u>			_	Description of s	services	<u> </u>	mpe	nsatio	'n
					_									
								i						
									· · ·					
							-	\dashv						
								-+						
								-						
														
2	Total number of independent contractors (i		ot lii	mite	d to		_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation -				()							

Form 990 (2012) AGC EDUCATIONAL ENDOWMENT FUND
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	to any question i	n this Part VIII	<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
nts	1 :	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Membership dues	1b					
S, G		С	Fundraising events	1c					
ar /		d	Related organizations	. 1d					
S,E		е	Government grants (contributi	ons) 1e					
rion S			All other contributions, gifts, grant						
35			similar amounts not included above	ve 1f	9,400.				
F P	,	g	Noncash contributions included in lines	1a-1f \$					
<u>8</u> 2		h_	Total. Add lines 1a-1f		. •	9,400.		·	
					Business Code				
90	2	а						 	
<u>5</u> 9		b							
n S		C							
Pag.	•	d							
Program Service Revenue	1	e							
-		f	All other program service reve	nue					
_		9	Total. Add lines 2a-2f		>				
	3		Investment income (including	dividends, inter	est, and	10 642			18,643.
			other similar amounts)			18,643.	-		10,043.
	4		Income from investment of tax	x-exempt bond	oroceeds				_
	5		Royalties	65.	63.70				
	_		0	(i) Real	(ii) Personal				
	6	-	Gross rents				,		
			Less: rental expenses		 				
			Rental income or (loss) Net rental income or (loss)				1		
			Gross amount from sales of	(i) Securities	(ii) Other				
	′	a	assets other than inventory	(i) Securities	(ii) Other				
		h	Less: cost or other basis						
		_	and sales expenses						
		С	Gain or (loss)						
			Net gain or (loss)		•			•	1
ent			Gross income from fundraising including \$						
Other Reven			contributions reported on line						
Ŗ			Part IV, line 18	a (a).	34,238.				
the		ь	Less: direct expenses	b	01 105				
0			Net income or (loss) from fund	draising events	•	13,053.		, 	13,053.
			Gross income from gaming ac			· · · · · · · · · · · · · · · · · · ·			
			Part IV, line 19	а	·[
		b	Less: direct expenses	t					
		¢	Net income or (loss) from gam	ning activities	•				
	10	а	Gross sales of inventory, less	returns	1				
			and allowances	а					
		b	Less: cost of goods sold	t	·				
		С	Net income or (loss) from sale	s of inventory	<u> </u>				
	<u> </u>		Miscellaneous Revenu	ıe	Business Code				
	11	а							
		b							
		C							-
		d	All other revenue				<u> </u>		
	i	е	Total. Add lines 11a-11d			41 000			21 606
20000	12		Total revenue. See instructions	<u> </u>		41,096.	0.	0	. 31,696.

Secti	on 501(c)(3) and 501(c)(4) organizations must com	-	·-	mplete column (A).	
	Check if Schedule O contains a respon	se to any question in thi	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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	19,000.	19,000.		
3	Grants and other assistance to governments,			1	
	organizations, and individuals outside the			ł	
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	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 salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
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 O)	M			
a					
Ь					
C					
d					
	All other expenses	10 000	10 000		^
25	Total functional expenses. Add lines 1 through 24e	19,000.	19,000.	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 I if following SOP 98-2 (ASC 958-720)	l l		ı	

Par	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X	 -	I	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	59,669.	1	70,659.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Comple	te		
		Part II of Schedule L		5	
l	6	Loans and other receivables from other disqualified persons (as defined	under	1	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and conti	ibuting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr). Complete Part II of Sch	L .	6	<u> </u>
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use	· ·· ·	8	·
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	433,917.	12	480,638
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	493,586.	16	551,797
	17	Accounts payable and accrued expenses	1,090.	17	0 .
ŀ	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trust	ees,		
Liabilities		key employees, highest compensated employees, and disqualified person	ons.		
-		Complete Part II of Schedule L		22	
- [23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
ŀ		parties, and other liabilities not included on lines 17-24). Complete Part X	Cof		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,090.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X	and		
8 8		complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	-38,167.	27	-38,167. 50,471.
	28	Temporarily restricted net assets	13,623.	28	50,471.
	29	Permanently restricted net assets	517,040.	29	539,493
2		Organizations that do not follow SFAS 117 (ASC 958), check here	· 🔲 📗		
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
÷	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u> </u>	33	Total net assets or fund balances	492,496.	33	551,797.
	34	Total liabilities and net assets/fund balances	493,586.	34	551,797.

om	1990 (2012) AGC EDUCATIONAL ENDOWMENT FUND	<u> 34-648</u>	<u>0126</u>	Pag	ge 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			96.
2	Total expenses (must equal Part IX, column (A), line 25)	2			00.
3	Revenue less expenses. Subtract line 2 from line 1	3			96.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>96.</u>
5	Net unrealized gains (losses) on investments	5	3	7 <u>,2</u>	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	55	1,7	<u>97.</u>
Pa	rt XII 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ıle O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	red on a			,
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	rate basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Single Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit			
	or guidte, explain why in Schedule O and describe any stans taken to undergo such audits		36		

Form **990** (2012)

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

Employer identification number

Name of the organization

AGC EDUCATIONAL ENDOWMENT FUND

34-6480126 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated a L Type I **b** Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (iv) is the organization (v) Did you notify the (ii) EIN (iii) Type of organization (vii) Amount of monetary (i) Name of supported organizátion in col in col (i) listed in your organization in col (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section US2 (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 AGC EDUCATIONAL ENDOWMENT FUND 34-6480 I Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	dian A. Dublic Company			<u> </u>			
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	50 500	20 625	25 400	27 020	0.400	154 050
	include any "unusual grants.")	52,588.	39,635.	25,400.	27,830.	9,400.	154,853.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		i				
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to		j				
	the organization without charge						
4	Total. Add lines 1 through 3	52,588.	39,635.	25,400.	27,830.	9,400.	154,853.
5	The portion of total contributions						
	by each person (other than a			· · · · · · · · · · · · · · · · · · ·			
	governmental unit or publicly			1			
	supported organization) included		1	1			
	on line 1 that exceeds 2% of the			1		·	
	amount shown on line 11,		1	1			
	column (f)			1			
6	Public support. Subtract line 5 from line 4					······	154,853.
$\overline{}$	ction B. Total Support	<u> </u>					
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	52,588.	39,635.	25,400.	27,830.	9,400.	154,853.
8	Gross income from interest.	02,000	05,000				
0	·						
	dividends, payments received on						
	securities loans, rents, royalties	11,211.	9,423.	7,025.	16,753.	18,643.	63,055.
_	and income from similar sources	11,211.	9,423.	1,023.	10,755.	10,045.	03,033.
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	20 250	22 250				E2 E00
	assets (Explain in Part IV.)	30,250.	22,250.				52,500.
11	Total support. Add lines 7 through 10	L					270,408.
	Gross receipts from related activities,					12	34,238.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. —
	organization, check this box and stor						<u> </u>
Se	ction C. Computation of Publ	ic Support Per	rcentage			1	
14	Public support percentage for 2012 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	57.27 %
	Public support percentage from 2011			•		15	43.97 %
16a	a 33 1/3% support test - 2012. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			-	$\triangleright [X]$
t	o 33 1/3% support test - 2011. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶
17a	a 10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"					-	. ▶□
t	10% -facts-and-circumstances tes	~	·		-	17a, and line 15 is	10% or
	more, and if the organization meets ti	-					
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization						s ▶ □
		2017 1121 1111 111				dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2012 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

ection A. Public Support	ow, please com	piete Part II.)				 _
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Grits, grants, contributions, and	(0) 2000	(5) 2505	(0, 2010	(0) 2011	(0, 2012	(1) 101.0.
membership fees received. (Do not]		
include any "unusual grants.")						
· · · · -						-
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose			<u> </u>			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-]			
ızatıon'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			1			1
6 Total. Add lines 1 through 5		1				1
7a Amounts included on lines 1, 2, and		,				<u> </u>
3 received from disqualified persons		1				
b 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						
c Add lines 7a and 7b		1	1	ļ		-
8 Public support (Subtract line 7c from line 6)		1		1		<u> </u>
ection B. Total Support		, 	1	<u></u>	1	1
alendar year (or fiscal year beginning in) 🏲 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				ļ <u>.</u>	1	
Oa Gross income from interest,						
dividends, payments received on securities loans, rents, royalties		1			İ	
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						-
activities not included in line 10b,						
whether or not the business is						
regularly carried on 2 Other income. Do not include gain			 			
or loss from the sale of capital						
assets (Explain in Part IV.)		<u> </u>				
3 Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>	<u> </u>
4 First five years. If the Form 990 is for t	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						<u> </u>
ection C. Computation of Public	: Support Pe	ercentage		···		
5 Public support percentage for 2012 (lin	ne 8, column (f) o	divided by line 13,	column (f))		15	
6 Public support percentage from 2011 S	Schedule A, Par	t III, line 15			16	
ection D. Computation of Invest						
7 Investment income percentage for 201					17	
8 Investment income percentage from 20	-	,,	, ••••••••••		18	
9a 33 1/3% support tests - 2012. If the c			on line 14 and line	e 15 is more than		17 is not
						., is ilot ▶∟
more than 33 1/3%, check this box and		= = =				
b 33 1/3% support tests - 2011. If the c	-					
line 18 is not more than 33 1/3%, chec			=		-	₽
O Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶L

Schedule A (Form 990 or 990-EZ) 2012 AGC EDUCATIONAL ENDOWMENT FUND	34-6480126 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, II	ne 10; Part II, line 17a or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME	:
GOLF OUTING INCOME	
2008 AMOUNT: \$ 30,250.	
2009 AMOUNT: \$ 22,250.	
	w
·	
	
	
	1 2000

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

AGC EDUCATIONAL ENDOWMENT FUND

Employer identification number 34-6480126

	AGC EDUCATIONAL EN		34-6480126
Pa	★ ■ Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 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 fu	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	· — · · · · — · · · ·
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	77	ganization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organizat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space	Freservation of a certified	mistoric structure
2	Complete lines 2a through 2d if the organization held a quali	find appearation another tree in the form of a	
~	day of the tax year.	ned conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Year
_	Total number of concentation accompate		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	• • •	2c
đ	Number of conservation easements included in (c) acquired	after 8/1//06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organic	anization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	• ,	
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservat	•	·
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the c	organization's accounting for
Day	conservation easements. *III Organizations Maintaining Collections of	f Art Historical Transcrups or Other	- Circiles Assets
Fal		· · · · · · · · · · · · · · · · · · ·	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
Þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	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 tre	easures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X	-	> \$

		CATIONAL E	NDOWMENT F	UND		34-64°	<u>80126</u>	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simila	ar Asset	S (continu	red)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a s	significant i	use of its	collection	rtems
	(check all that apply):							
а	Public exhibition	d	Loan or exci	nange programs				
ь	Scholarly research	е		3 . 3				
С	Preservation for future generations	_						
4	Provide a description of the organization's co	lections and explain	n how they further th	ne organization's ex	amot nuroc	sea in Parl	YIII	
5	During the year, did the organization solicit or					/36 III I AI I	. Alli	
•	to be sold to raise funds rather than to be ma				u assets		Yes	☐ No
Day	t N Escrow and Custodial Arrange				. F 000			NO
I CAL	reported an amount on Form 990, Par	_	ete ii tile organizatio	n answered res to	roiiii 990	, r art 1 v , 11	ne 9, or	
								
18	is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or otner assets no	t included		1.,	┌
	on Form 990, Part X?			•		. ∟	Yes	∟ No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	liowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?	•			Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	colanation has been	provided in Part XIII				
Par	t V Endowment Funds. Complete it	the organization an	swered "Yes" to For	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	530,663.	514,423.	476,276.	4	28,990.	•	405,322.
b	Contributions	22,453.	27,830.	25,400.		34,820.		51,284.
С	Net investment earnings, gains, and losses	55,848.	6,910.	29,247.		24,466.	,	-12,521.
d	Grants or scholarships	19,000.	18,500.	16,500.		12,000.		15,095.
е	Other expenditures for facilities			-				
	and programs							
f	Administrative expenses							
g	End of year balance	589,964.	530,663.	514,423.	4	76,276.		428,990.
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 1g. column (a	i)) held as:	•			
а	Board designated or quasi-endowment	-6.90	%	,,				
b	Permanent endowment ▶ 97.80	%	_ ^*					
c		9.10 %						
•	The percentages in lines 2a, 2b, and 2c shou	-						
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organi	zation		
oa		SSION OF THE ORGANIZA	ation that are neid a	na administered for	ine organiz	ation	Г	res No
	by: (i) unrelated organizations							res No X
		•	•••	••••	•		3a(i)	$\frac{\lambda}{X}$
	(ii) related organizations	. ha		****			3a(ii)	
	If "Yes" to 3a(ii), are the related organizations	•					3ь	
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm						·	
Par	······································					 		
	Description of property	(a) Cost or o basis (investr	''	1	Accumulate		(d) Book	value
	 .	basis (investr	nent) basis	(other) de	preciation			
_	Land							
b	Buildings					\longrightarrow		
C	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c))				0.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 AGC EDUCATIONAL ENDOWMENT FUND	34-64801	26 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	_	
b Donated services and use of facilities 2b	_	
c Recoveries of prior year grants	<u>.</u> †	
d Other (Describe in Part XIII.)	_}	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)	_	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses 2c	_	
d Other (Describe in Part XIII.)	<u> </u>	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	_	
b Other (Describe in Part XIII.)	」	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines	1b and 2b; Part V	/, line 4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information of the complete this part to provide any additional information.		_
PART V, LINE 4: THE EDUCATIONAL FUND IS A TRUST FUND UNDER	WHICH THE	}
EARNINGS ARE USED FOR SCHOLARSHIPS GIVEN TO PROMOTE THE CON	STRUCTION	Ī
INDUSTRY.		
	- "	

Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization AGC EDUC	CATIONAL ENDOWMENT	FU	ND			Employer idea 34-6480	ntification number
	Complete if the organization answe			Form 990, Part IV, I	ne 17		
Indicate whether the organization raise	ed funds through any of the following Solicitate Gamma Solicitate Gamma Special roral agreement with any individual art VII) or entity in connection with produals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have co or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			,	
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	oution	s or has been notified	l d It IS	exempt from re	egistration
							· · · · · · · · · · · · · · · · · · ·
_HA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990)-EZ.		,	Schedule G (Forr	n 990 or 990-EZ) 2012

Schedule G (Form 990 or 990-EZ) 2012 AGC EDUCATIONAL ENDOWMENT FUND 34-6480126 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GOLF OUTING col. (c)) (event type) (event type) (total number) 34,238. 34,238. 1 Gross receipts 2 Less: Contributions 34,238. 34,238. 3 Gross income (line 1 minus line 2) 4 Cash prizes 4,453. 4,453. 5 Noncash prizes Direct Expenses 15,053. 15,053. Rent/facility costs Food and beverages Entertainment 1,679. 1,679. Other direct expenses 21,185, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? __ Yes b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2012 AGC EDUCATIONAL ENDOWMENT FUND 34-	<u>-6480126</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
	An outside facility	13b	96
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	<u> </u>	
	Name		
	Address >		
	7.00.000 2		
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	└── Yes	L No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		···
	Address >		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	U No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
			
			

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public

Inspection

OMB No 1545-0047

Employer identification number 34-6480126		[Yes X No	IV, line 21, for any		(h) Purpose of grant or assistance					Schedule I (Form 990) (2012)
		istance, and the selec		es" to Form 990, Part		(g) Description of non-cash assistance					
		for the grants or ass		anization answered "Y		(f) Method of valuation (book, FMV, appraisal, other)					
		grantees' eligibility	X S S S S S S S S S S S S S S S S S S S	Somplete if the orga	ded.	(e) Amount of non-cash assistance					
Д		or assistance, the	funds in the Hotte	United States.	onal space is need	(d) Amount of cash grant				sted in the line 1 table	
DOWMENT FUND		amount of the grants	oring the use of grant	Organizations in the	be duplicated if additi	(c) IRC section if applicable				suoi	ons for Form 990.
LIONAL EN	nd Assistance	o substantiate the	tance?	Sovernments and	5,000. Part II can	(9)				nd government org	see the Instructi
Name of the organization AGC EDUCATIONAL ENDOWMENT	Part i General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance? Describe in Part IV the proparation's procedures for monitoring the use of grant funds in the United States	Part # 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. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table	
Nam	G.	-	o	ď						8 8	₹

Schedule I (Form 990) (2012) AGC EDUCATIONAL ENDOWMENT 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 can be duplicated if additional space is needed.

Page 2

34-6480126

רמונים בישקפים וו מסטונים של מים וויי ומסטפטי					
(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
SCHOLARSHIPS FOR STUDENTS PURSUING AN EDUCATION AND TRAINING RELATED TO ARCHITECTURAL, ENGINEERING, OR CONSTRUCTION TRADES.	80	19,000.	0	слѕн	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the informatio	n required in Part I,	lne 2, Part III, colum	n (b), and any other additional inf	ormation.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

AGC EDUCATIONAL ENDOWMENT FUND

Employer identification number 34_6480126

AGC EDUCATIONAL ENDOWMENT FUND 54-0400120
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF FORM 990 IS PROVIDED TO
THE TRUSTEES FOR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST ONLY.
FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR
THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF
AN INDEPENDENT ACCOUNTANT.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Pubilia Inspection

OMB No 1545-0047

Employer identification number

34-6480126 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990.
▶ See separate instructions. AGC EDUCATIONAL ENDOWMENT FUND Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If 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.) End-of-year assets 0 Total Income ত্ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity ₽art #

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(6) ₤ Legal domicile (state or foreign country) MICHIGAN MAINTAIN HIGH STANDARDS OF HELP EMPLOYERS DEVELOP & Primary activity STHICS & PRACTICES <u>e</u> 38-1237235, 2323 N. LARCH STREET, LANSING MICHIGAN ASSOCIATION OF CONSTRUCTORS Name, address, and EIN of related organization 48906

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

Schedule R (Form 990) 2012

232161 12-10-12 LHA

34-6480126

Page 2

Schedule R (Form 990) 2012 AGC EDUCATIONAL ENDOWMENT FUND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, 1 excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of-year assets		(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Bi General Jule Pari	General or Pe managing ov partner?	(i) (k) General or Percentage managing ownership partner? Yes No
											_		
													
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	janizations Taxable a	s a Corpo g the tax)	ration or Trust (Co	omplete if th	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	answered "	res" to Form	990, Part	IV, line 34	because it ha	ad one o	r more	related
(a) Name, address, and EIN of related organization	Z c	Primi	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income		(g) Share of end-of-year assets	(h) Percentage ownership		Section 512(b)(13) controlled entity?
								į					
												_	
											:		
232162 12-10-12					:					Sche	dule R (Form 9	Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

				ľ	\vdash	١,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1. During the tay year did the propulation engage in any of the following transactions with one or more related propulations listed in Darts II.IV?	er erom to edo diminare re	petal anotationalisted	D Date - V2		X	2
a Beceint of (i) interest (ii) annuities (iii) rovalies or (iv) real from a controlled entity				-		×
				2 2		×
				٢		×
				;		,
d Loans or loan guarantees to or for related organization(s)				D 6		4 ×
				:	<u> </u>	
f Dividends from related organization(s)				+	7	×
g Sale of assets to related organization(s)				19	~	×
h Purchase of assets from related organization(s)				ŧ	_	×
				; =	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				1.	_	ایدا
				 		×
r dease of admites, equipment, of other assets morn leaded organizations)	i(s) related oxogotation(s)			=		
Definition of services of members in judgment and indicates of the feet of the	ganization(s)					: ×
	Janizarion(s)					: >
	ation(s)			=		د ،
 Sharing of paid employees with related organization(s) 				9	7	
						:
 P Reimbursement paid to related organization(s) for expenses 				10	<u>`</u>	× :
q Reimbursement paid by related organization(s) for expenses				5	~	×
					-	
 Other transfer of cash or property to related organization(s) 				-	7	×
s Other transfer of cash or property from related organization(s)				18	~	×
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.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(6)						
(p)						
(5)						
(b) 232163 12-10-12			Schedule R (Form 990) 2012	R (Form (990) 20	12

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Part W 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.

Code V-UBI General of Percentage amount in box 20 managing ownership of Schedule K-1 pariner Percentage of Schedule K-1 pariner Percentage				
(h) Olsproportionate allocations/				
(g) Share of end-of-year assets				
(9) (10) (10) (10) (10) (10) (10) (10) (10				
(d) Predominant incomic (related, unrelated, excluded from tax under section 512-51				
(c) Legal domicile (state or foreign country)				_
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2012

Schedule P	R (Form 990) 2012	AGC	EDUCATIONAL	<u>ENDOWMENT</u>	FUND	34-6480126	Page 5
Part VII	Supplemental Info	rmation)				
	Complete this part to pro	ovide addi	rtional information for re	esponses to question	s on Schedule R (see instru	ctions).	
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