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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

AI	or tn	e 2012 calendar year, or tax year beginning and e	ending	_	
В	Check If applicab	C Name of organization CAGC FOUNDATION, INC. F/K/A CAROLINAS	_	D Employer identifi	cation number
	Addre	SS CONCEDUCATON EDUCAMENT & DECEMBER FOR	NDA		
	Name			56-1	604530
	Initial		Room/suite	E Telephone numbe	
	Termi ated				372-1450
	Amen return	ded C		G Gross receipts \$	366,908.
	Application	CHARDOTTE, NC 20250-0277		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer: CYNTHIA MILLS		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		empt status: X 501(c)(3)	or 527	If "No," attach a	list. (see instructions)
		te: ► N/A		H(c) Group exemption	
		organization X Corporation	L Year	of formation 1987	A State of legal domicile NC
P	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: TO SI			
Jan		INDUSTRY BY FINANCIALLY SUPPORTING EXCELI			
Activities & Governance	2	Check this box If the organization discontinued its operations or dispos	sed of more	ľ	ssets 10
Ô	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
න්	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
Ě	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	75
Ę	70	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
¥		Net unrelated business taxable income from Form 990-T, line 34		7 8 7b	0.
	- 5	THE UNITED BUSINESS (AXABLE INCOME NOM FORM 590-1, line 54	Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	30,614.	128,474.	
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	224,555.	
e Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,340.	13,879.	
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		47,954.	366,908.
SCANNED	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
≫	14	Benefits paid to or for members (Part-IX, column (A), line 4)		0.	0.
≸ s	15	Salaries, other compensation temployee benefits (Part IX, column (A), lines 5-10)		0.	207,718.
COENT Expenses	16a	Professional fundralsing fees (Part IX, column (A), line 11e)		0.	0.
	ь	Total fundraising expenses (Part IX) column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11g, 11-24e)	0.		
`="	1			18,337.	
NO	18	Total expenses. Add lines 13,17 (must equal Part X column (A), line 25) Revenue less expenses Subtract line 18 from line 12	<u> </u>	18,337.	
<u> </u>	19	Revenue less expenses Subtract Tine 18 from line 12		29,617.	
ts or			Be	eginning of Current Year	End of Year
Sse Base	20	Total assets (Part X, line 16)		559,392.	717,898.
	21	Total liabilities (Part X, line 26)	-	7,423. 551,969.	187,366. 530,532.
ر ا	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		331,309.	330,332.
		alties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etatem	nente, and to the heet of m	ny knowledge and helief it is
		ct, and cop apis te. Declaration of preparer (other than officer) is based on all information of wh			iy kilowicaye alla bellet, it is
truc	, 00110	Letter Mills FASAE CAE, ONC, CRE			/ >
Sig	n	Signature of officer	,	Date Date	
He		CYNTHIA MILLS, PRESIDENT & CEO			
	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Pai	d	JANICE A. RATICA	ا حم	5-7-/3 If self-emplo	P00358837
Pre	parer	Firm's name CHERRY BEKAERT LLP	•	Firm's EIN	56-0574444
Use	Only	Firm's address 1111 METROPOLITAN AVENUE, SUITE	1000		
		CHARLOTTE, NC 28204		Phone no 7	04-377-1678
<u>Ma</u>	y the I	RS discuss this return with the preparer shown above? (see instructions)		 	X Yes No

	CAGC FOUNDATION, INC. F/K/A CAROLINAS	
Form	CONCERNICETON PRIVATED	Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	TO SERVE THE CONSTRUCTION INDUSTRY BY FINANCIALLY SUPPORTING EXCELLE	NT
	WORKFORCE DEVELOPMENT AND RESEARCH PROGRAMS, ACTIVITIES, AND SERVICE	S
	IN THE CAROLINAS.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	□ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes	□No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	nd
	revenue, if any, for each program service reported.	-
4a	(Code) (Expenses \$190,685. including grants of \$) (Revenue \$224,5	55.
	EDUCATION AND TRAINING - CAROLINAS AGC FOUNDATION OFFERS PROGRESSIVE	
	TRAINING OPPORTUNITIES FOR CONSTRUCTION TRADE CRAFTSMEN, CONSTRUCTION	
	SUPERVISORS AND EXECUTIVE MANAGEMENT. THE FOUNDATION IS AN ACCREDIT	
	TRAINING SPONSOR FOR THE NATIONAL CENTER FOR CONSTRUCTION EDUCATION	
	RESEARCH (NCCER). AS A SPONSOR THE FOUNDATION OFFERS THE NCCER	
	INSTRUCTOR CERTIFICATION TRAINING PROGRAM. CERTIFIED INSTRUCTORS AR	Œ
	QUALIFIED TO TEACH NCCER CONTREN LEARNING SERIES CURRICULUM. THIS	
	CURRICULUM IS MODULE BASED AND TEACHES STUDENTS KNOWLEDGE AND SKILLS	
	ASSOCIATED WITH TASKS RELATED TO A VARIETY OF CRAFT TRADES. THE	
	CONTREN TRAINING IS CONDUCTED IN COMMUNITY COLLEGES, TECHNICAL SCHOOL	LS,
	HIGH SCHOOLS AND WITHIN INDIVIDUAL CONSTRUCTION COMPANIES IN NC AND	
	THE FOUNDATION IS AN ACCREDITED ASSESSMENT CENTER FOR NCCER. THE	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		—— <i>'</i>
4c	(Code) (Expenses \$,
		_

4d Other program services (Describe in Schedule O.)

including grants of \$ 190,685. Total program service expenses 4e

Form **990** (2012)

) (Revenue \$

CONSTRUCTION EDUCATION & RESEARCH FOUNDA Part IV Checklist of Required Schedules

	•		Yes	No
1	Iş 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	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		X
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		X
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
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		1	
	as applicable.	-		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			X
_	Part VI	11a		
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	x	
_	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
ь	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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	1	1	l
	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,			١.,
	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	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			J
^^	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
<u>D</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	. 000	<u></u>

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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			
	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		
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	<u> </u>	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):			ļ.,
а	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	-	Α.
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
04	contributions? If "Yes," complete Schedule M	30		Α.
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	 	1
32	Schedule N, Part II	32	1	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ	 	
33	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			
04	Part V, line 1	34	X	İ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Ī	
	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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

CONSTRUCTION EDUCATION & RESEARCH FOUNDA Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number of forms W206 included in the 1a. Enter of 4 not applicable Enter the number of forms W206 included in the 1a. Enter of 4 not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 29 If all test one is reported on the 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 If the organization have interest the year? 31 If Yes, 1 has if filed a Form 990-T for this year? 32 If Yes, 1 has if filed a Form 990-T for this year? 33 If Yes, 1 has if filed a Form 990-T for this year? 34 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; In Yes, 2 in the name of the foreign country: 35 Was the organization are of the foreign country: 36 Was the organization are of the foreign country: 37 See instructions for filing requirements for Form ID F 90-22.1, Report of Foreign Bank and Financial Accounts. 38 Was the organization are of the organization that it was or is a party to a prohibitotic tax shefter transaction? 39 Did any taxable party northy the organization that it was or is a party to a prohibitotic tax shefter transaction and you contributions or gifts were not tax deductable? 39 Did any taxable party northy the organization that it was or is a party to a prohibitotic tax shefter transaction? 40 Did the organization benefit were not tax deductable as charitable contributions and party for goods and services provided to the payor? 50 Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 800 as a se		Check if Schedule O contains a response to any question in this Part V	.			
Enter the number of Forms W-20 included in line 1a. Enter 0 if not applicable Did the organization comply with backup withholding rules for reportable gayments to vendors and reportable gaming (gambling) within gain to summary 2. 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. Did I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 are greater than 250, you may be required to e-file (see instructions) Bid the organization have unrialised business gross income of \$1,000 or more during the year? Bid If Yea, 1 has it filed a Form 990 For for this year! I /% o, "provide an application in Schedule 0. If Yea, 2 has it filed a Form 990 For for this year! /1 /% o, "provide an applicantion in Schedule 0. If Yea, 3 has it filed a Form 990 For for this year! /1 /% o, "provide an applicantion in Schedule 0. If Yea, 2 his one Sar oSb, did the organization have an interest in, or a signature or other authority over, a financial accounts. Was the organization should be organization should be abore to a spin and 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 should be organization that it was or is a party to a prohibited tax enher transaction? By Urse, 2 did the organization should be organization should be organization and the organization and the organization should be organization and the organization foreign application should be organization and the organization and schedulations and a services provided? By Urse, 3 did the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible? By Urse, 3 did the organization return a spin service seed from the subject of the organization should be organization should be organization s					Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamibling) winnings to pizze winners? 2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. 2b If all teads one is reported on in the 2A, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3b If the veganization have unrealed business gross income of \$1.00 or more dump the year? 3a X X If the 2s and 2s is greater than 250, you may be required to e-file (see instructions) 3b If Yes, and a file of the year of the Yes, and an intervation or a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a All any time duming the calendar year, did the organization have an intervation, or a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4b If Yes, and the organization that it was or a a party to a prohibitorial or an intervation of the segnitive or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b Was the organization aparty to a prohibitorial this was or a a party to a prohibitorial tax sheller transaction? 5c If Yes, to line 5a of 5b, did the organization file form 888677 5c If Yes, to line 5a of 5b, did the organization file form 888677 5c If Yes, to line 5a of 5b, did the organization file form 888677 5c If Yes, to line 5a of 5b, did the organization file form 888677 5c If Yes, organization secure applying the every solicitation an express statement that such contributions or gifts were not tax deductible. 5c If Yes, organization secure applying thit excess of	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	14			
Learn Drawman of employees reported on Form W3, Transmittel of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 10	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
2a Control the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrealed business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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 At any time the name of the foreign country? 5b If "Yes," and the organization are party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, "to line 5 or 5b, did the organization have tax sor is a party to a prohibited tax shelter transaction? 5c If Yes, "to line 5 or 5b, did the organization flat it was or is a party to a prohibited tax shelter transaction? 5d 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 as charitable contributions? 5d If Yes, "did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 6d Torganization shall may receive deductible contributions under section 170(e). 8d If Yes, "did the organization notify the donor of the value of the goods or services provided?" 7d Organization shall may receive deductible contributions under section 170(e). 8d If Yes, "did the organization organization with the year payment in excess of \$75 made partly as a contribution of care services the organization file form 8599 as required?" 7d If Yes,	c	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	portable gaming			
filed for the calendary year ending with or within the year covered by this return If all least one is reported on line 2a. dut the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Dut the organization have unrelated business gross income of \$1,000 or more during the year? bit If 'Yes, 'I set if filed a Form 990 To this year? If 'No', 'provide an explanation in Schedule O 4a. At any time during the calendary 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?) bif 'Yes, 'I center the name of the foreign country; \(\othersian \) as a bank account, securities account, or other financial account? 5b. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. Was the organization have annual gross receipts that are normally provided the organization solid any contributions that were not tax deductible or other with the organization have annual gross receipts that are normally easier than \$100,000, and did the organization solid any contributions that were not tax deductible or other without the organization in the organization and express statement that such contributions or gifts were not tax deductible or other without or of the organization and express statement that such contributions or gifts were not tax deductible or other without or of the organization file form 88891? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes, 'I clid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations state in a such as a contribution of the express of the organization and partly for goods and services provided? 9 Organizations and in the provided provided that organization		(gambling) winnings to prize winners?		1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
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· · · · · · · · · · · · · · · · · · ·	С	Enter the amount of reserves on hand	13c	ļ	4	<u> </u>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b	1	<u></u>

CAGC FOUNDATION, INC. F/K/A CAROLINAS

Form 990 (2012)

CONSTRUCTION EDUCATION & RESEARCH FOUNDA

DA 56-1604530 Page 6

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			<u> </u>					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10								
	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 10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b	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	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
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		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
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	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
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?								
	The organization's CEO, Executive Director, or top management official	15a	X						
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		<u>X</u>					
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							
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
40	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, and	d finar	ıcıal						
00	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are personally at the person of t	tion: 🕨	_						
	PAT MIXON - 704-372-1450 1100 EUCLID AVENUE, CHARLOTTE, NC 28230								
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CAGC FOUNDATION, INC. F/K/A CAROLINAS

CONSTRUCTION EDUCATION & RESEARCH FOUNDA

56-1604530

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

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.

Check this box if neither the organization in	or any related	orga	ınıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee.		
(A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both air officer and a director/trustee			is bot	h an	compensation	compensation	amount of	
	week	_	ceran	la a a	Irecto	T	tee)	from	from related	other	
	(list any	ള						the	organizations	compensation	
	hours for	P o	8			Safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	related organizations	Laster	Tage 1		88	De la		(88.2/1099-181130)		and related	
	below	t laut	tona	١.	l g	Š 82				organizations	
	line)	Individual trustee or director	Institutional trustae	Officer	(ey er	Highest compensated employee	E E			organization o	
(1) JOHN BARRINGER	1.00										
TRUSTEE		Х						0.	0.	0.	
(2) BRIAN WEANT	1.00								_		
TRUSTEE		X		<u> </u>				0.	0.	0.	
(3) MARK ASHMORE	1.00]			1		_ [_	
TRUSTEE	1 00	Х	<u> </u>	<u> </u>				0.	0.	0.	
(4) JANICE POPLIN	1.00								,	^	
TRUSTEE	1 00	X	├	┝	-	-	_	0.	0.	0.	
(5) STEVE CORRIHER	1.00	,							ا	0	
TRUSTEE	1 00	X	┝	<u> </u>	⊢	┼	⊢	0.	0.	0.	
(6) JERRY SMITH	1.00	X			l		1	0.	0.	0.	
CAGC CHAIR	1.00	^	<u> </u>	-		╁─	┢	<u> </u>	0.	<u> </u>	
(7) MATT BARES	1.00	X		X				0.	0.	0.	
CHAIR ELECT (8) LAURA TETER	1.00	^	-	Λ		+	┢				
TREASURER	1.00	X		X	1			0.	0.	0.	
(9) KEITH WAYNE	1.00	1	H	1	 	\vdash	i				
CHAIR	1.00	x						0.	0.	0.	
(10) CYNTHIA MILLS	1.00										
PRESIDENT & CEO, SECRETARY	49.00			Х				0.	281,676.	33,430.	
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Form 990 (2012)

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Page 8

	Officers, Directors, Trus		ploy	rees			ghe	st C			—т			
	(A) (B) (C) (D) (E)								(F)					
, Name	and title	Average hours per			heck	more	than		Reportable	Reportable			tımate	
		week					is bot or/trus		compensation from	compensatio			ount o)t
		(list any	ğ						the	organization			oensa	tion
		hours for	director				8	ļ	organization	(W-2/1099-MIS		-	om the	
		related	trustee or	trustee			ensa		(W-2/1099-MISC)	,	´	orga	anızatı	on
		organizations	텵	를		Key employee	Highest compensated employee					and	l relate	ed
		below line)	Indiwdual	Institutional t	Officer Officer	e e	plose	je j				orga	nızatıd	ons
		iiile)	ᄩ	뿔	₽	æ	₹ 5	횬			\longrightarrow			
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			1	İ										
1b Sub-total		·	<u> </u>				┰	<u> </u>	0.	281,6	76.	3	3,4	30.
	nuation sheets to Part V	II Section A					•		0.		0.		- , -	0.
d Total (add lines		.,					•		0.	281,6	76.	3	3,4	
	ndıvıduals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100					
	om the organization						-,			,,,,,,				C
													Yes	No
3 Did the organizat	ion list any former officer.	director, or tr	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on				
	complete Schedule J for s											3		[X]
4 For any individua	l listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from	the organization				
and related organ	nizations greater than \$15	0,000? If "Yes,	," сс	mpi	lete :	Sch	edul	e J	for such individual			4	Х	1
5 Did any person lis	sted on line 1a receive or	accrue compe	nsat	tion	from	any	y un	relat	ted organization or indiv	idual for services	}			É
rendered to the c	organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son					5		Х
Section B. Independe	ent Contractors													
1 Complete this tal	ble for your five highest co	mpensated in	dep	end	ent c	cont	ract	ors 1	that received more than	\$100,000 of con	npens	ation f	rom	
the organization.	Report compensation for	the calendar y	ear/	end	ıng v	vith	or w	<u>/ithi</u>	n the organization's tax	year.				
	(A)								(B)			(0		
	Name and business	address	N	ON	<u>E</u>				Description of s	services	C	ompe	nsatio	n
											<u> </u>			
											1			
											<u> </u>			
											<u> </u>			_
							-				 			
											1			
						-					ļ			
	independent contractors (not l	ımıte	ed to		_	ste	d above) who received r	nore than				
\$100,000 of com	pensation from the organ	ization >					0				<u> </u>			
												Earm	$\alpha\alpha\alpha$	0040

Page 9

Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations **1d** e Government grants (contributions) 1e All other contributions, gifts, grants, and 128,474. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 128,474 h Total. Add lines 1a-1f Business Code 213,170 11,385 2 a EDUCATION & SAFETY PRO 900099 213,170. Program Service Revenue TRAINING & SEMINARS 900099 11,385 f All other program service revenue 224,555 ▶ Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 13,879 13,879. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal (i) Real 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ▶ d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue Total. Add lines 11a-11d 366,908. 224,555. 0. 13,879. Total revenue. See instructions

Part IX | Statement of Functional Expenses

0001	on 301(c)(3) and 301(c)(4) organizations must com			mpiete column (A).	
	Check if Schedule O contains a respon	ise to any question in thi	s Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	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	188,936.		188,936.	
8	Pension plan accruals and contributions (include	100,700.		100/350.	·····
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u> </u>
10	Payroll taxes	18,782.		18,782.	
11	Fees for services (non-employees):	10,702.		10,702.	
	Management				
a	-				
b	Legal	-			 -
ب 2	Accounting				.
d	Lobbying Professional fundamenta assures Con Book N/ Ivan 47				·
e 4	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,	1 026		1 026	
40	column (A) amount, list line 11g expenses on Sch O)	1,936.		1,936.	
12	Advertising and promotion	1 600		1 600	
13	Office expenses	1,699. 8,612.		1,699.	
14	Information technology	0,012.		8,612.	
15	Royalties	 -			
16	Occupancy	1 460		1 460	
17	Travel	1,469.		1,469.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	- 0 044	- 0.044		<u>_</u>
19	Conferences, conventions, and meetings	9,844.	9,844.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 410		4 410	
23	Insurance	4,418.		4,418.	
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)				
а	EDUCATION AND SAFETY CO	178,089.	178,089.		
b	SERVICE PROJECTS	1,815.	1,815.	· · · · · · · · · · · · · · · · · · ·	
~	MISCELLANEOUS	937.	937.		
d		3371			
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	416,537.	190,685.	225,852.	0.
26	Joint costs. Complete this line only if the organization	120,007.	220,003.	223,032.	
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation				
	Check here Infollowing SOP 98-2 (ASC 958-720)				
_	II IONOWING SOF 90-2 (ASC 936-720) 1			1	

Form 990 (2012)
Part X Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response to any ques	tion in this Part X		-	
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	. [57,665.	1	40,509.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	-		3	
	4	Accounts receivable, net		4	9,908.	
	5	Loans and other receivables from current and former	officers, directors,		1	
		trustees, key employees, and highest compensated e	mployees. Complete		1	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 50)1(c)(9) voluntary		1	
w		employees' beneficiary organizations (see instr). Com	plete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use	ļ		8	6,976.
	9	Prepaid expenses and deferred charges		2,544.	9	342.
	10a	Land, buildings, and equipment: cost or other			1	
		basis Complete Part VI of Schedule D 10a	1			
	b	Less: accumulated depreciation 10b		400 100	10c	
	11	Investments - publicly traded securities	499,183.	11	543,457.	
	12	Investments · other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	116 706
	14	Intangible assets		14	116,706.	
	15	Other assets. See Part IV, line 11	FF0 202	15	717 000	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	559,392.	16	717,898. 5,481.
	17	Accounts payable and accrued expenses		7,423.	17	3,481.
	18	Grants payable			18	10,140.
	19	Deferred revenue	-		19	10,140.
	20	Tax-exempt bond liabilities			20	
ties	21	Escrow or custodial account liability. Complete Part IV			21	
Liabilities	22	Loans and other payables to current and former office				
Lia		key employees, highest compensated employees, an	a disqualified persons.			
	23	Complete Part II of Schedule L	hourd as a set on a		22	
	24	Secured mortgages and notes payable to unrelated to Unsecured notes and loans payable to unrelated third	·		24	
	25	Other liabilities (including federal income tax, payable	·		24	
	23	parties, and other liabilities not included on lines 17-2				
		Schedule D	4). Complete Falt X of	0.	25	171,745.
	26	Total liabilities. Add lines 17 through 25		7,423.	26	187,366.
	<u> </u>	Organizations that follow SFAS 117 (ASC 958), che	eck here ► X and			
Ś	1	complete lines 27 through 29, and lines 33 and 34.			:	
ပိုင်	27	Unrestricted net assets		529,289.	27	507,852.
ala	28	Temporarily restricted net assets			28	·
d B	29	Permanently restricted net assets		22,680.	29	22,680.
Ë		Organizations that do not follow SFAS 117 (ASC 9	58), check here ▶			
or F		and complete lines 30 through 34.				
şţ	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
¥ A	32	Retained earnings, endowment, accumulated income			32	
ž	33	Total net assets or fund balances	,	551,969.	1	530,532.
	34	Total liabilities and net assets/fund balances		559,392.		717,898.
						Form 990 (2012)

CAGC FOUNDATION, INC. F/K/A CAROLINAS CONSTRUCTION EDUCATION & RESEARCH FOUN

	1990 (2012) CONSTRUCTION EDUCATION & RESEARCH FOUNDA	56-160	4530	Pag	ge 12
Pa	rt XI 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)	L 1	36	6,9	08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41	6,5	37.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	9,6	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55	1,9	69.
5	Net unrealized gains (losses) on investments	5	2	8,1	92.
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	53	0,5	32.
Pa	rt XII Financial Statements and Reporting			<u>-</u> -	
	Check if Schedule O contains a response to any question in this Part XII				
				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 Schedule	9 O.		-	
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		:	
	separate basis, consolidated basis, or both:				Ī
	Separate basis Consolidated basis Both consolidated and separate basis				•
þ	Were the organization's financial statements audited by an independent accountant?		2ь	Χ	İ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis.		-	
	consolidated basis, or both:	•			1
	Separate basis X Consolidated basis Both consolidated and separate basis				ŧ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt.			l
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	Ī
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	redule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S.				1
	Act and OMB Circular A-133?	J	3a		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

SCHEDULE A

(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

Department of the Treasury
Internal Revenue Service

Name of the organization

CAGC FOUNDATION, INC. F/K/A CAROLINAS CONSTRUCTION EDUCATION & RESEARCH FOUNDA

Employer identification number 56-1604530

Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
The organ	ization is not a	a private foundation i	because it is: (For lines	1 through 1	1, check o	only one b	ox.)						
1 🔲	A church, co	nvention of churches	s, or association of chur	ches descr	ribed ın se	ction 170	(b)(1)(A)(i).						
2	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🔲	A hospital or	a cooperative hospit	tal service organization (described i	n section	170(b)(1)(A)(iii).						
4	A medical re	search organization o	operated in conjunction	with a hos	pıtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter	the hos	pital's	name	e,
	city, and stat	te:											
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governn	nental uni	t describ	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local governme	ent or governmental uni	t described	in sectio	n 170(b)(1)(A)(v).						
7 🔲	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public c	lescri	bed ır	n
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 🔲	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	rom contri	butions, m	embershi	p fees, a	nd gros	s rece	eipts f	from
	activities rela	ated to its exempt fur	nctions - subject to certa	an exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from g	oss II	nvestr	ment
	income and	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	anızatıon	after Ju	ne 30), 197	5.
	See section	509(a)(2). (Complete	Part III.)										
10	An organizat	ion organized and op	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l) .					
11 X	An organizat	ion organized and or	perated exclusively for the	ne benefit (of, to perfo	rm the fur	etions of,	or to carr	y out the	purpos	es of	one c	or
	more publicly	y supported organiza	ations described in secti	on 509(a)(1	1) or sectio	on 509(a)(2). See sec	tion 509(a)(3). Ch	eck the	box t	.hat	
			organization and compl		-								
	a X Type	I b ∐ Ty	/pe II c T	ype III · Fu	nctionally i	ntegrated	d	I	e III - No	n-functi	onally	' Integ	grated
e X	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r ındırectly	by one or	more dis	qualified	person	s othe	er than	n
	foundation n	nanagers and other t	han one or more publicl	y supporte	d organiza	itions desc	cribed in s	ection 50	9(a)(1) or	section	509(a)(2).	
f	If the organiz	zation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					_
		rganization, check th						-					
g	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or co	ontribution	from any	of the follo	owing per	sons?		r		
	(i) A perso	on who directly or ind	rectly controls, either a	lone or tog	ether with	persons c	lescribed i	n (ii) and	(iii) below			Yes	No
	_		upported organization?								g(i)		X
			n described in (i) above?								g(ii)	\longrightarrow	X
	• •	•	person described in (i)	, .						111	g(iii)		X
h	Provide the f	following information	about the supported or	ganization	(s)								
(ı) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	notify the	(vi) !	s the	(vii) Am	nount :	of mor	netarv
	anization	(, 2	(described on lines 1-9	in col (i) lis	sted in your	organizat	ion in col	organizáti (i) organi	on in col zed in the	(***, / ***	supp		,
			above or IRC section	governing	document?	(i) of you	r support?	(i) organii U S	?		• •		
			(see instructions))	Yes	No	Yes	No	Yes	No				
CAROL	INAS												
AGC,	INC	56-0126510	501(C)(6)	Х		Х	ŀ	Х		,			0.
	-												_
								<u></u>					
									ļ	<u> </u>			
			<u> </u>			 		<u> </u>	-				
Total	1		‡	1	1	1	1	ŧ	1	1			0.

800	fails to qualify under the tests	istea below, plea	ise complete Part						-
	etion A. Public Support	(a) 2009	(h) 2000	(2) 2010	(4) 2011	1 /	N 2012	(9 Total	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	- "	2012	(f) Tota	31
1	Gifts, grants, contributions, and 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		•		Ī				
	governmental unit or publicly								
	supported organization) included				1				
	on line 1 that exceeds 2% of the								
	amount shown on line 11,		‡		1				
	column (f)		<u> </u>						
	Public support. Subtract line 5 from line 4		<u> </u>	<u> </u>	1	<u>.l</u>		1	
	ction B. Total Support		I		1 1 2 2 2 1	Τ.	10010	1 45.7.	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	+	e) 2012	(f) Tot	aı
_	Amounts from line 4		-			┼			
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business				 	1			
9	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.)		:		1	ľ			
11	Total support. Add lines 7 through 10		1						
	Gross receipts from related activities	etc. (see instruct	ions)			12			
13	First five years. If the Form 990 is fo	r the organization	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501	(c)(3)		
	organization, check this box and sto								<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			, ,			
14	Public support percentage for 2012 (line 6, column (f) o	divided by line 11,	column (f))		14			9
	Public support percentage from 2011					15			9
16a	33 1/3% support test - 2012. If the	organization did n	ot check the box o	on line 13, and line	: 14 is 33 1/3% or	more,	check this b	ox and	
	stop here. The organization qualifies		-					,	-
b	o 33 1/3% support test - 2011. If the	J			d line 15 is 33 1/3	% or m	ore, check t	his box	. —
	and stop here. The organization qua								▶ []
17a	10% -facts-and-circumstances tes		~						
	and if the organization meets the "fac				·	art IV h	ow the orga	nization	
	meets the "facts-and-circumstances"	-	•		-	4-7	16 45	100/	-
t	o 10% -facts-and-circumstances tes		~						
	more, and if the organization meets t	ne ⊺tacts-and-circt	umstances" test. (meck this box and	i stop nere. Expla	ın ın Pa	มเเง ก่อพ โท	E	

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

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

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	ction A. Public Support	•	•		_	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude 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						
3	Gross receipts from activities that	!		ļ			
	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		1				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b		<u> </u>		1		<u> </u>
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	1	1	<u>.t</u>	1	.1
		4-1 0000	43,0000	(-) 0010	4.0.0044	(.) 0010	(0 T-1-1
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest,				+		
100	dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<u> </u>	
•	Add lines 10a and 10b						
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)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	-				,	▶ □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (column (f))		15	%
	Public support percentage from 2011		=	.,,		16	%
	ction D. Computation of Inve			<u> </u>			
_	Investment income percentage for 20					17	%
	Investment income percentage from			,		18	<u> </u>
	a 33 1/3% support tests - 2012. If the			on line 14 and lin	ie 15 is more than		
	more than 33 1/3%, check this box a	-					▶ □
	33 1/3% support tests - 2011. If the		-	• •			and
	line 18 is not more than 33 1/3%, che	=					. —
20	Private foundation. If the organization		-	· ·		· · · · · · · · · · · · · · · · · · ·	· ▶ □

(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

CAGC FOUNDATION, INC. F/K/A CAROLINAS CONSTRUCTION EDUCATION & RESEARCH FOUNDA

Employer identification number 56-1604530

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	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	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	Impermissible private benefit?		Yes No
Par	til Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the oi	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located -	
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements duri	ng the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Em	conservation easements.	(A'. II'. ' I.T. A.	
Pai	Organizations Maintaining Collections of		er 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	,	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	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	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		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
a	Revenues included in Form 990, Part VIII, line 1	•	\$
b	Assets included in Form 990, Part X		> \$

CAGC FOUNDATION, INC. F/K/A CAROLINAS CONSTRUCTION EDUCATION & RESEARCH FOUNDA 56-1604530 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): J Public exhibition Loan or exchange programs ь Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes l No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance . . . 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V | Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (c) Two years back (d) Three years back (b) Prior year 1a Beginning of year balance 22,680. Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance 22,680. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No X (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. See Form 990, Part X, line 10.

(a) Cost or other

basis (investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2012

(d) Book value

(c) Accumulated

depreciation

(b) Cost or other

basis (other)

1a Land
b Buildings

d Equipmente Other

c Leasehold improvements

Description of property

CAGC FOUNDATION, INC. F/K/A CAROLINAS

			FOUNDA 5	6-1604530 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or e	end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)		-		
(C)				
(D)				
(E)(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value		valuation: Cost or e	end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
			-	
(8)				· · ·
(9) (10)				· · - ·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.	<u> </u>	·	
<u></u>	Description	-		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	no 15)			>
Part X Other Liabilities. See Form 990, Part X,				<u> </u>
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		······································	1	
(2) DUE TO AFFILIATE		171,745	•1	
(3)				
(4)				
(5)]	
(6)				
(7)			1	
(8)			4	
(9)			4	
(10)			4	
(11)		171 745	-{	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. FIN 48 (ASC 740) Footnote in Part XIII, provide the te		171,745		

X

CAGC FOUNDATION, INC. F/K/A CAROLINAS 56-1604530 Page 4 CONSTRUCTION EDUCATION & RESEARCH FOUNDA Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 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 per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities Prior vear adjustments 2b 2c c Other losses Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 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 Other (Describe in Part XIII.) 4c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. PART X, LINE 2: THE FOUNDATION FOLLOWS THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB")GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE FOUNDATION'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES

THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2012; ACCORDINGLY,

Schedule D (Form 990) 2012

·	CAGC FOUNDATION, INC. F/K/A CAROLINAS	
Schedule D (Form 990) 2012	CONSTRUCTION EDUCATION & RESEARCH FOUNDA56-1604530 Page	e 5
Part XIII Supplemental Info	rmation (continued)	
•	ACCRUED. INCOME TAX RETURNS FILED PRIOR TO THE YEAR	
ENDED DECEMBER 31,	2009, ARE NO LONGER SUBJECT TO AUDIT BY THE TAXING	
AUTHORITY.		
		
-		

SCHEDULE J (Form 990)

Compensation Information

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

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

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990. ► See separate instructions.

CAGC FOUNDATION, INC. F/K/A CAROLINAS

CONSTRUCTION EDUCATION & RESEARCH FOUNDA

Employer identification number 56-1604530

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X 5a The organization? Х 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? Х 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments Х 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

CAGC FOUNDATION, INC. F/K/A CAROLINAS

CONSTRUCTION EDUCATION & RESEARCH FOUNDA 56-1604530

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Schedule J (Form 990) 2012

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive	(iii) Other reportable	other deferred compensation	benefits	(Q)·())(B)	reported as deferred in prior Form 990
(1) CYNTHIA MILLS	ε	0	0	0		, ,		
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232112							Sched	Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

, Louin aan ot aan-E5

Department of the Treasury Internal Revenue Service

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

Name of the organization

CAGC FOUNDATION, INC. F/K/A CAROLINAS
CONSTRUCTION EDUCATION & RESEARCH FOUNDA

Employer identification number 56-1604530

Schedule O (Form 990 or 990-EZ) (2012)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND RESEARCH PROGRAMS, ACTIVITIES, AND SERVICES IN THE CAROLINAS. IT
TAKES A CONSOLIDATED EFFORT TO CONTINUE TO AID AND PROMOTE THE
CONSTRUCTION INDUSTRY AS A PROFESSION.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
THE FOUNDATION NOW OFFERS EDUCATION AND TRAINING OPPORTUNITIES FOR
CONSTRUCTION TRADE CRAFTSMEN. FOR A FULL DESCRIPTION OF THE NEW
PROGRAM, SEE LINE 4A.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
THE FOUNDATION NOW OFFERS EDUCATION AND TRAINING OPPORTUNITIES FOR
CONSTRUCTION TRADE CRAFTSMEN. FOR A FULL DESCRIPTION OF THE NEW
PROGRAM, SEE LINE 4A.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
FOUNDATION OFFERS NCCER CERTIFICATION ASSESSMENTS FOR JOURNEY LEVEL
CRAFTSMEN IN A VARIETY OF CRAFT TRADES. UPON SUCCESSFUL COMPLETION,
CRAFTSMEN RECEIVE CERTIFICATION CREDENTIALS FROM NCCER. THE FOUNDATION
OFFERS A VARIETY OF SUPERVISORY AND MANAGEMENT CONTINUING EDUCATION
OPPORTUNITIES. EDUCATIONAL OFFERINGS ARE DETERMINED FROM CAGC'S MEMBER
INPUT AND CHANGE BASED ON THE CHANGING NEEDS OF THE INDUSTRY. THE
FOUNDATION OFFERS THESE COURSES TO CAGC'S GENERAL MEMBERSHIP AND AS
PRIVATE OFFERINGS TO MEMBER FIRMS. THE FOUNDATION'S PUBLIC OFFERINGS
ARE AVAILABLE TO NON CAGC MEMBERS BASED ON SPACE AVAILABILITY. THE
FOUNDATION IS COMMITTED TO PROVIDING HIGH QUALITY EDUCATION SERVICES

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

232211 01-04-13 Name of the organization CAGC FOUNDATION, INC. F/K/A CAROLINAS
CONSTRUCTION EDUCATION & RESEARCH FOUNDA

Employer identification number 56-1604530

FOR THE BENEFIT OF ITS MEMBERSHIP AND THE CONSTRUCTION INDUSTRY IN A

COST EFFECTIVE MANNER TO HELP MAKE ATTENDEES SKILLED AND VALUED

REPRESENTATIVES OF THE CONSTRUCTION INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 7B: THE CAROLINAS AGC, INC. BOARD OF DIRECTORS IS RESPONSIBLE FOR BOTH THE APPOINTMENT OF CAGC FOUNDATION

TRUSTEES AND MUST APPROVE ALL BYLAW CHANGES OF THE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11: DIRECTORS AND OFFICERS WILL BE

E-MAILED A COPY OF THE FORM 990 FOR REVIEW AND POSITIVE ACKNOWLEDGEMENT

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS

TO BE REVIEWED ANNUALLY WITH THE BOARD. MEMBERS ARE REQUIRED TO NOTIFY THE

FOUNDATION IF THEIR STATUS RELATED TO THE CONFLICT OF INTEREST POLICY

CHANGES DURING MEETINGS THROUGHOUT THE YEAR. AFTER DISCLOSURE OF A

POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS BY A BOARD MEMBER,

THAT PERSON SHALL RECUSE HIMSELF/HERSELF FROM THE MEETING AND/OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION HAS NO FULL TIME

EMPLOYEES. KEY PERSONNEL IN SUPPORT OF THE FOUNDATION ARE

EMPLOYEES OF A RELATED 501(C)(6) ORGANIZATION, CAROLINAS AGC, INC., AND ARE

SUBJECT TO COMPENSATION, CLASSIFICATION AND ALL OTHER PERSONNEL POLICIES OF

THAT ORGANIZATION. CAROLINAS AGC, INC., PERIODICALLY REVIEWS ITS

CLASSIFICATION AND COMPENSATION STRUCTURE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	n CAGC FOUN CONSTRUCT	DATION, INC.	F/K/A CAROLINAS & RESEARCH FOUNDA	Employer identification number 56–1604530
AVAÌLABLE TO		UPON REQUEST		
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(g) Section 512(b)(13) controlled Employer identification number 56-1604530 Open to Public Inspection ž OMB No 1545-0047 × entity? Direct controlling Yes 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.) Direct controlling entity E End-of-year assets X/A status (if section Public charity 501(c)(3)) <u>e</u> ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Ð section 501(C)(6) Ē ▼ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) NORTH CAROLINA CONSTRUCTION EDUCATION & RESEARCH FOUNDA CAGC FOUNDATION, INC. F/K/A CAROLINAS ▶ Attach to Form 990. PROMOTE COMMON BUSINESS Primary activity Primary activity INTEREST Name, address, and EIN (if applicable) Name, address, and EIN CAROLINAS AGC, INC. - 56-0126510 of related organization of disregarded entity 28230-0277 Name of the organization Department of the Treasury Internal Revenue Service CHARLOTTE, NC PO BOX 30277 SCHEDULE R (Form 990) Part # Part

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

Schedule R (Form 990) 2012

CAGC FOUNDATION, INC. F/K/A CAROLINAS

CONSTRUCTION EDUCATION & RESEARCH FOUNDA Schedule R (Form 990) 2012

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.) Partill

Page 2

56-1604530

(1)	₹.	General or Percentage ox managing ownership										
9	- 3	anaging (artner?)	Yes No	 	_							
	=	Disproportion- ate allocations? Code V-UBI amount in box management in box management in box management in box management in box management in box management in box management in box management in box management in box and allocations in box allocations in box and allocations in box allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations in box and allocations	K-1 (Form 1065) Ye			,					_	
3	E)	Disproportion- ate allocations?	Yes No			-						
3	6)	Share of end-of-year	assets									
9		Share of total income							•			
1.7	(e)	Predominant income (related, unrelated, exclined from tax under	sections 512-514)					:				
W-7	(D)	Direct controlling entity										
, man ()	<u>(</u>)	Legal domicile (state or	toreign country)			_						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(g)	Primary activity										
	(a)	Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

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	_ ;	(S) (S)	eutity /	2									
	= ;	512(b)(13) controlled		res									
	E	Percentage ownership											
	(6)	Share of end-of-year	assets										
	()	Share of total income					į						
	(e)	Type of entity (C corp, S corp,	or trust)									-	
	(Q)	Legal domicile Direct controlling Type of entity (C corp, S corp,											
	<u>©</u>	Legal domicile (state or	foreign country)										
ing the tax year.	(g)	Primary activity		:					;				
organizations treated as a corporation of trust during the tax year.)	(a)	Name, address, and EIN of related organization	•										

Schedule R (Form 990) 2012

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CAGC FOUNDATION, INC. F/K/A CAROLINAS CONSTRUCTION EDUCATION & RESEARCH FOUNDA 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.)

N. A. Commission of the section of t				ĺ	200	ž
Note: Complete line I it any entity is listed in Parts II, III, or IV of this scriedule.	y orom yo odo dans or	hetel acciteriaters hetel	n Darte II.W2		g -	2
				ç	T	×
				2 4		: ×
b GITT, grant, or capital contribution to related organization(s)				2	>	:
 Gift, grant, or capital contribution from related organization(s) 				ပ	4	
d Loans or loan guarantees to or for related organization(s)				19		×
e Loans or loan quarantees by related organization(s)				10		×
f Dividends from related organization(s)				=		×
				Ş		×
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 Purchase of assets from related organization(s) 				Ę		(:
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				;F		×
						:
k Lease of facilities, equipment, or other assets from related organization(s)				¥	Ì	×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n		×
				10		×
b Reimblinsement paid to related organization(s) for expenses				\$	_	×
				10		×
d heimbursement paid by related organization(s) for expenses				!		
r Other transfer of cash or property to related organization(s)				-		×
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	who must complete t	his line, including covered	relationships and transaction thresholds.			
	1-1	(+)	9			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	Method of determining amount involved	olved		
(1) CAROLINAS AGC, INC.	U	127,374.				
(2)						
(4)						
(5)						
(6) 232183 12-10-12			Schedule R (Form 990) 2012	R (Form	(066	2012

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CONSTRUCTION EDUCATION & RESEARCH FOUNDA CAGC FOUNDATION, INC. F/K/A CAROLINAS Schedule R (Form 990) 2012

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

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

(k) srcentage wnership				
General or Pe managing ov partner?				_
(i) Code V-UBI Imount in box 20 of Schedule K-1 (Form 1065)				
Obsproportovate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Are all SOI(c)(3) Ogs ? Ay				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514);				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2012

Schadula R /Form 990) 2012	CAGC	FOUNDAT	ION,	INC.	F/]	K/A	CAROL	INAS FOUNDA56-1	604530	D 5
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Schedule R (Form 990) 2012