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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or th	e 2013 calendar year, or tax year beginning	and	ending		
B c	heck if	C Name of organization			D Employer identific	cation number
Г	Addre	agc educational endowme	ENT FUND			
	Name	B			34-6	480126
	Initial return	i '	vered to street address)	Room/suite	E Telephone number	
	Termi	ESES IV. EIRON BIREEL		L , ,	517-	371-1550
Ŀ	Amen return Appli	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$	99,754.
L	tion pend:	DANDING, MI 40000	DIEUT		H(a) Is this a group re	
		F Name and address of principal officer: CHAD 2323 N. LARCH STREET, LA		06	for subordinates	
		empt status: X 501(c)(3) 501(c) ()	ANSING, MI 489 ■ (insert no.)		H(b) Are all subordinates in	list. (see instructions)
		te: ► WWW.AGCMICHIGAN.ORG	(IIISEICIIO) 4547(a)(1)	01 321	H(c) Group exemption	
			ociation Other	L Year		State of legal domicile MI
	ert f	Summary		1		- otato or rogal dollmond
	1	Briefly describe the organization's mission or most s STUDENTS TO HELP WITH COLI		LARSHI	PS GIVEN TO	QUALIFIED
& Governance	2		tinued its operations or dispo	ead of more	than 25% of its not as	rote
Ver	3	Number of voting members of the governing body (I		sed of more	3	3
ဋ္ဌ	4	Number of independent voting members of the government			4	3
	5	Total number of individuals employed in calendar year			5	0
ij	6	Total number of volunteers (estimate if necessary)	, ,		6	3
Activities	7 a	Total unrelated business revenue from Part VIII, cold	umn (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 9	990-T, line 34		7ь	0.
					Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h)	OF CENTED		9,400.	12,200.
Revenue	9	Program service revenue (Part VIII, line 2g)	RECEIVED	_:.	19 643	16 020
æ	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)	So-s	18,643.	16,029.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	2014 2014	시 <u>의</u> 는	13,053. 41,096.	35,068. 63,297.
	12	Total revenue - add lines 8 through 11 (must equal F		181	19,000.	15,000.
	13	Grants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A)			0.	13,000.
us.	15	Salaries, other compensation, employee benefits (P			0.	0.
Se		Professional fundraising fees (Part IX, column (A), Iir			0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line	_	0.		
ω	l .	Other expenses (Part IX, column (A), lines 11a-11d,	•		0.	20,708.
	18	Total expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)		19,000.	35,708.
	19	Revenue less expenses. Subtract line 18 from line 1	12		22,096.	27 , 589.
Fund Balances				Ве	ginning of Current Year	End of Year
Sala	20	Total assets (Part X, line 16)			551,797.	653,583.
盲	21	Total liabilities (Part X, line 26)		·	0.	<u>0.</u>
몵	22	Net assets or fund balances. Subtract line 21 from I	line 20		551,797.	653,583.
	art II	Signature Block atties of perjury, I declare that I have examined the return.	natudina nanamanuuna nahadula	a and statem	anto and to the best of m	. Imperior and belief it.
		ct, and complete Destartion of Depart (Other than Officer				/ knowledge and belief, it is
tiue	, сопе		, to bassa on an internation of the	mon propuror	7/19/	114
Sig	n	Signature of officer			Date	
Her		CHAD RIEHL, DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid	i		A		3 IS/7 If self-employe	
•	arer	Firm's name DOEREN MAYHEW	<u> </u>		Firm's EIN ▶	38-2492570
Use	Only	Firm's address 305 WEST BIG BEAV	ER ROAD		244	0 244 2000
		TROY, MI 48084	(0) (non-instance)		Phone no Z 43	8-244-3000 X Yes No
		RS discuss this return with the preparer shown above				X Yes No Form 990 (2013)
3320	01 10-	29-13 LHA For Paperwork Reduction Act Notice	e, see me separate instructi	U112.		rorm 990 (2013)

Form 990 (2013)

	t IV Checklist of Required Schedules			age u
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
	public office? If "Yes," complete Schedule C, Part I	3		Α.
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		Х
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		X
£	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-	-	
6	,	6		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-	 	
•	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	_		- ^
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	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	<u> </u>	\vdash	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ĺ]
_	Part VI	11a		Х
ь	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	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	ls 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			İ	
	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 other assistance to or for any		ļ	.,
	foreign organization? 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 other assistance to			v
	or for foreign individuals? 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,			v
	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		v	
	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,"	40		X
00	complete Schedule G, Part III	19	 	X
∠ua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ A

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	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		X
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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?			
	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		Х
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	
		Form	990	(2013)

Form 990 (2	013)		AGC	EDUCAT	CIONAL	ENDO	WMENT	FUND
Part V	Statemen	ts F	legard i	ing Other	IRS Filin	gs and	Tax Con	npliance

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 55	110
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	[
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ĺ	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<i></i>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	if "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a				l
	any contributions that were not tax deductible as charitable contributions?	_6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			!
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	'''		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			1
a	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.)			
122	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		ĺ
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			ĺ
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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 or note to any line 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			
	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.			
ь	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		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
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a_	X	
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		<u> X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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	77	
_	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.			v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> </u>
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		$-\frac{\mathbf{X}}{\mathbf{X}}$
14	Did the organization have a written document retention and destruction policy?	14		
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	45-		Х
		15a 15b		X
b	Other officers or key employees of the organization	136		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
···a	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16ь		
Sec	tion C. Disclosure	100		
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) a	vailah	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, and	i finan	cial	
. 🕶	statements available to the public during the tax year.		J. 481	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ıon: ▶		
-	BART CARRIGAN - 517-371-1550			
	2323 N. LARCH ST., LANSING, MI 48906			

Earm	agan	(2013)	

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 or note to any line 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 hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	director, or trustee. (E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CHAD RIEHL	1.00										
DIRECTOR		X						0.	0.	0.	
(2) DARRYL MASSA	1.00	1						_	_	_	
DIRECTOR		Х	ļ		<u> </u>	ऻ_		0.	0.	0.	
(3) JIM NAHRGANG	1.00	1								_	
DIRECTOR		X	ļ		<u> </u>	\vdash	-	0.	0.	0.	
										<u> </u>	
	-	-	-	\vdash	-						
		_			-						
					_	┼—	_				
	-										
	-										

Form 990 (2013) ' AGC EDUC			_		_				34-64	<u>801</u>	126	P	age 8
Part VII Section A. Officers, Directors, Trus		ploy	<u>ees</u>			ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any	offi	, unle	Pos check ss pe	more rson	than is bot	th an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Est am	(F) Imate ount other sensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga	m the nizat relat	e ion ed
			_	ļ			ļ			_			
		1											
		1								ì			
													-
									·				
1b Sub-total .	<u></u>		<u> </u>	<u> </u>				0.		0.			0.
 Total from continuation sheets to Part V Total (add lines 1b and 1c) 	II, Section A						>	0.		0.			0.
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bove	e) wl	ho r	eceived more than \$100	0,000 of reportable				C
										Г	[Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		3		Х
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4		Х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion	from	any	uni			idual for services		5		Х
Section B. Independent Contractors													
 Complete this table for your five highest co the organization. Report compensation for 	-									ensa	ition fr	om	
(A) Name and business			ON					(B) Description of s		Co	(C) ompen		n
	-				-							•	
											_		
			_					<u> </u>					
	- · · · -												
2 Total number of independent contractors (including but r	not li	mite	ed to	tho	se lı		d above) who received n	nore than				
\$100,000 of compensation from the organ						0					C	000 #	0010

	<u> </u>	Check if Schedule O contains a r	response or note to any lin	e in this Part VIII			
100000				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a				
iran		Membership dues	1b				
Ω,E		Fundraising events	1c				
ifts ar /		I Related organizations	1d				
s, G mila		Government grants (contributions)	1e				
on: Sii		All other contributions, gifts, grants, and					
her	•	similar amounts not included above	1f 12,200.				
햧	_						
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f \$		12,200.			
<u></u>		Total. Add lifes 1a-11	Business Code				
0	2 a	•					1
vic							
Ser	t						
m Ver	•						
gra	•						
Program Service Revenue							
_	f	• • • • • •	•				
		Total. Add lines 2a-2f					
	3	Investment income (including divider	▶	16,029.			16,029.
		other similar amounts)		10,027.			10,029.
	4	Income from investment of tax-exem	pt bond proceeds				··
	5	Royalties	D 60 D				.,
			Real (ii) Personal				
	6 a						
	t	Less: rental expenses					
	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
		Net rental income or (loss)	<u>.</u>	······································			-
	7 ε	Gross amount from sales of (i) Se	ecunties (ii) Other				
		assets other than inventory					
	t	Less: cost or other basis					
		and sales expenses					
	•	Gain or (loss) .					
	C	Net gain or (loss)					
enue	8 a	Gross income from fundraising event including \$	' I I				
ě		contributions reported on line 1c). Se	ee				
٦. ٦		Part IV, line 18	a 71,525.				
Other Reven	t	Less: direct expenses	ь 36,457.				
0		Net income or (loss) from fundraising	events .	35,068.			35,068.
		Gross income from gaming activities					
		Part IV, line 19	1 1				
	ŧ	Less: direct expenses	, b				
		Net income or (loss) from gaming act	ivities				1
		Gross sales of inventory, less returns					
		and allowances	1				
		Less: cost of goods sold	b				
		Net income or (loss) from sales of inv					1
	_	Miscellaneous Revenue					
	11 a				Ì		1
	l l			-			
				- 1	_		+
		All all and		-			
		T-1-1 A 111					
	12	Total revenue. See instructions		63,297.	0.	0 .	51,097.
	14	- Prat i e a e un g. OSS III 20 UCCOUI 2	·	~~,~,.		0 (·

Form 990 (2013) Part IX Statement of Functional Expenses

Do .	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to governments and		expenses	general expenses	expenses
1	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	15,000.	15,000.		
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				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		•		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	20,000.	20,000.		<u> </u>
þ	Legal .				
C	Accounting				
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	700	700		
13	Office expenses	708.	708.		
14	Information technology .				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses		ļ		
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				1
20 21	Interest			-	
21 22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses Itemize expenses not covered				······································
∠ →	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
a					· · · · · · · · · · · · · · · · · · ·
b					
C					
d					
	All other expenses	25 700	25 700		
25	Total functional expenses. Add lines 1 through 24e	35,708.	35,708.	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				
	VIII DE LEE E LEE TOURNE SOND OR 2 (ASC: 95X-720)	i i			

Par	tΧ	Balance Sheet	_		
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	70,659.	1	106,386.
	2	Savings and temporary cash investments		2	
- 1	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. Complete	:		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	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			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments · other securities. See Part IV, line 11	480,638.	12	543,820.
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	500.	15	3,377. 653,583.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	551,797.	16	653,583.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
ap	,	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			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
	İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	•		
es		complete lines 27 through 29, and lines 33 and 34.	20 167		20 167
auc	27	Unrestricted net assets	<u>-38,167.</u>		-38,167.
Bal	28	Temporanly restricted net assets .	50,471.	28	104,989.
2	29	Permanently restricted net assets	539,493.	29	586,761.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐	,		
ō		and complete lines 30 through 34.			
šets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
ě	32	Retained earnings, endowment, accumulated income, or other funds	FE1 202	32	CE2
~	33	Total net assets or fund balances	551,797.	33	653,583.

551,797. 34

Total liabilities and net assets/fund balances

orm	990 (2013) AGC EDUCATIONAL ENDOWMENT FUND	34-648	0170	Pag	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	63	3,2	97.
2	Total expenses (must equal Part IX, column (A), line 25)	2			08.
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>97.</u>
5	Net unrealized gains (losses) on investments	5	74	, 1	97.
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	653	3,5	83.
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	-
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		-	
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of	tne organizati		CAMIONAL END	OFTREES		_		=				nber
Part I	Peason		CATIONAL END ity Status (All organization)				· \ Coo ingi	la retione	3	4-6480	126	
***************************************								tructions.				
		•	because it is: (For lines 1	-		-	•					
1			s, or association of churc			ection 170	(D)(T)(A)(I)).				
2			0(b)(1)(A)(ii). (Attach Scl			470(5)(4)	(A) CID					
3	•	•	tal service organization of					/I. \	D [-4	AL - L A - 1		
4 📖			operated in conjunction	with a nos	prai desci	ribed in se	ction 170	(D)(1)(A)(II	ı). Enter	tne nospital	s name	e,
<u>-</u>	city, and state								A al a a a min			
5 📖	_		benefit of a college or un	ilversity ov	wnea or op	perated by	a governi	mentai uni	t describ	oea in		
• 🗀		(b)(1)(A)(iv). (Comple	•			- 470/L\/d						
6 L 7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
/ <u>A</u>	_	-	•	oi its supp	ort from a	governme	intai uriit C	i irom me	general	public desc	noed ii	1
• 🗆	-	b)(1)(A)(vi). (Comple	te Part II.) ection 170(b)(1)(A)(vi). (Complete	Port II \							
8 <u> </u>	-		eives: (1) more than 33 1	•	· ·	rom contri	hutione n	nombombu	n foon o	and arone re	nointo f	irom
•	- -	=	nctions - subject to certa									
		•	axable income (less sect	•		•			• •	•		
		509(a)(2). (Complete		ion 511 ta	x) 110111 00	311103303 6	acquired t	y the orga	ııızatıon	aitei Julie J	0, 157	J.
10 🗀			perated exclusively to test	st for publi	ic safety S	See sectio	n 509(a)(1)				
11 🖂	-	•	-	•	-			· •	v out the	numoses o	of one c	nr.
•• —	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											
		• •	organization and comple				.,		-/(-/: -:.			
	a Type I	· · · · · · · · · · · · · · · · · · ·	· — '		nctionally i			dVD	e III - No	n-functional	v intea	rated
е 🗀		=	t the organization is not	•	-	-		• •				
		•	han one or more publicly		-	_	•		•	•		
f			ten determination from t								· / · · ·	
	•	rganization, check th			·		•			_		
g		•	organization accepted an	y gift or co	ontribution	from any	of the foll	owing pers	sons?	-		
	(i) A perso	n who directly or Ind	rectly controls, either ale	one or tog	ether with	persons o	lescribed	ın (ii) and (i	III) below	/ ,	Yes	No
	the gove	eming body of the si	upported organization?		-					11g(i)		
	(ii) A family	member of a persor	n described in (i) above?				-			11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganization	(s).							
(i) Name	e of supported	(ii) EIN	(iii) Type of organization		rganization		ı notify the	(vi) Is organizatio		(vii) Amount	of mon	etary
	anization	, ,			sted in your			(i) organiz	ed in the	i .	port	•
			above or IRC section (see instructions))	governing	document?	(i) of you	support	U.S	,	1		
			(See morragement)	Yes	No	Yes	No	Yes	No			_
		:					ì					
							ļ					
					,							
								-	-	<u> </u>		
								-		<u> </u>		-
								1				
								 				
		[1		l		1	[1		

Schedule A (Form 990 or 990-EZ) 2013 AGC EDUCATIONAL ENDOWMENT FUND 34-6480126 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		ŀ				
	include any "unusual grants.")	39,635.	25,400.	27,830.	9,400.	12,200.	114,465.
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	39,635.	25,400.	27,830.	9,400.	12,200.	114,465.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4	···		.,.	. , , , , , , , , , , , , , , , , , , ,		114,465.
	ction B. Total Support	1				1	
	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	39,635.	25,400.	27,830.	9,400.	12,200.	114,465.
8			•	•	·		<u> </u>
•	dividends, payments received on						
	securities loans, rents, royalties						
	and Income from similar sources	9,423.	7,025.	16,753.	18,643.	16,029.	67,873.
9	Net income from unrelated business	- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	22,250.					22,250.
11	Total support. Add lines 7 through 10						204,588.
	Gross receipts from related activities,	etc (see instruction				12	105,763.
	First five years. If the Form 990 is for			 I. fourth, or fifth ta	x vear as a sectio		
	organization, check this box and stop		,,	.,	,	., (-)(-)	ightharpoonup
Se	ction C. Computation of Publ		rcentage				
	Public support percentage for 2013 (olumn (f))		14	55.95 %
	Public support percentage from 2012		<u>-</u>	.,, -		15	57.27 %
	33 1/3% support test - 2013. If the			line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	-					$\triangleright X$
k	33 1/3% support test - 2012. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						. ▶□
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
18	Private foundation. If the organization						s ▶ 🗔
<u></u>	The second secon					dule A (Form 990	

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.)

Section A. Public Support			· · 					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1 Gifts, grants, contributions, and								
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-				İ				
formed, or facilities furnished in any activity that is related to the			1					
organization's tax-exempt purpose						į		
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-					†			
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities				 	 			
furnished by a governmental unit to								
the organization without charge				 	+			
6 Total. Add lines 1 through 5			-		+			
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons					 			
b Amounts included on lines 2 and 3 received from other than disqualified persons that	İ				1	1		
exceed the greater of \$5,000 or 1% of the								
amount on line 13 for the year								
c Add lines 7a and 7b								
8 Public support (Subtract line 7c from line 6)				<u> </u>				
Section B. Total Support		,		,				
Calendar year (or fiscal year beginning in) 🕨 _	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9 Amounts from line 6		<u> </u>						
10a Gross income from interest, dividends, payments received on								
securities loans, rents, royalties								
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								
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)				-				
14 First five years. If the Form 990 is for the	the organization's	s first, second, the	d, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organiz	ation.		
check this box and stop here		, ,	· , /==: ; ** !! `	,	/-/(-/ -/ 5-5-112	▶□		
Section C. Computation of Public	Support Pe	rcentage						
15 Public support percentage for 2013 (lir			column (fl)		15			
16 Public support percentage from 2012					16			
Section D. Computation of Inves								
					17			
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2012 Schedule A, Part III, line 17 18 Investment income percentage from 2012 Schedule A, Part III, line 17								
18 Investment income percentage from 20 19a 33 1/3% support tests - 2013. If the content is the content in the content is the content in the			on line 14, and line	a 15 je mara than		17 is not		
						V IS HOL		
more than 33 1/3%, check this box an						► ∟.		
b 33 1/3% support tests - 2012. If the c						± [
line 18 is not more than 33 1/3%, chec						· [=		
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 190, check t	nis box and see ii	istructions .	▶∟		

Part I	Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).										
SCHE	ULE	Α,	PART	II,	LINE	10,	EXPLANATIO	N FOR	OTHER	INCOME:	
GOLF	OUI	ING	INCO	ME				··			
2009	AMO	UNT	: \$	22,	250.						
											
										_	
					<u>-</u>						
					<u>-</u>						
								<u>-</u>		<u> </u>	
									<u></u> -		
-											
		_									
	_		-								
								-			
								•			

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AGC EDUCATIONAL ENDOWMENT FUND

Employer identification number 34-6480126

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, IIr	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised fullus	(b) Fullus 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		
	are the organization's property, subject to the organization's		└ Yes
6	Did the organization inform all grantees, donors, and donor		-
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
	impermissible private benefit?		Yes No
Par	· · · · · · · · · · · · · · · · · · ·		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	 1	
	Preservation of land for public use (e.g., recreation or	·	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	Irfied 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 st	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization 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
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) about 1704 VAVD 500	ove satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
10	conservation easements. 甘腊 Organizations Maintaining Collections of	of Art. Historical Transuras, or O	ther Similar Assets
Fal	Complete if the organization answered "Yes" to Form		the Sillia Assets.
	The state of the s		mont and balance about walks of all
18	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ince of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that desc		
Þ	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic 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 tr		a gam, provide
	the following amounts required to be reported under SFAS	1 10 (ASC 956) relating to these items:	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		. •

		CATIONAL E		· · · · · · · · · · · · · · · · · · · 		480126 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Ot	<u>her Similar Ass</u>	ets(continued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are	a significant use of its	s collection rtems
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
ь	Scholarly research	е				
c	Preservation for future generations			· ·		
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	xempt ouroose in Pa	ert XIII.
5	During the year, did the organization solicit of					
•	to be sold to raise funds rather than to be ma				лаг аззекз	Yes No
Par	* Escrow and Custodial Arran				to Form 000 Port IV	
List Action	reported an amount on Form 990, Pa		ete ii trie organizatio	il disweled Tes	to Form 990, Fart IV	, line 9, or
10			liani far aantubiitian		<u> </u>	
ra	is the organization an agent, trustee, custod	an or other intermed	liary for contribution	is or other assets r	iot included	¬., ¬.,
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing 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 Fe	orm 990, Part X, line	21? .			Yes No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in Part X	III	
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, lin	e 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four years back
1a	Beginning of year balance	589,964.	530,663.	514,423	476,276	
b	Contributions	47,268.	22,453.	27,830	. 25,400	
c	Net investment earnings, gains, and losses	89,518.	55,848.	6,910		
d	Grants or scholarships	35,000.	19,000.	18,500		
	Other expenditures for facilities	35,555				
Ŭ	and programs					
						
	Administrative expenses	601 750	500.064	530 553	F14 402	476 976
g	End of year balance	691,750.	589,964.	530,663	. 514,423	. 476,276.
2	Provide the estimated percentage of the curr	-8.90		i)) neid as:		
	Board designated or quasi-endowment		_%			
	Permanent endowment ► 19.12	%				
C		9.78 %				
	The percentages in lines 2a, 2b, and 2c should					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the organization	
	by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations	-				3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.			
Par	🕇 VI 📗 Land, Buildings, and Equipm	ent.				
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.	
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated	(d) Book value
		basis (investr			depreciation	· •
1a	Land					
	Buildings					
	Leasehold improvements		•			
ت د	•					······································
d	Equipment					
	Other	15 200 5 :	V (D) // -	10(-1)		
Total	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, column (B), line 1	U(C).)		0.

Schedule D (Form 990) 2013AGC EDUCATI	ONAL ENDOWME	NT FUND	34	-6480126 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11b. See Form 990	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests		-		
(3) Other				
(A) ACCRUED INTEREST	1,793	. COST		-
(B) MARKETABLE SECURITIES	542,027		YEAR MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				-
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	543,820	•	/ ////	7 mm
Part VIII Investments - Program Related.		- 1		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes"	to Form 990 Part IV line	11c See Form 990	Part X line 13	
(a) Description of Investment	(b) Book value			d-of-year market value
(1)		***************************************		
(2)				
(3)				
(4)				
(5)			 	
(6)				
(7)	·			
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)				T
Part IX Other Assets.			····	······································
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d. See Form 990.	Part X. line 15.	
	Description		, , a, , , , , , , , , , , , , , , , ,	(b) Book value
(1)				
(2)			"•	<u></u>
(3)				<u> </u>
(4)				
(5)				
(6)				-
(7)		-		
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15)			<u> </u>
Part X Other Liabilities.	e 15.)	· · ·	<u>-</u>	
Complete if the organization answered "Yes"	to Form 990 Part IV line	11e or 11f See For	m 990 Part X line 25	
(1)5	10 1 01111 330, 1 211 14, 11116	(b) Book value	11 330, 1 21 7, 1116 23	·
1. (a) Description of liability (1) Federal income taxes		,-, =	1	
			-	
(2)		 	-	
(3) (4)			1	
(5)			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

(6) (7) (8) (9)

Sche	edule D (Form 990) 2013 AGC EDUCATIONAL ENDOWMENT FUND	34-	6480126 Page 4
_	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur).
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains on investments	4	
b	Donated services and use of facilities	4 1	
C	Recoveries of prior year grants	4	
d		4	
е		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.) Add lines 4a and 4b	ا 🗚 ا	
C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		·• • • • • • • • • • • • • • • • • • •
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:	····	<u> </u>
-	Donated services and use of facilities 2a		
b	Prior year adjustments	7	
c	Other losses 2c	7	
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
þ	Other (Describe in Part XIII.)	4	
c		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	rt XIII Supplemental Information.		
	ide 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, lines	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.		
PA.	RT V, LINE 4:		
===			
EX	PLANATION: THE EDUCATIONAL FUND IS A TRUST FUND UNDER WHI	CH T	HE EARNINGS
AR	E USED FOR SCHOLARSHIPS GIVEN TO PROMOTE THE CONSTRUCTION	IND	USTRY.
PA	RT X, LINE 2:		
EX.	PLANATION: THE ASSOCIATION IS INCORPORATED UNDER THE LAWS	OF	THE STATE
<u>OF</u>	MICHIGAN AS A NOT-FOR-PROFIT CORPORATION. THE ASSOCIATION	ON I	S EXEMPT
	THE THEORY THROWS THE THROWS GROWTON FOLLOW (C) OF THE TWO		
FR	OM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE IN	I'ERN.	AL REVENUE
00	DE AND IS, THEREFORE, SUBJECT TO INCOME TAXES ONLY ON INC	ОМ₽	COLIDCES NOM
<u>CO.</u>	DE AND 15, THEREFORE, SUBJECT TO INCOME TAXES ONLY ON INCO	OPIE.	SOURCES NOT
דח.	RECTLY RELATED TO ITS EXEMPT PURPOSE.		
<u> </u>	Wholli Whilip to the buning fourtons.		

THE AGC EDUCATIONAL FUND IS A SEPARATE ENTITY GRANTED TAX-EXEMPT STATUS

Schedule D (Form 990) 2013

	6480126	Page 5
Part XIII Supplemental Information (continued)		
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THIS IS	A TRUST	
FUND UNDER WHICH THE EARNINGS ARE USED FOR SCHOLARSHIPS GIVEN T	O PROMOT	E
THE CONSTRUCTION INDUSTRY.		
		=
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF	F AMERIC	:A
CLARIFY THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS	TAKEN C	R
EXPECTED TO BE TAKEN IN THE ASSOCIATION'S INCOME TAX RETURNS.	THE	
ASSOCIATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOU	S TAXING	}
AUTHORITIES. THE ASSOCIATION'S OPEN AUDIT PERIODS ARE 2010 - 2	013.	
		-
		-
		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Open To Public Inspection

Name of the organization							ntification number		
	CATIONAL ENDOWMENT					<u>34-6480</u>			
Part I Fundraising Activities required to complete this par	Complete if the organization answet.	ered "Y	'es" to	Form 990, Part IV, III	ne 17.	Form 990-EZ	filers are not		
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P 	e Solicitat f Solicitat g Special or oral agreement with any individual fart VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g govern using of ding of ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees o	Yes			
b If "Yes," list the ten highest paid indi- compensated at least \$5,000 by the	· · · · · · · · · · · · · · · · · · ·	uant to	agre	ements under which	the fu	ndraiser is to 1	be		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	retained by) indraiser	(vi) Amount paid to (or retained by) organization
		Yes	No						
Total			•						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	s or has been notified	t it is e	xempt from re	egistration		
						-			
			<u>.</u>						
			-			· · · · · · · · · · · · · · · · · · ·			
				··					

		le G (Form 990 or 990-EZ) 2013 AGC EDU				6480126 Page 2
Pa	er i	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1 MAY GOLF	(b) Event #2 AUGUST GOLF	(c) Other events NONE	(d) Total events (add col. (a) through
•			OUTING (event type)	OUTING (event type)	(total number)	col. (c))
Revenue	1	Gross receipts	40,335.	31,190.		71,525.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	40,335.	31,190.		71,525.
	4	Cash prizes			······	
တ္ဆ	5	Noncash prizes	2,394.	3,173.		5,567.
xpense	6	Rent/facility costs	14,132.	11,575.		25,707.
Direct Expenses	7	Food and beverages				
۵	8	Entertainment	3,383.	1,800.		5,183.
	9	Other direct expenses		1,000.		
	10	Direct expense summary. Add lines 4 through				36,457. 35,068.
Pa	<u> 11</u> 	Net income summary. Subtract line 10 from life. Gaming. Complete if the organization		990 Part IV line 19 or r	enorted more than	35,000.
	+F-	\$15,000 on Form 990-EZ, line 6a.		1000,1 (2117,11110 10,011	oportoo moro trian	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue			. =	
ses	2	Cash prizes .				
Expenses	3	Noncash prizes .				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8_	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	
	lst	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes,* explain:			vear?	Yes No
	_					

Sch	nedule G (Form 990 or 990-EZ) 2013 AGC EDUCATIONAL ENDOWMENT FUND 34	<u>1-64</u>	<u>8012</u>	6 Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	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:		İ	
	a The organization's facility		3a	%
	b An outside facility	1:	3ь	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party 🕨 \$			
c	c If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
	Address			··· ·
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			-
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
t	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	те		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	III, lines	9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		
				
				_

Schedule G	(Form 990 or 990-EZ)	AGC EDUCATIONAL	ENDOWMENT FUND	34-6480126	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)		·	
1 44,44	Cuppiciniontal inser	111011011 (00)11111000)	· · ·		
				· · · · · · · · · · · · · · · · · · ·	
					
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<u> </u>					
					
					
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				.	
					
	··				
					

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

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

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

► Attach to Form 990.

2013

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

				1 DIE (200 III O I)		A WINDOWS HOUSE	.00.		
Name (Name of the organization AGC EDUCA	AGC EDUCATIONAL ENDOWMEN	DOWMENT FUND	Ω				Employer identification number 34-6480126	lentification number 34-6480126
Part	General Inform	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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec		
8 6	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for mont	oring the use of grant	funds in the Unite	d States.			X Yes	& '
15	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 received more than \$5,000. Part II can be displaced and appearable to a pendential and the complete in t	Governments and	d Organizations in the	e United States. (Complete if the orga	anization answered "\	es" to Form 990, Part	IV, line 21, for any	
-	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant
								:	
:									
	Enter total number of section 501(c)(3) and government organizations li	and government or	ganizations listed in th	sted in the line 1 table				A 4	
۲ ۲	Enter total number of other organizations listed in the line i table For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s listed in the line s, see the Instruct	i table ions for Form 990.					Schedule I (Form 990) (2013)	990) (2013)

(f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part W Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHOLARSHIP MONIES WILL BE AWARDED TO APPLICATIONS ARE REVIEWED BY THE BOARD FINALISTS ARE CASH EXPLANATION: SCHOLARSHIP RECIPIENTS ARE SELECTED ON THE BASIS OF 0 (d) Amount of non-cash assistance EMPLOYMENT FINANCIAL NEED, AND A DEMONSTRATED INTEREST IN 15,000. (c) Amount of cash grant THE AGC EDUCATIONAL ENDOWMENT FUND. EXTRACURRICULAR ACTIVITIES, THE UNIVERSITY THE STUDENT ATTENDS IN AUGUST (b) Number of recipients Part III can be duplicated if additional space is needed. SCHOLARSHIPS FOR STUDENTS PURSUING AN EDUCATION SELECTED IN FEBRUARY EACH YEAR. CONSTRUCTION INDUSTRY CAREER. 2: AND TRAINING RELATED TO ARCHITECTURAL, (a) Type of grant or assistance LINE ENGINEERING, OR CONSTRUCTION TRADES. ACADEMIC PERFORMANCE, PART I, OF TRUSTEES OF SCHEDULE I, EXPERIENCE,

Page 2

34-6480126

AGC EDUCATIONAL ENDOWMENT FUND

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

SCHEDULE 0 (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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

Name of the organization AGC EDUCATIONAL ENDOWMENT FUND	Employer identification number 34-6480126
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: A DRAFT OF FORM 990 IS PROVIDED TO THE TRUST	EES FOR REVIEW
PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE FINANCIAL STATEMENTS ARE AVAILABLE TO TH	E PUBLIC UPON
REQUEST ONLY.	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE ORGANIZATION HAS A COMMITTEE THAT ASSUME	S THE
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINA	NCIAL
STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

▶ See separate instructions.

OMB NO

Employer identification number 34-6480126Open to rum inspection

> ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. AGC EDUCATIONAL ENDOWMENT FUND Name of the organization Department of the Treasury Internal Revenue Service

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

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **@** Total Income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity ₽art #

(g) Section 512(b)(13) Š × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(6) চ Legal domicile (state or foreign country) MICHIGAN MAINTAIN HIGH STANDARDS OF HELP EMPLOYERS DEVELOP & Primary activity ETHICS & PRACTICES 9 2323 N. LARCH STREET, LANSING, MICHIGAN ASSOCIATION OF CONSTRUCTORS -Name, address, and EIN of related organization 38-1237235, 48906

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

Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 AGC EDUCATIONAL ENDOWMENT FUND

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

organizations treated as a partnership during the tax year.	tnersnip during tne ta	x year.								_	
(a)	<u>e</u>	<u> </u>	ତ୍ର	®	_	E	(B)	E	6		3
Name, address, and EIN of related organization	Primary activity	Legai domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? (35) Yes No	General or Percentage managing ownership partner? Yes No
											-
Part ty Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable a poration or trust durin	is a Corp	oration or Trust Co year.	mplete if the	organization a	inswered "Yes	on Form 990,	Part IV, line 3.	4 because it hac	d one or mo	ore related
(a) Name, address, and EIN of related organization	Z _	Prim	(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?
							_				
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	•			×	Yes No	اء
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	ın Parts II·IV?		****	1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	×	ļ
b Gift, grant, or capital contribution to related organization(s)				1p	×	
c Gift, grant, or capital contribution from related organization(s)				10	X	
d Loans or loan guarantees to or for related organization(s)				19	×	}.
				ç	×	l
e Loans or loan guarantees by related organization(s)				Þ	.	. •
f Dividende from related ereceivation(e)				-	×	
Dividence in the related of gains and its					: : -	.1
g Sale of assets to related organization(s)				19	×	.1
h Purchase of assets from related organization(s)				ŧ	×	
i Exchange of assets with related organization(s)				;	×	
j Lease of facilities, equipment, or other assets to related organization(s)				i -	×	
k Lease of facilities, equipment, or other assets from related organization(s)				* *	×	
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	l
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	۱.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×	l.
				Ş	×	1.
				2	•	
p Reimbursement paid to related organization(s) for expenses				- 6	×	
q Reimbursement paid by related organization(s) for expenses				19	×	
						ŧ
 Other transfer of cash or property to related organization(s) 				1	×	1
s Other transfer of cash or property from related organization(s)				1s	×	
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 t	nis line, including covered	relationships and transaction thresholds.			I
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1)						1
(2)						i
(2)						1
						ı
(4)						ı
(5)						
(8)						
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Part 键 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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) sentage nership	•					
Perc						
General or managing partner?						
Gen Dar Par						
Code V-UBI General of Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No						
Olspropor- tonath allocations?						
Disp. C		<u> </u>	 		,	
(g) Share of end-of-year assets						
(f) Share of total Income						
Are all partners sec 501(c)(3) orgs?						
A es So						
(d) Predominant income programs (related, unrelated, excluded from tax under section 512-514) ry						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions).		
	Provide additional information for responses to questions on schedule in (see instructions).		
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•			-
			
			_