

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form 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 1545-1150

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

		2013 calendar year, or tax year beginning NOV 1, 201	3 and en	ding OC	T 31	L, 201	4
В	Check if applicab	C Name of organization			D Empl	oyer identi	fication number
		ess change THE ASSOCIATED GENERAL CONTRAC	TORS OF				
	_	change ILLINOIS EDUCATION FOUNDATION			23	3-7159	9951
	_	Number and street (or P.O. box, if mail is not delivered to street addre	ess)	Room/suite	E Telep	hone numb	oer
	_	nated 3219 EXECUTIVE PARK DRIVE			(2	217)78	39-2650
	_	City or town, state or province, country, and ZIP or foreign postal cod	e		_	p Exemptio	
Γ	_	abon pending SPRINGFIELD, IL 62703				ber ►	
G		nting Method: X Cash Accrual Other (specify)					if the organization is not
		te: ►N/A					ch Schedule B
		empt status (check only one) — X 501(c)(3) 501(c) () ◀(inser	t no.) 4947(a)(1)	or 527			-EZ, or 990-PF).
		f organization: Corporation Trust Association	X Other EDUC				
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200					
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, •	► \$	111,672.
	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balances	(see the instru	ictions f	or Part I)	
		Check if the organization used Schedule O to respond to any question in this		•		,	$\overline{\mathbf{x}}$
-	1	Contributions, gifts, grants, and similar amounts received				1	17,463.
2015	2	Program service revenue including government fees and contracts				2	
	3	Membership dues and assessments	7			3	-
6 2	4	Investment income	-see sched	ULE O		4	5,233.
₩	5a	Gross amount from sale of assets other than inventory 1/2 1 2005		18,7	70.		<u></u>
3	b	Less; cost or other basis and sales expenses	5a 5b	17,0		- 1	
ح	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from-lin	e 5a)			5c	1,683.
	6	Gaming and fundraising events	1			<u> </u>	
	1	Gross income from gaming (attach Schedule G if greater than					
1 2	-	\$15,000)	6a				
Revenue () JAN	h	· ·	63 of contribution	ıs			
Ĭ.	-	from fundraising events reported on line 1) (attach Schedule G if the sum of suc			ľ		
		gross income and contributions exceeds \$15,000)	6ь	70,2	06.		
	c	Less: direct expenses from gaming and fundraising events	6c	64,7			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b a	and subtract line 6c)			6d	5,488.
	7a	Gross sales of inventory, less returns and allowances	7a		-		
	Ь	Less; cost of goods sold	7b				
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	Other revenue (describe in Schedule 0)				8	_
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶	9	29,867.
_	10	Grants and similar amounts paid (list in Schedule 0)	SEE SCHEI	ULE O		10	11,000.
	11	Benefits paid to or for members		•	Γ	11	
ģ	12	Salaries, other compensation, and employee benefits				12	
Expenses	13	Professional fees and other payments to independent contractors				13	
ĝ	14	Occupancy, rent, utilities, and maintenance			Ī	14	
ω	15	Printing, publications, postage, and shipping			Ī	15	
	16	Other expenses (describe in Schedule O)	SEE SCHEI	ULE O	Γ	16	6,541.
	17	Total expenses. Add lines 10 through 16			▶	17	17,541.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	12,326.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Ass		(must agree with end-of-year figure reported on prior year's return)				19	191,465.
et	20	Other changes in net assets or fund balances (explain in Schedule 0)			٦	20	0.
2	21	Net assets or fund balances at end of year. Combine lines 18 through 20			▶	21	203,791.
							000 E7 (0010)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

ILLINOIS EDUCATION FOUNDATION 23-7159951 Page 2 Form 990-EZ (2013) Part II Balance Sheets (see the instructions for Part II) \mathbf{x} Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 46,609. 39,672. 22 Cash, savings, and investments 22 23 Land and buildings 23 157,182. 151,793. SEE SCHEDULE O 24 Other assets (describe in Schedule 0) 191,465. 203,791. 25 Total assets 0. 26 0. Total liabilities (describe in Schedule 0) 191,465. 203,791. Net assets or fund balances (line 27 of column (B) must agree with line 21) Part III | Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** (Required for section Check if the organization used Schedule O to respond to any question in this Part III X 501(c)(3) and 501(c)(4) What is the organization's primary exempt purpose? SEE SCHEDULE O organizations and section 4947(a)(1) trusts; optional Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise for others.) manner, describe the services provided, the number of persons benefited, and other relevant information for each program title SEE SCHEDULE O 11,000.) If this amount includes foreign grants, check here 11,000. (Grants \$ 29 298) If this amount includes foreign grants, check here (Grants \$ 30 30a) If this amount includes foreign grants, check here 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a ,000. Total program service expenses (add lines 28a through 31a) 32 Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (b) Average hours (e) Estimated (C) Reportable contributions to employee benefit plans, and deferred compensation compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) per week devoted to amount of other (a) Name and title position compensation GREG MILLER 0. 5.00 0 0 VICE PRESIDENT WENDY SCHLUTER 0 0 0. 5.00 FOUNDATION CHAIR BILL FREY 0 0 0. 5.00 SECRETARY-TREASURER BOB BRUNER 0 0 0. 5.00 OFFICER DAVID TYROLT 0 0 0. 5.00 OFFICER RUSTY TOBEY 5.00 0 0 0. OFFICER

332172 11-25-13

Form 990-EZ (2013)

THE ASSOCIATED GENERAL CONTRACTORS OF ILLINOIS EDUCATION FOUNDATION 23-7159951 Form 990-EZ (2013) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{x} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule O 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N/ b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Х Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X 38b N/A b If "Yes," complete Schedule L. Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9 39b N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: **0** • ; section 4912 ► 0. 0 • ; section 4955 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? 40b X If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes." complete Form 8886-T 40e 41 List the states with which a copy of this return is filed \> IL Telephone no. $\triangleright 217 - 789 - 2650$ 42a The organization's books are in care of ▶ BILL FREY ZIP+4 ► 62703 Located at ▶ 3219 EXECUTIVE PARK DR., SPRINGFIELD b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year No Yes 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead

of Form 990-EZ

Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

44b

44c

44d

45a

Х

X

		THE ASSOCIATED GENERAL CONTRACTORS OF				_	
Forn	n 990-EZ (2	2013) ILLINOIS EDUCATION FOUNDATION		<u>23-7159</u>	95:		Page 4
		•				Yes	No
46		rganization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candida	ites for pu	ıblıc office?	ŀ		
_	If "Yes," co	omplete Schedule C, Part I			46	لـــــــل	<u>X</u>
Pa		Section 501(c)(3) organizations only					
		All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the table	s for line	s 50 and 51.			
		Check if the organization used Schedule O to respond to any question in this Part VI		••	··· <u>·</u>	V	
						Yes	
47		rganization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes,"	' complete	Sch. C, Part II	47	1	<u>X</u>
48	_	anization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			48		<u>X</u>
		rganization make any transfers to an exempt non-charitable related organization?			49a	+	<u>X</u>
		vas the related organization a section 527 organization?			49b		
50		this table for the organization's five highest compensated employees (other than officers, directors, trustees a	па кеу ег	npioyees) who e	each r	ceivea i	nore
	than \$100	0,000 of compensation from the organization. If there is none, enter "None."		(4)		- \ Fakira	
		(a) Name and title of each employee (b) Average hours (c) Repo	ortable on (Forms	(d) Health benefit contributions to	۰ ایم	e) Estim rount of	
		. neetten W-2/1099	9-MISC)	employee benefi plans, and deferre	٠. ا	ompens	
		NONE		compensation	+	• •	
_					+		
					+		
_							
_					-		
					-		
	Total num	nber of other employees paid over \$100,000		L			
f 51		e this table for the organization's five highest compensated independent contractors who each received more th	nan \$100	000 of company	eation	from the	,
31		ion. If there is none, enter "None." NONE	ιαπ ψ 100,	ooo or compert.	Janon	nom m	•
		lame and business address of each independent contractor (b) Type of ser	VICE	(c)	Como	ensatio	
	(ω) "	tario una obbilitoro dedicios di capit incopationi contraecci	1.00		001117	011041101	<u> </u>
_							
	-						
				1			
	•						
_							
d	Total num	nber of other independent contractors each receiving over \$100,000		<u>, </u>			
52		rganization complete Schedule A? Note . All section 501(c)(3) organizations and 4947(a)(1) nonexempt					
	charitable	e trusts must attach a completed Schedule A		▶ [X	es 🗀	□ No
Und	er penalties of	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know parer (other than officer) is based on all information of which preparer has any knowledge	wledge and	belief, it is true, co		ind comp	ete
<u>500.</u>	La danon or pro-			1115	3)	
Sig	an 🚩	Signature of officer		Dale			
He	ere	BILL FREY, EXECUTIVE DIRECTOR					
		Type or print name and title					
_		Print/Type preparer's name Preparer's signature Date Ch	heck	ıf PTIN			
D-	است		elf- emplo	yed			
Pa		KATHLEEN O. WARD (01/13/15)		P01	028	3546	
	eparer		irm's EIN	▶ 43-03			
US	e Only		hone no.	1015		9-09	60
		SPRINGFIELD, IL 62701					
May	y the IRS dis	scuss this return with the preparer shown above? See instructions		 	ΧÌ	es	No

Form 990-EZ (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Name of the organization

THE ASSOCIATED GENERAL CONTRACTORS OF TLUTNOTS EDUCATION FOUNDATION

Employer identification number 23-7159951

		<u>TDDTINOT</u>	S EDUCATION	L OOMD	HITON				4	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	
Part I	Reason	for Public Char	rity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
he orga	nization is not a	private foundation	because it is: (For lines:	1 through	11, check	only one b	ox.)		_			
1	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	1	•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	ıl's nan	ne.
	city, and stat	-						(- <i>X</i> - <i>X</i> - <i>X</i> -	,-			,
5			benefit of a college or ur	nwererty ov	wned or or	nerated by	a doverni	mental uni	t describ	ned in		
٠				inversity O	which or of	ocialed by	a govonn	mornea am	. GOOOM	,ca		
<u> </u>	1	(b)(1)(A)(iv). (Compl	•			470/LV/	437 A 37 - 3					
6 -	1		nent or governmental uni									
7 LX		•	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or trom the	generai	public desc	oribea i	ın
	l '	b)(1)(A)(vi). (Comple	•									
8 =	1		section 170(b)(1)(A)(vi).	-								
9 L	-	•	eives [,] (1) more than 33 [,]									
	activities rela	ted to its exempt fu	nctions - subject to certa	an excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	t from gross	s invest	tment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10 🖳	An organizat	on organized and o	perated exclusively to te	st for publi	ic safety. S	See sectio	n 509(a)(4	1).				
11 🗀	An organizat	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organization	ations described in secti	on 509(a)(⁻	1) or section	on 509(a)(2	2) See sec	ction 509(a)(<mark>3).</mark> Ch	eck the bo	k that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type) ь 🔲 т	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	ј 🗀 Тур	e III - No	n-functiona	Ily integ	grated
e [By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons of	her tha	เท
	foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	tions des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2)	
f		_	tten determination from t									
	-	rganization, check t			•	. , ,,	, ,,					
g		•	organization accepted ar	nv aift or ci	 ontribution	from anv	of the follo	owina pers	sons?	•	•	· ·
3	_		directly controls, either al			_				ı	Yes	No
			upported organization?		00	pa. 00.10 0		() (, 20.0	11g(i)		
	-		n described in (i) above?						•	11g(ii)		
	• •	-										
	• •		a person described in (i) o	• •		•				11g(iii	Щ	!
h	Provide the t	ollowing information	about the supported or	ganization	(S)							
		- -	<u> </u>	0 1 ab a		(a) Did	4.6 . 41	(vi) Is	tho			
	e of supported	(ii) EIN	(iii) Type of organization		organization			Lorganizátio	on in col.	(vii) Amoun		netary
ori	ganization		(described on lines 1-9 above or IRC section					(i) organiz U.S	ed in the	sur	pport	
			(see instructions))	ب ا		` '	τ			}		
			 	Yes	No	Yes	No	Yes	No	 		_
								ļ				
										ļ		
									ŀ			
	···			ļ	_			ļ	L	ļ		
			1									
					_			ļ				
					1							
								ļ		ļ <u> </u>		
		1			ĺ		ĺ	1		1		
		I	1	1	I	1	I	ı	i l	1		

Schedule A (Form 990 or 990-EZ) 2013 ILLINOIS EDUCATION FOUNDATION 23-7159951 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.)

Section 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						
	include any "unusual grants ")	6,685.	15,476.	17,607.	12,436.	17,463.	69,667.
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	6,685.	15,476.	17,607.	12,436.	17,463.	69,667.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			ļ			
	column (f)						
	Public support. Subtract line 5 from line 4						69,667.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	6,685.	15,476.	17,607.	12,436.	17,463.	69,667.
8	Gross income from interest,	•					
	dividends, payments received on						
	securities loans, rents, royalties	0 000	2 400	4 440	4 205	F 000	10 004
	and income from similar sources .	2,226.	3,188.	4,112.	4,325.	5,233.	19,084.
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)						00 751
	Total support. Add lines 7 through 10					40	88,751.
	Gross receipts from related activities,	•	•			12	124,870.
13	First five years. If the Form 990 is for	-	nrst, second, third	a, rourth, or fifth ta	x year as a section	n 501(C)(3)	▶□
Ser	organization, check this box and stop ction C. Computation of Publi	nere c Support Per	centage				
	Public support percentage for 2013 (li			olumn (fl)		14	78.50 %
	Public support percentage from 2012		•	ounn (1 <i>))</i>		15	78.50 % 77.16 %
	33 1/3% support test - 2013. If the o			 n line 13, and line 1	ا ۳ م ۱/۵% د ۱/۵ ا		
ıoa	stop here. The organization qualifies	-			17 13 00 17070 U/ II	iore, crieck triis DC	. • X
	33 1/3% support test - 2012. If the o		•	••	line 15 is 33 1/20/	or more check th	
O	and stop here. The organization quali				13 13 13 1/3/0	or more, crieck ti	
17~	10% -facts-and-circumstances test	· · · · · ·			13 16a or 16b a	and line 14 is 10%	or more
., a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			· · · · · · · · · · · · · · · · · · ·		civilow the organ	▶ □
L	10% -facts-and-circumstances test	-			-	I7a and line 15 in	10% or
O	more, and if the organization meets the	•				•	
	organization meets the "facts-and-circ				•		, ►□
12	Private foundation. If the organization		=	·			
10	Frivate roundation. II the organization	i dia noi crieck a l	JUA UIT III IO TO, TOO	2, 100, 17d, 01 1/0	, oriect triis box a	na see mistraction	3

Schedule A (Form 990 or 990-EZ) 2013 ILLINOIS EDUCATION FOUNDATION

23-7159951 Page 3

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

Section A. Public Support	ow, please com	piete i ait ii j				
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 ")		j				
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				1		
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1		1	
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			}	1]	
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						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				İ		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
alendar year (or fiscal year beginning in) ► 🔼	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	·					
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income		}	l			
(less section 511 taxes) from businesses						
acquired after June 30, 1975				<u> </u>		
c Add lines 10a and 10b						
11 Net income from unrelated business		}			1	
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)				<u></u>		
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	he organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here					.	
Section C. Computation of Public				<u>.</u>	, , ,	
15 Public support percentage for 2013 (lin	,		column (f))	• •••	15	
16 Public support percentage from 2012 S					16	
Section D. Computation of Invest					T.=-	
17 Investment income percentage for 201			ne 13, column (f))		17	
18 Investment income percentage from 20			androna de la color		18	7 in and
19a 33 1/3% support tests - 2013. If the o	-					/ is not
more than 33 1/3%, check this box and	•	=				▶∟
b 33 1/3% support tests - 2012. If the 0	-					
line 18 is not more than 33 1/3%, chec		•				·· · • • • • • • • • • • • • • • • • •
20 Private foundation. If the organization	aid not check a	2 200x on line 14, 19	ia, or 19b, check t	nis box and see in	STRUCTIONS	▶∟

Part IV	A (Form 990 or 990-EZ) 2013 ILLINOIS EDUCATION FOUNDATION 23-7159951 Page 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)							
<u>.</u>								
<u> </u>								
_								

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

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.

► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990

THE ASSOCIATED GENERAL CONTRACTORS OF Employ

Employer identification number

OMB No 1545-0047

ILLINOIS EDUCATION FOUNDATION 23-7159951 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b C Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

THE ASSOCIATED GENERAL CONTRACTORS OF Schedule G (Form 990 or 990-EZ) 2013 ILLINOIS EDUCATION FOUNDATION 23-7159951 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (b) Event #2 (c) Other events (a) Event #1 (d) Total events FISHING (add col (a) through 2 AUCTION OUTING col. (c)) (total number) (event type) (event type) 12,050 61,165 14,454 87,669. Gross receipts 17,463. 13,095 4,368 2 Less: Contributions 10,086 70,206. Gross income (line 1 minus line 2) 12,050. 48,070 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 8,991 64,718 532. 55,195 9 Other direct expenses 64,718. 10 Direct expense summary Add lines 4 through 9 in column (d) 5,488. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % % Yes % Yes No 6 Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? b if "No," explain:	Yes No
Oa Were any of the organization's gaming licenses revoked, suspended or terminated during the tax y	
32082 09-12-13	Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 ILLINOIS EDUCATION FOUNDATION 23	<u>-7159951</u>	. Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer chantable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity operated in.		
		400	%
	The organization's facility	13a	
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
С	e If "Yes," enter name and address of the third party.		
_	, , , , , , , , , , , , , , , , , , ,		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
4	retain the state gaming license?	Yes	No
_			
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	5	
Do	organization's own exempt activities during the tax year \$ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I		05 45b
<u> </u>	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)		JD, 15D,
			
		···	

SCHEDULE O

Department of the Treasury

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

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

THE ASSOCIATED GENERAL CONTRACTORS OF ILLINOIS EDUCATION FOUNDATION

Employer identification number 23-7159951

Schedule O (Form 990 or 990-EZ) (2013)

FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:	
EDUCATION FOUNDATION	
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	5,233.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: ALEX JOINES, UNIVERSITY OF ILLINOIS	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	1,000.
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: EMILY COATES, ST. LOUIS UNIVERSITY	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: JONATHON KINNEY, WESTERN ILLINOIS UNIVERSITY	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	2,000.
ACTIVITY CLASSIFICATION: GRANT	
GRANTEE NAME: JOHN KINTZ - UNIVERSITY OF IOWA	

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

332211 09-04-13

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Internal Revenue Service THE ASSOCIATED GENERAL CONTRACTORS OF Name of the organization

ILLINOIS EDUCATION FOUNDATION

Employer identification number 23-7159951

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	11,000.
AMOUNT GIVEN:	1,000.
GRANTEE RELATIONSHIP: NONE	
GRANTEE NAME: DILLON INGLES, WESTERN ILLINOIS UNIVERSITY	
ACTIVITY CLASSIFICATION: GRANT	
AMOUNT GIVEN:	1,000.
GRANTEE RELATIONSHIP: NONE	
GRANTEE NAME: JOSHUA BOYDA, ILLINOIS STATE UNIVERSITY	
ACTIVITY CLASSIFICATION: GRANT	
AMOUNT GIVEN:	1,000.
GRANTEE RELATIONSHIP: NONE	
GRANTEE NAME: JARED BEESON, EASTERN ILLINOIS UNIVERSITY	
ACTIVITY CLASSIFICATION: GRANT	
AMOUNT GIVEN:	1,000.
GRANTEE RELATIONSHIP: NONE	
GRANTEE NAME: JONATHON NORD, UNIVERSITY OF ILLINOIS	
ACTIVITY CLASSIFICATION: GRANT	
	.
AMOUNT GIVEN:	2,000.
GRANTEE RELATIONSHIP: NONE	

SCHEDULE O

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization

THE ASSOCIATED GENERAL CONTRACTORS OF ILLINOIS EDUCATION FOUNDATION

Employer identification number 23-7159951

ILLINOIS EDUCATION FOUNDATION	23-7	7159951			
ADMINISTRATION FEE		5,000.			
MISCELLANEOUS		29.			
INVESTMENT FEES		1,512.			
TOTAL TO FORM 990-EZ, LINE 16		6,541.			
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:					
DESCRIPTION BEG. OF	YEAR	END OF YEAR			
MONEY MARKET 6	5,516.	7,030.			
MUTUAL FUNDS 140	,200.	145,092.			
CORPORATE BONDS 5	5,077.	5,060.			
TOTAL TO FORM 990-EZ, LINE 24 151	.,793.	157,182.			
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGA	NIZATIO	ON'S PRIMARY			
EXEMPT PURPOSE IS TO GIVE SCHOLARSHIPS TO UNDERGRADUATE	STUDENT	S IN THE			
FIELDS RELATED TO CONSTRUCTION OR CIVIL ENGINEERING. CAN	DIDATES	S_WERE			
SOLICITED THROUGH AGCI MEMBERSHIPS BASED ON INTEREST & N	IEED.				
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	SHMENTS	S:			
THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO GIVE					
SCHOLARSHIPS TO UNDERGRADUATE STUDENTS IN THE FIELDS					
RELATED TO CONSTRUCTION OR CIVIL ENGINEERING. CANDIDATES	; }				
WERE SOLICITED THROUGH AGCI MEMBERSHIPS BASED ON INTEREST & NEED.					
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:					
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,					
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.					

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

THE ASSOCIATED GENERAL CONTRACTORS OF

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

2013
Open to Public

Open to Public Inspection

Employer identification number

23-7159951 ILLINOIS EDUCATION FOUNDATION THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.