# EXTENDED TO MAY 17, 2021

Form **99** (Rev January 2020)

3

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

A	For th	e 2019 calendar year, or tax year beginning JUL 1, 201	L9 and	lending	<u>JUN 30, 2020</u>	)
В	Check if	C Name of organization		-	D Employer identi	fication number
X	Addr	ABA, AGC EDUCATION FUND				
	Nam-	Doing business as			94-29308	331
	Initia	Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suite	E Telephone numb	er
	Final			L	602-274-	
	termi ated	City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross receipts \$	<u>1,031,983.</u>
L	Amer	1EMFE, AZ 03202			H(a) Is this a group	
	Appli tion pend	F Name and address of principal officer 1110PLAS DOMN			for subordinate	s? Yes X No
		SAME AS C ABOVE	<del>-                                    </del>		H(b) Are all subordinates	<del></del>
		tempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.)	4947(a)(1)			a list. (see instructions)
		HE: HTTPS: //WWW.AZBUILDERS.ORG/ABA-				
	orm o	forganization: Corporation X Trust Association 0 Summary	other 🕨 🚶	[ L Yea	r of formation: 1902	M State of legal domicile; AZ
1.6	т-		DPOV	TDE AL	PPRENTICESHI	D AND
9	1	Briefly describe the organization's mission or most significant activiti WORKFORCE DEVELOPMENT PROGRAMS TO				
Governance	2	Check this box In the organization discontinued its operation				
Veri	3	Number of voting members of the governing body (Part VI, line 1a)	pris or qrapp	260 DT 1.1811		
Ĝ	4	Number of independent voting members of the governing body (Part	Wt ine 1h)	_	90	
	5	Total number of individuals employed in calendar year 2019 (Part V,	101	Y 2 4 2	721 80 5	
Activities &	6	Total number of volunteers (estimate if necessary)		\) =	SS 6	<del></del>
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	~~	DEN.		
ď	ĺ	Net unrelated business taxable income from Form 990-T, line 39		DEIV,	76	
					Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)			73,410.	43,686.
ž	9	Program service revenue (Part VIII, line 2g)		787,034.	951,939.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,107.	27,968.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	)		6,219.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (	(A), line 12)		<u>900,770.</u>	<del></del>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>_</u>	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A)	), lines 5-10)	<u> </u>	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		-	<u> </u>	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	6,8	<u>30. 🔖 </u>	<u> </u>	0.45 0.40
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u> </u>	792,402.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line	25)	<u> </u>	792,402.	845,210.
	19	Revenue less expenses. Subtract line 18 from line 12	<del></del> _		108,368.	182,084.
ts or nces		<b>-</b>		8	eginning of Current Year	End of Year
Assets d Balar	20	Total assets (Part X, line 16)			1,557,992. 88,083.	
Net A		Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20		-	1,469,909.	<del></del>
	rt II	Signature Block			1,400,000.	1,001,000
		lities of perjury, I declare that I have examined this return, including accompan	vina schedules	s and statem	ents, and to the best of m	v knowledge and belief it is
		it, and complete. Declaration of preparel (other than officer) is based on all info				, killo włodyć pilia solici, k is
,	000				5	114/2021
Sigr	1	Signature of officer			Date	11000
Her		THOMAS DUNN, PRESIDENT				
		Type or print name and title	,			
		Print/Type preparer's name Preparer's signatur	е		Date Check [	PTIN
Paid		NIKKI KURETICH NIKKI KUR		(	)5/13/21 self-emplo	yed P01223792
Prep	arer	Firm's name WALLACE, PLESE + DREHER, I	Firm's EIN ▶	86-0841383		
Use	Only	Firm's address > 500 N. JUNIPER DRIVE, SUI	re 275			<del></del>
		CHANDLER, AZ 85226			Phone no. ( 4	80) 345-0500
May	the If	RS discuss this return with the preparer shown above? (see instruction	ns)		·	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 932001 01-20-20

Form **990** (2019)

orm		<u>94-</u>	<u> 2930831</u>	Page 2
Ŗа	rt III] Statement of Program Service Accomplishments			
	· Check if Schedule O contains a response or note to any line in this Part III			
1`	Briefly describe the organization's mission			
	PROVIDE APPRENTICESHIP AND WORKFORCE DEVELOPMENT PROGRAMS	TO	THE	
	COMMERCIAL CONSTRUCTION INDUSTRY.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
-	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as more	easure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the to	tal expenses, a	nd
	revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 710,148. including grants of \$) (Revenue			939.)
	PROVIDE APPRENTICESHIP AND WORKFORCE DEVELOPMENT PROGRAMS	TO	THE	
	COMMERCIAL CONSTRUCTION INDUSTRY.		<del></del>	
			<del> </del>	
			<del></del>	
	<del></del>			
			·	
	<del></del>			
ib.	(Code) (Expenses \$) (Revenue	s		<u> </u>
	<del></del>			
			<del></del>	
lc	(Code) (Expenses \$) (Revenue	·		)
			<del></del>	
	<del></del>			
d	Other program services (Describe on Schedule O )			
-	(Expenses \$		)	
e	Total program service expenses ► 710 , 148 .			
_				

Form **990** (2019)

orm	990	(2019)	

Form 990 (2019) ABA, AGC EDUCATION FUND
Part IV Checklist of Required Schedules

				_
			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ł		l
_	If "Yes," complete Schedule A	1	X	<b>.</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	├
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_	ĺ	
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	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	5		^
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	<del>                                     </del>	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ĺ	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		x
9	Did the òrganization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			<del></del>
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	l		
	If "Yes," complete Schedule D, Part IV	9		х
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		•	
	as applicable			43.4
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	_
za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
_	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u>~</u>	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	111		
	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
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		$\Box$	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u> </u>
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		}	v
_	complete Schedule G, Part III	19	∤	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_	ĺ	v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III 22 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 X 23 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 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled ١, entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV م. مور - ر 28 instructions, for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X 28a "Yes." complete Schedule L. Part IV X b A family member of any individual described in line 28a? If "Yes." complete Schedule L. Part IV 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N. Part II 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V 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 1a 0 1h b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2019)

AGC EDUCATION FUND 94-2930831 Form 990 (2019) ABA Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V (continued) Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. <u>የ</u>ኒየትን 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 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .... 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b h 181 Organizations that may receive deductible contributions under section 170(c). X 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 127 d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 الدائي Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b بالروا Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter 11 a Gross income from members or shareholders 1<u>1a</u> Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a 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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.

is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O

Form 990 (2019) ABA, AGC EDUCATION FUND 94-2930831 Pag

Part VI Governance, Management, and Disclosure to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O See instructions

	to mile da, db, or rob below, describe the circumstances, processes, or changes on senedate or dee manactions			
	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 1a 7	• •	٠, ،	
	If there are material differences in voting rights among members of the governing body, or if the governing	1. 4.9	•	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	+ -	-	1
b	Enter the number of voting members included on line 1a, above, who are independent		-	1
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, 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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3.04	
	The governing body?	8a	x	
	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	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iua		
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		الإسراد
	Did the organization have a written conflict of interest policy? If "No," go to line 13	ئىتىت 12a	X	<u> </u>
12a	· · ·		X	
	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-	x	
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	$\hat{\mathbf{x}}$	
14	Did the organization have a written document retention and destruction policy?	14		2500
15	Did the process for determining compensation of the following persons include a review and approval by independent		5	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u> </u>	ننن	X
a	The organization's CEO, Executive Director, or top management official	15a		$\frac{x}{x}$
b	Other officers or key employees of the organization	15b	, ,	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, j	: ·	: <
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	إشنسا		
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	17.	A.	ς ω 5, π.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		<del>- '</del> -	لننت
	exempt status with respect to such arrangements?	16b		
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	avaılat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	•
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LINDA FOWLER - 602-274-8222			
	1777 E FISHERMANS RD, CAMP VERDE, AZ 86322-5903			

# 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

### 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.

See instructions for the order in which to list the persons above

(A)	(B)	(C)						(D)	(E)	(F)	
Name and title	Average	(do	not c	heck	itior more	than o	ne	Reportable	Reportable	Estimated	
	hours per	box, unless person officer and a direct			rson I	on is both an		compensation	compensation	amount of	
	week	<del> </del>				1	,	from the	from related organizations	other	
	(list any hours for	direct				_		organization	(W-2/1099-MISC)	compensation from the	
	related	3e or (	stee	i		nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization	
	organizations	individual trustee or director	Institutional trustee		) yee	ad uc		,		and related	
	below	ldual	를	 	Key employee	est co	ĕ			organizations	
	line)	Ę	ınstı	Officer	Key	Highest compensated employee	Former		=		
(1) BRETT BIEBERDORF	1.00	]			l						
CHAIRMAN TRUSTEE		X		Х	<u> </u>			0.	0.	0.	
(2) DAVID MARTIN	1.00										
TRUSTEE		X						0.	0.	0.	
(3) JOE CLARK	1.00							_	_	_	
TRUSTEE		Х						0.	0.	0.	
(4) TUCKER MACON	1.00							_	_	_	
TRUSTEE		X	<u> </u>			Щ		0.	0.	0.	
(5) JOHN KRECEK	1.00				ĺ			_			
TRUSTEE		Х	_					_0.	0.	0.	
(6) JOHN NYMAN	1.00	ļ						_		_	
TRUSTEE		X			_	Щ		0.	0.	0.	
(7) RON O CONNOR	1.00							_			
TREASURER/TRUSTEE		Х		Х		Щ.		0.	0.	0.	
(8) THOMAS DUNN	30.00								450 000	00 150	
PRESIDENT	35.00	<u> </u>		X	_			0.	173,329.	28,170.	
		<u> </u>	_		_		_				
		_			<u> </u>	Щ					
						-				<u></u>	
					•						
		_			<u> </u>	$\vdash$					
	<u> </u>				<u> </u>	Н	_				
									•		
					├—	Н				· · · · · · · · · · · · · · · · · · ·	
					1						
					├-	Н	-			<del></del>	
	ļ										
			$\vdash$		$\vdash$	-			-	· .	
	<u> </u>	1			1						

Part VII Section A. Officers, Directors, Trus (A)	(B)			((	C)			(D)	(E)		(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable		Estimated
	hours per week		, unle cer ar					compensation	compensati from relate		amount of other
	(list any	į						the	organization		compensation
	hours for	ā			ĺ	E E		organization	(W-2/1099-MI	sc)	from the
	related	stee o	rustee			beusa		(W-2/1099-MISC)			organization
	organizations below	la tr	Boot		ploye	t com	_				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organization o
	:			$\vdash$							
<del></del>		-			_		_				
		ļ —							-		
		-							<del></del>		
		_							172.2		20 170
1b Subtotal							<b>&gt;</b>	0.	173,3	0.	28,170. 0.
c Total from continuation sheets to Part VI	I, Section A							0.	173,3		28,170.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re				20,2,00
compensation from the organization											Yes No
3 Did the organization list any former officer,	director, truste	ee, l	кеу є	empl	oye	e, or	hıg	hest compensated empl	oyee on	[	MG \$50 1 25 1
line 1a? If "Yes," complete Schedule J for s										-	3 X
4 For any individual listed on line 1a, is the su									ne organization	د	4 X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									lual for senuces		4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com							iait	ed organization of individ	idal for services	ľ	5 X
Section B. Independent Contractors	pieję Scrieduli	3 11	UI SL		Jers	OH I					
1 Complete this table for your five highest co										pensati	on from
the organization. Report compensation for (A)	ne calendar ye	eare	nain	ig w	itin C	or wii	<u>.nin</u>	(B)	ear		(C)
Name and business	address							Description of s	ervices	Co	ompensation
ABA, ARIZONA BUILDERS ALI											
1825 W ADAMS ST, PHOENIX,	AZ 850	07				_	4	MANAGEMENT FI	EES		288,000.
							_				
			-				$\dashv$				
Total number of independent contractors (ii	ncluding but no	ot lır	nited	l to t	thos	e lıs	ed	above) who received mo	ore than		THE STREET
\$100,000 of compensation from the organic	zation 🕨				1				<del></del> -	· 6	orm <b>990</b> (2019)

Form 990 (2019) ABA, AGC EDUCATION FUND
Part VIII Statement of Revenue

			Check if Schedule O	cont	tains a r	esponse	or note to any lii	ne in this Pa	art VIII			
	•			-	•	-		Total re	venue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
2 y	Γ	1 a	Federated campaigns			1a		TANK MALE	PHANCE!		REST TO SERVE	HATTA
Grants mounts		b	Membership dues		Ì	1b						
			Fundraising events		Ī	1c						
Gifts ilar A		d	Related organizations		[	1d						
S,E			Government grants (conti	rıbut	ions) [	1e						
<u> </u>		f	All other contributions, gifts,	gran	its, and							
but Be			similar amounts not included	abo	ve [	<u>1</u> f	43,686.					
Contributions, and Other Sim		g	Noncash contributions included in	lines	1a-1f	1g \$	3	<b>光</b> 题。第	1176			
ပိုင်	L	h	Total. Add lines 1a-1f				<u> </u>	43	<u>,686.</u>		<b>新建筑和</b>	
							Business Code	四數	可到特殊	是理論學的	<b>DESCRIPTION</b>	<b>国際開發。在</b> 問
ø	2		REGISTRATION				611600		,557.	<u>897,557.</u>		
Program Service Revenue		b	STUDENT BOOKS		ARTE	RIA	611600	53	,738.			
S		C	OTHER PROGRAM	<u>s</u>			611600		644.	644.		
`aï . ≷e⊻		d	<del></del>					ļ				
<u> </u>		е										
Δ.		f	All other program service	reve	enue		L <u>-</u>	0.51	000	2 / PROPERTY NAME   10 THE LANS AND A STREET	Horse Commission of the Commis	to a second transfer must be seen
	<u> </u>		Total. Add lines 2a-2f				<u> </u>	951	<u>,939.</u>			
	3	3	Investment income (include	ding	dividen	ds, intere	st, and	27	060			27 060
			other similar amounts)					41,	<u>,968.</u>			27,968.
	4		Income from investment of	ot bond p	roceeds		. ;	-		<u>,</u>		
	5	•	Royalties	_	Ι ω	Real	(ii) Personal	And the second	ANTENNE NE	HANKS NEW TOTAL PROPERTY.	Paragraphic of the Control	ene steerestee
			Cross rents		$\overline{}$	- teal	(ii) Personal				是1600000	
,	١		Gross rents Less rental expenses	6a 6b	·				17.		STATE OF THE STATE OF	
			Rental income or (loss)	6c	1-							
			Net rental income or (loss)	$\overline{}$	<u>.l</u>			ANYONG ALL PROPE	224C 54 26.45	19.1 See to the state of the	THE INSTRUMENT AND A SECURITY A	Refer Attack and Charles
	7		Gross amount from sales of	~	(i) Se	cunties	(iı) Other		TANKS.		TO THE RESERVE	HALL THE
	•	_	assets other than inventory	7a	—·-		<u>'</u>					
		b	Less cost or other basis									
ą	• >	•	and sales expenses	7b								
Other Revenue		С	Gain or (loss)	7c	l							CHARLES SHIP
Bè.		d	Net gain or (loss)						·			
je.	8	а	Gross income from fundraising	ng ev	ents (no	ot			NAME:			
₹			including \$			of						
			contributions reported on	line	1c) See	9						
			Part IV, line 18		•	8a						
			Less direct expenses	•		8b	4,689.	机商业品	TO 1		<b>经验证的证明的</b>	
			Net income or (loss) from				<u> </u>	3 ,	701.	AND THE PROPERTY OF THE PARTY O	maritalisa - Mattie savete kiri sa	3,701.
	9	а	Gross income from gamin	g ac	tivities.							
ı			Part IV, line 19			9a						
			Less direct expenses			9b		The standard	PROPERTY.	CHARLE THE PERMITTEE	3万万万种生产。PETXY5000 15	THE STATE OF THE PARTY
	40		Net income or (loss) from			vities		Red The Administra	a Your sup	15,481812,874,451276611486	DAPAKETWI PERUSA	MELDINGER MEDICAL PROPERTY OF THE PARTY OF T
	10	а	Gross sales of inventory, land allowances	ess i	retums				T.SUL			
		<b>L</b>	Less cost of goods sold			10a 10b						
,			<del>-</del>	ممامد	a of invo			LINE IN TAILURE	# HERMANAS	THE STATE OF THE S	Being with the little gradue. In Just Transport	AN SAMERINE SERVICE
$\rightarrow$		<u> </u>	Net income or (loss) from s	or (loss) from sales of inventory		Business Code	HE WEST OF THE SECOND			SACAPILISTAD	HEATEL HELL	
Si	11	•	,	,				LATER AND SECTION ASSESSMENT	F44.43% F F124	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 of the last ten particular	CHARLE ANGLES STORAGE A
일	• •	a b						,		The state was		<del></del>
ella		c						1 1 7 1	7,0	4		1770 2 2 2 3 3
Miscellaneous Revenue	d All other revenue										ي المعالم الماء	
∑			Total. Add lines 11a-11d				<b></b>	* * * * * * * * * * * * * * * * * * * *	F .	是自然的人。	<b>原於於阿里斯</b>	<b>医外科证据等</b>
	12		Total revenue. See instructio	ns	,•			1,027,	294.	951,939.	0.	31,669

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII ĕxpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 M. M. W. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (nonemployees) 297,708. 238,166. 53,588. 5,954 a Management 2,935. 2,935. Legal b 43.002. 43,002. Accounting Lobbying English Santagan Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 1,180. 1,180. column (A) amount, list line 11g expenses on Sch O.) 6,163. 6,163. Advertising and promotion 12 26,020. 14.119 11,901. Office expenses 13 Information technology 14 15 Royalties 12,000. 9,600. 2,160. 240. 16 Occupancy 3,043 3,043 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,804. 2,168 636. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 3,257. 257 Insurance 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) THE WAR amount, list line 24e expenses on Schedule O.) 269,367 269,367. INSTRUCTOR EXPENSE 96,871. BOOKS & EDUCATIONAL TOO 96.871. 76,718. 76,718. REGISTRATION FEES ,139. 3,139. LAB EXPENSE 1,003. 1,003. All other expenses 845,210. 710,148. 128,232. 6,830. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	· <del></del>		
`			, <b>(A)</b> Beginning of year	:	(B) End of year
	1	Cash - non-interest-bearing	213,766.	1	385,298.
	2	Savings and temporary cash investments	928,455.	2	937,659.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,798.	4	152,483.
	5	Loans and other receivables from any current or former officer, director,	<b>计学程序</b>	34.6	THE ROLL OF THE REAL
		trustee, key employee, creator or founder, substantial contributor, or 35%		1	
		controlled entity or family member of any of these persons		5	L
	6	Loans and other receivables from other disqualified persons (as defined	# DECEMBER	14.00	THE PERSON
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
3	7	Notes and loans receivable, net	385,973.	7	227,154.
Assets	8	Inventories for sale or use		8_	
⋖	9	Prepaid expenses and deferred charges	0.	9	10,770.
	10a	Land, buildings, and equipment cost or other		1	
	ľ	basis. Complete Part VI of Schedule D		33/16	
		Less accumulated depreciation 10b	<del></del>	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	<del></del>
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,557,992.	15	1,713,364
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	88,083.	16 17	61,371.
	17	Accounts payable and accrued expenses Grants payable	00,003.	18	01,3/1.
	18 19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,	THE WIND WHEN THE PARTY OF THE	100	Report Craffe Control
		trustee, key employee, creator or founder, substantial contributor, or 35%			
LIADIIIICS		controlled entity or family member of any of these persons		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			* 70
		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	88,083.	26	61,371.
		Organizations that follow FASB ASC 958, check here 🕨 🗓	THE REPORT OF		
3		and complete lines 27, 28, 32, and 33.		<u> </u>	
	27	Net assets without donor restrictions	1,394,183.	27	1,570,167.
1	28	Net assets with donor restrictions	75,726.	28	81,826.
		Organizations that do not follow FASB ASC 958, check here			
:		and complete lines 29 through 33.		<b>272</b>	
<u> </u>	29	Capital stock or trust principal, or current funds	<del> </del>	29	
	30	Paid-in or capital surplus, or land, building, or equipment fund	<del></del>	30	<u> </u>
Net Assets of Fund balances	31	Retained earnings, endowment, accumulated income, or other funds	1,469,909.	31_	1,651,993.
:	32	Total net assets or fund balances	1,557,992.	32 33	1,713,364.
┙	33	Total liabilities and net assets/fund balances		33	Form 990 (2019

	1 990 (2019) ABA, AGC EDUCATION FUND	94	-2930831	Pa	age 12
Pa	rt 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	1,02		
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	5,2	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	18	2,0	84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,46	9,9	09.
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9	-		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,65	1,9	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			L	ľ . <i></i>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.		ře -	.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	* え	v Ì	2.5
	separate basis, consolidated basis, or both		[ '.,[	٠.	
	Separate basis Consolidated basis Both consolidated and separate basis		·		
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	ا " مرا "		. 4.
	consolidated basis, or both		된 기		- 1
	X Separate basis Consolidated basis Both consolidated and separate basis		5 5	<u>-</u> -	لتندا
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C	ا قدا		3 (13)
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2019)

#### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

			AGC EDUCA						94-2930831				
Par	ŧΙţ	Reason for Public	Charity Status	(All organizations must o	omplete th	ns part ) S	ee instructions						
The c	rgan	ization is not a private found A church, convention of ch		•	•	•							
2	픡	A school described in sec					. 7 7 7.	/	<b>10</b>				
3	一	A hospital or a cooperative		•			iii)	(	) (				
4	=	A medical research organia					•	(iii). Ente	the hospital's name				
•		city, and state		.,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,2 =	tito troopital o trainio,				
5 (	$\neg$	An organization operated t	or the benefit of a co	illege or university owne	d or operat	ted by a go	overnmental ur	ut describ	ed in				
• ,		section 170(b)(1)(A)(iv).				, g							
6	$\neg$	A federal, state, or local go	•	mental unit described in	section 1	70/h)/1\/A	N/v)						
7	亏	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (0	•	and part of its support				o go	pasiis 4650,1566				
a [	$\neg$	A community trust describ		(1)(A)(vi) (Complete Pa	<del>1</del> 11 )								
a [	=	An agricultural research or				ed in conii	inction with a	land-orani	college				
•		or university or a non-land-	_					_	_				
		university	grant concess of agric	diana (doo in diradiana)	211101 1110		, and state or	and domog					
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its sur	port from	contributio	ns membersh	in fees ai	nd aross receints from				
		activities related to its exer							_				
		income and unrelated busi	•	· · · · · · · · · · · · · · · · · · ·					· ,				
		See section 509(a)(2). (Co		(icos scotion o i i tax) iii	J.11 DG5.11C	Jood Goda	roa by the orgi	umzanom	arter danie de, 1010				
11	$\neg$	An organization organized	•	, ively to test for public sa	fetv See	section 5	09(a)(4).						
12	=	An organization organized	•	•	-			rv out the	purposes of one or				
		more publicly supported or	· ·	•				•					
		lines 12a through 12d that	T	, ,, ,									
а	_	Type I. A supporting org				•		-	giving ,				
_	-	the supported organization	•	·					• •				
		organization You must			,			_ •	- FF 3				
b		Type II. A supporting org			tion with it	s supporte	ed organization	(s), by ha	vina				
-		control or management of	· ·				_		•				
		organization(s). You mus					<b>.</b>		,				
c		Type III functionally inte	-		ın connec	tion with, a	and functionall	v integrate	ed with.				
_		its supported organizatio		· ·				,					
d		Type III non-functionally		•				ed organi	zation(s)				
_		that is not functionally in		• •				-	* *				
		requirement (see instruct	- T				-						
e		Check this box if the orga		•				. Type III					
-		functionally integrated, o					<b>7</b> 1	, . , ,					
f	Ente	r the number of supported of	**	,	3 . 3		-						
		ide the following information	_	d organization(s)									
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
								•					
		_											
				_	·								
									· ·				
									·				
Total		<u></u>	点的問題和证明	并是COMPANIE TO THE	\$2.54 M	地叫的其							

	art II Support Schedule for	Organizations	Described in	Sections 170	b)(1)(A)(iv) and	1 170(b)(1)(A)(vi	VOSI Page 2					
نا	(Complete only if you checke	-		· · · · · · · · · · · · · · · · · · ·			•					
fails to qualify under the tests listed below, please complete Part III )												
Se	ction A. Public Support			<del></del>	<del></del>							
	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(0) 2016	(e) 2019	(I) I Otal					
•	membership fees received (Do not		ļ			/						
	include any "unusual grants ")	ļ	1	1		/						
2	Tax revenues levied for the organ-			· .		/						
-	ization's benefit and either paid to				ĺ	/						
	or expended on its behalf		j	]	j							
3	The value of services or facilities			- <del></del>		<del>/</del>						
Ť	furnished by a governmental unit to				/							
	the organization without charge											
4	Total. Add lines 1 through 3				/							
5	The portion of total contributions		3	•	1	18-						
	by each person (other than a		,	,	/ 1							
	governmental unit or publicly	[		[ .	· ·	ĺ ,. ĺ						
	supported organization) included	. ,			1 1							
	on line 1 that exceeds 2% of the	-	, v.,	<b>'</b>								
	amount shown on line 11,	· ` `			4	15						
	column (f)			- / -		\$ 1.0						
	Public support. Subtract line 5 from line 4		. rş	/	1 4 3	**** * * * * * * * * * * * * * * * * *						
Se	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
7	Amounts from line 4				·							
8	Gross income from interest,					1						
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources		/									
9	Net income from unrelated business			•								
	activities, whether or not the	/										
40	business is regularly carried on	<del></del>					<del></del>					
10	Other income, Do not include gain											
	or loss from the sale of capital											
11	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	<del>/</del>		3 14 - 5 -46 (48)	2 2 7 m	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Gross receipts from related activities,	etc (see instruction	<u> </u>	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 39 7	12						
	First five years. If the Form 990 is for	, .	•	, I fourth or fifth to	v vear as a section							
10	organization, check this box and stor		mat, second, time	s, rourar, or mar ta	ix year as a section	1 30 1 (0)(0)	▶□					
Sec	tion C. Computation of Publi		centage									
14	Public support percentage for 2019 (I	ine 6. column (f) di	vided by line 11, co	olumn (fl)		14	%					
15	Public support percentage from 2018			<b></b>		15	%					
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	and					
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶□					
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	box					
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			ightharpoons					
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,					
	and if the organization meets the "fac	ts-and-circumstand	es" test, check the	s box and stop h	ere. Explain in Pai	t VI how the organi	zation					
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.												
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or												
	more, and if the organization meets th											
	organization meets the "facts-and-circ		•				▶ <u></u>					
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>								
					Sche	dule A (Form 990 o	or 990-EZ) 2019					
	/			•								

# Schedule A (Form 990 or 990-EZ) 2019 ABA, AGC EDUCATION FUND Part III. Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

<u>_`</u>	qualify under the tests listed b	elow, please comp	lete Part II )	<del></del>	<u> </u>		
Se	ction A. Public Support	<del>,</del>	·	· · · · · · · · · · · · · · · · · · ·			
Cale	indar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and					Ì	
	membership fees received (Do not	]			i		
	include any "unusual grants ")			32,675.	73,410.	43,686.	149,771.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	289,721.		919,271.	787,034.	955,640.	2951666.
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			1			
	furnished by a governmental unit to						
	the organization without charge			<u> </u>			
6	Total, Add lines 1 through 5	289,721.		951,946.	860,444.	999,326.	3101437.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	_					0.
b	Amounts included on lines 2 and 3 received		<del></del>				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b		-				0.
8	Public support. (Subtract line 7c from line 6)			12 -2 4/4·4	万虚 流で いい	Caracan Caracan	3101437.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	289,721.		951,946.	860,444.	999,326.	3101437.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			20.	45,311.	27,968.	73,299.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		. <u> </u>	20.	45,311.	27,968.	73,299.
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 VI)			962,000.	·		962,000.
13	Total support. (Add lines 9, 10c, 11, and 12)	289 <u>,7</u> 21.		1913966.	905,755.	1027294.	4136736.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	tion,
	check this box and stop here		<u> </u>				
Sec	tion C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, o	column (f))		15	74.97 %
	Public support percentage from 2018					16	70.78 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))	<b>Y</b> 1	17	<u>1.77 %</u>
18	Investment income percentage from 2	2018 Schedule A, F	Part III, line 17		i	18	1.32 %
19a	33 1/3% support tests - 2019. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 33	3 1/3%, and line 17	
	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the	d stop here. The	organization qualif	fies as a publicly su	ipported organizat	ion	ightharpoons X
	line 18 is not more than 33 1/3%, check						<b>▶</b> [□
	Private foundation. If the organization						

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1-2- 4-	á.	20.01
			7.5
	1	1	
	a 15-4		. %
	**************************************		L 1
	2	\ <del></del>	
		1 :	
	3a	<u> </u>	
	F	-	25
		-	71:
	3b	<b></b>	لينسني
	200	2.7	-47N
	3c		
	1. 1. 1.	17.7	·
	4a		
	12.2°	3 'i	7, 31,24
	1. S		1.5
	4b		
	ناهشد ور	30,00	10 51 10
	1,24	7 36	13.7
	學情	7	
	4c	السلست	ليسبند
	33.4	, , ,	Clar-
	امر خور خا در خود د		1.1
	Spic	7	33
	[2] 漢	100	1,74
	52	M.LE	12.05.12
	YEAR X		<b>4</b>
	5b		
	5c		
	地等证量	24.25	المين المينية عا
	E 33	m~m	F. 1
	5	3.0	4
	. 2.3	A 2	3 (4.
	6		الانساب
	72	<b>-</b>	₹ं.सं
	4 3 · · · · · · · · · · · · · · · · · ·	· 5	
	7	<del></del>	
	**********	5.57	13 Care
	8		
	25%		£31
	, n <sub>2</sub> - 1, 7	ا را	(À.)
	9a	اسسند	تعب
		نهر: ناگذا	
	9b	<u>:</u>	
	1.5	نصمن	ان نام
	9c		
	to have a	100	11.5
		100 mg/s	1
Į	10a		التستخير
		<u> </u>	2. X7
	10b		<u> </u>
9	90 or 99	0-FZ\	2019
-			

	edule A (Form 990 or 990-EZ) 2019 ABA, AGC EDUCATION FUND	<u>94-293083</u>	<u>1 р</u>	age 5
Ра	rt IV   Supporting Organizations (continued)			
	Use the appropriate accorded a reference and the fall of the fall	-( ·	Yes	No ·
11	Has the organization accepted a gift or contribution from any of the following persons?	F. , 4	7	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	440	عنب	(F ,3
L	below, the governing body of a supported organization?	11a_	<del> </del>	┢
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	Щ	<u> </u>
	ton 5. Type I dupborting digumentation		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	77.7	163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100	e . "	· `.
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	-		
	controlled the organization's activities if the organization had more than one supported organization,	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		٠.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			· .::
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	متعتب. ا	<del>  ^</del>
2	Did the organization operate for the benefit of any supported organization other than the supported	-	<del></del>	1.755
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		) <u> </u>	. "
	· •	27	- "	3.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
ec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			L
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	# " <u>"</u>	2.1	1
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	F 17	,, ,,	نٍ ٚ
	or management of the supporting organization was vested in the same persons that controlled or managed		والم	177
	the supported organization(s).	1	عىند	-63-
ec	tion D. All Type III Supporting Organizations			
			Yes	No
ı	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3,32		1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		وسيدوا	100
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	187 \\\ \frac{1}{2} \rightarrow \\ \frac{1}{2} \	1	, 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	المجلدات	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	in the	gc. 13	175
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	3.0		10.
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	, , , , , , , , , , , , , , , , , , ,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	八姿都	1,0 mg	4
	significant voice in the organization's investment policies and in directing the use of the organization's	7.3	>	12.43
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	[ 1 1		1
	supported organizations played in this regard.	3		
ec.	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	v (see instructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	آباد آ	•	The late of
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify	المناسخين	112	i kë
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		4
	how the organization was responsive to those supported organizations, and how the organization determined	16.5	1	7- 42
	that these activities constituted substantially all of its activities	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7,332		13.70
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	100 7	14	100
	reasons for the organization's position that its supported organization(s) would have engaged in these	1 024 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.	1 2 3
		2b		لتستد
3	activities but for the organization's involvement  Parent of Supported Organizations Answer (a) and (b) below.	<b>盛光</b> 泰	۳. ت	· 68
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	الموهم المباركة	1	ورن و
а		3a	<b>771</b>	نخبو <u>ت</u>
	trustees of each of the supported organizations? Provide details in Part VI.		و د د	r in
<b>L</b>	Did the experience exercise a substantial degree of direction over the policies, programs, and actuation of each			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	إخستا	دعته

	edule A (Form 990 or 990-EZ) 2019 ABA, AGC EDUCATION FUNI			4-2930831 Page 6
Ра	rt.V. Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
<u>·</u>	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E.	· · · · · · · · · · · · · · · · · · ·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	8357	<b>兴烈证书》为《大学知识</b>	· 新加州· 中海社会学的
	instructions for short tax year or assets held for part of year)	S-1-2		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	400	<b>松东区</b> 加速运动时间提出	<b>対象が関係が関係がある。</b>
	factors (explain in detail in Part VI)			<b>对方,不是一个人</b>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	PRINCES AND SPICIOUS	16
2	Enter 85% of line 1	2	心的性气性性。由心即使其后	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	A. A. A. A. M.	
4	Enter greater of line 2 or line 3.	4	并是我们是"大量的我们开	
5	Income tax imposed in prior year	5	はいいというでは、「本人」とは、	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra		nization (see
	, , , , , , , , , , , , , , , , , , , ,	. •	. ,, , , ,	•

Schedule A (Form 990 or 990-EZ) 2019

**对是对企业的种种企业的** 

Schedule A (Form 990 or 990-EZ) 2019

関語はおいいははいい

Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

Part VI	Supplemental Information. Provided in Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1, Part IV, Section D, lines 2 and 3, Passection D, lines 5, 6, and 8, and Part V, Se (See instructions)	de the explanations require c, 5a, 6, 9a, 9b, 9c, 11a, 11 irt IV, Section E, lines 1c, 2a	d by Part II, line 10, Part II b, and 11c, Part IV, Section a, 2b, 3a, and 3b, Part V, I	, line 17a or 17b, Part III, lir on B, lines 1 and 2, Part IV, ine 1, Part V, Section B, lin	Section C, e 1e, Part V,
	1000 mondonorio j			<del></del>	,
	<del></del>		, 2		
		<del></del>			
		<del></del>			
	<del></del>				
	<u> </u>				
				-	
	<del></del>		_ <del></del>		
-	<u> </u>			-	
					-يور
	<del></del>			<del></del>	
		<del></del>			- <del></del>
			<del></del>		
		· · · · · · · · · · · · · · · · · · ·			
	<del></del>			· · · · · · · · · · · · · · · · · · ·	
				- <u></u> -	
	<del></del>	<del></del>	<del></del>		
	<del></del>		· · · · · · · · · · · · · · · · · · ·	·	
_					
					<del></del>
		<u> </u>			
<del>-</del>				<del></del>	
	<del></del>				

932028 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ABA, AGC EDUCATION FUND

Employer identification number 94-2930831

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		_
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	only
	for charitable purposes and not for the benefit of the donor o	• •	•
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a hist	orically 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 qualif	ied conservation contribution in the form of a co	inservation 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
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the organi	zation during the tax
	year >		-
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements tha	at describes the
	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	_ <del></del>
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	
b´	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial gain, p	provide
	the following amounts required to be reported under FASB AS	<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche		C EDUCATIO						<u>94-29</u>		
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tre	easures, c	or Other S	Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at make sigr	nificant u	se of its	,	•
	collection items (check all that apply)									
а	Public exhibition		d 🔲	Loan or exc	hange prog	ram				
b	Scholarly research		e 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further th	ne organizat	on's exemp	t purpos	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or oth	er sımılar as	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?				Yes	☐ No
Pa	rt IVi Escrow and Custodial Arran	gements. Comp	lete if the	e organizatio	n answered	"Yes" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	ssets not inc	luded			
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	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, for	escrow or cu	stodial acco	ount liability	?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has been	provided on	Part XIII				
Pa	rt.V E Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two yea	ars back (d	) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	-								
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	_								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				l					
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a)	) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶	<u>~</u>								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held an	nd administe	red for the o	organiza	tion		
	by									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requii	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds					_	
Par	tኒVIॡ Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11 <u>a. S</u>	ee Form 9 <u>9</u> 0	), Part X, lin	e 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acci	umulate	a T	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land					党を記する		<b>李维</b> 亚		
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines to through to (O-1)		V 1	(O) time 10	20.1					0.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

94-2930831 Page 4 ABA, AGC EDUCATION FUND Schedule D (Form 990) 2019 Part XI■ Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1,031,983. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 20 4.689 d Other (Describe in Part XIII) 2d 4,689. e Add lines 2a through 2d 2e 3 1.027.294. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 1,027 5 [Part/XII] Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 849,899. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c 4,689 d Other (Describe in Part XIII) 2d 4,689. e Add lines 2a through 2d 26 845,210. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 , n a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE TRUST TO EVALUATE TAX POSITIONS TAKEN BY THE TRUST AND RECOGNIZE A TAX LIABILITY IF THE TRUST HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. THE TRUST IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. IF ASSESSED, THE TRUST WOULD CLASSIFY ANY INTEREST AND PENALTIES RECOGNIZED ASSOCIATED WITH A TAX POSITION AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES.

Schedule D (Form 990) 2019 ABA, AGC EDUCATION FUND	94-2930831	Page 5
Schedule D (Form 990) 2019 ABA, AGC EDUCATION FUND   Part XIII   Supplemental Information (continued)		
000 DAGE O DADE VITT LINE OD BIDDDATGING EVDENGEG		
990 PAGE 9, PART VIII, LINE 8B FUNDRAISING EXPENSES		
PART XII, LINE 2D - OTHER ADJUSTMENTS:	<del></del>	<del></del>
990 PAGE 9, PART VIII, LINE 8B FUNDRAISING EXPENSES		
570 INGE 57 INCL VIII, BINE OF TONDICIES INC BALLANDES		
	<del></del>	
	· · · · · · · · · · · · · · · · · · ·	<u>-</u> _
		<del></del> -
	<del></del>	·.
		٠
	·-	
	· <del></del>	
		<del></del> -
	<u> </u>	, 4
	<u></u>	
_		

• 0 .

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

ABA, AGC EDUCATION FUND

Part 12 Questions Regarding Compensation

Employer identification number 94-2930831

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	11.64	12.12	355
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	027	77	213.2
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence	3	No. of	25.4
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	20 N	7	100
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	Trusts	13	0.707
				の記
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		2000年	1
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	11.6	V. Ki	避暑
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
		虚伪	4	1947
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	1		300
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	機		
	Compensation committee Written employment contract	が		
	Independent compensation consultant Compensation survey or study	1	[ [ ]	
	Form 990 of other organizations  Approval by the board or compensation committee	學學		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	是		
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	· 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		744	泰納
			200	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	<b>建</b>		(14)
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	謎	7.4	9
	contingent on the revenues of	193		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			<b>PHG</b>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of		20.00	
а	The organization?	6a		X
b	Any related organization?	6b		·X
	If "Yes" on line 6a or 6b, describe in Part III.	疏	H. 85.	成江沙
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	833		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	57.0	強	1
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	王蓝	高色	NEZ Y
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ABP

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

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

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

	_	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) THOMAS DUNN	(3)		0.	0	0	0	0	0
PRESIDENT	<u> </u>	173,	0.	0	• 0	28,170.	201,499.	0.
	Ξ							
	▣							
	Θ							
	⊞							
	Θ							
	▣							
	Ξ							
	(ii)							
	(:)							
	€							
	(i)							
	(E)							
	Ξ							
	⊞							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	3							
	€							
	≘							
•	Ξ							
	▣							
	Ξ							
	▣							
	Ξ		4		Į,			
	≘							
	Ξ							
	(3)							
,							Schedu	Schedule J (Form 990) 2019

e)»

The state of the s

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public - Inspection ·

Name of the organization

Employer identification number

ABA, AGC EDUCATION FUND	94-2930831
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
INDUSTRY.	
FORM 990, PART VI, SECTION A, LINE 3:	······································
THE ORGANIZATION HAS A MANAGEMENT AGREEMENT WITH ABA, ARIZ	ONA BUILDERS'
ALLIANCE FOR THE ADMINISTRATION OF THE TRAINING PROGRAM AND	D
ACCOUNTING/FINANCIAL SERVICES. THOMAS DUNN SERVES AS THE	PRESIDENT OF THE
ORGANIZATION AND IS COMPENSATED BY ABA, ARIZONA BUILDERS'	ALLIANCE FOR
THESE SERVICES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
ABA, ARIZONA BUILDERS' ALLIANCE HAS THE POWER TO APPOINT T	RUSTEES.
<del></del>	
FORM 990, PART VI, SECTION B, LINE 11B:	<del></del>
PREPARERS PROVIDE DOCUMENT TO THE TREASURER, WHO THEN PROVI	IDES THE DOCUMENT
TO THE BOARD TO REVIEW. THE BOARD DISCUSSES THE MISSION, THE	HE FINANCIAL
HEALTH, CONFIRMS THAT THE PROPER SCHEDULES ARE FILED, DISCU	JSSES COSTS AND
REVENUE STREAMS, AND HOW WELL THE ORGANIZATION IS PERFORMIN	NG.
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEETS REGULARLY AND HAS OVERSIGHT ON ACTIVITIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE AT OFFICE UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

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

ABA, AGC EDUCATION FUND

2019

4

Open to Public

Employer identification number 94-2930831

Direct controlling entity ε End-of-year assets <u>e</u> Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) Yes controlled 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 Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Ē Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization Part II

					200	2
ABA, ARIZONA BUILDERS' ALLIANCE - 86-0763845				ABA, ARIZONA		
1825 W ADAMS	ADVOCATE OF CONSTRUCTION			BUILDERS'		
	ACTIVITY	ARIZONA	501(C)(6)	ALLIANCE		×

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

Schedule R (Form 990) 2019

932161 09-10-19 LHA

Page 2

4|>

94-2930831

Schedule R (Form 990) 2019 ABA, AGC EDUCATION FUND

Part III 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.

(a)	(q)	(c)	(p)	(e)	€	(6)	Ξ	9	9	3
Name, address, and EIN of related organization	Primary activity	Legal, domicile (state or	trolling /	Predom (related	Shar	Share of end-of-year	onate s?	JBI C	General or managing partner?	General or Percentage managing ownership
		country)		sections 512-514)		desers	Yes No	K-1 (Form 1065)	Yes	
			-	,						
	-								_	
							-			
									-	
								·		
,			_							

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. Part IV

ı		۔ ا	.1		ı			1		ı		ı		
€	Section 512(b)(13) controlled entity?	ž			 +	-		╀	_	╁		_		
	w 25 g a	Yes			$\perp$			1		L		L	_	
ε	Percentage ownership													
	Share of end-of-year			•										
(μ)	Share of total income													
(e)	ling Type of entity Sha	() spin io				•	_							
<del>©</del>	Direct control entity			-									ť	
<u></u>	Legal domicile (state or foreign	(Kannas)												
 <b>(p</b> )	Primary activity												٠	
(a)	Name, address, and EIN of related organization													

Schedule R (Form 990) 2019

₽

9

415

Schedule R (Form 990) 2019 ABA, AGC EDUCATION FUND

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

Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule uring the tax year, did the organization engage in any of the following transact

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)

Sale of assets to related organization(s)

- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

ξ

ᆕ

₽

- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)

ps and transaction thresholds	
ed relationship	
ncluding cover	
nplete this line, i	
n who must cor	
or information o	
ee the instructions f	
ve ıs "Yes," s	
ny of the abo	
the answer to a	
2	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) -Amount involved	(d) Method of determining amount involved
(1) ABA,	(1) ABA, ARIZONA BUILDERS ALLIANCE	×	288,000.	288,000. ACTUAL EXPENSE
(2) ABA,	(2) ABA, ARIZONA BUILDERS ALLIANCE	0	255,049.	255,049. ACTUAL EXPENSE
(3) ABA,	(3) ABA, ARIZONA BUILDERS ALLIANCE	Д	126,399.	126,399. ACTUAL EXPENSE
(4) ABA,	(4) ABA, ARIZONA BUILDERS ALLIANCE	α	116,062.	116,062. SETTLEMENT AGREEMENT
(5)				
(9)			÷	

dia

Schedule R (Form 990) 2019 ABA, AGC EDUCATION FUND

Part VI] 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

(a) (b) (c) (d)	(q)	(0)	1	[e]	E	(6)	3	9	5	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all	Share of	Share of	Dispropor-	Code V-1181	U) General c	Dercentage
of entity		(state or foreign country)	(related, unrelated, excluded from tax under sections 512-514)	501(c)(3) orgs 7	total	end-of-year assets	tionate allocations?	tionate amount in box 20 managing ownership of Schedule K-1 parmer?	managing partner?	ownership
							201	(222	201	
							-			
				_					-	
									_	
				_						
									_	
							_			
							L			
							_			
				+			1		$\frac{1}{1}$	
					_				_	
				_						
							L		$\perp$	
					_					
		_							_	
				+			$\frac{1}{1}$		$\frac{1}{1}$	
									_	
				+			1		+	
				_						
				_						
									-	
							_			
							-			
							_			
				.  -				Schedule	R (Fog.	Schedule B (Form 990) 2019
									i -	1: 1= /aaa III

932165 09-10-19

Schedule R (Form 990) 2019