



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



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2008**Open to Public  
Inspection

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

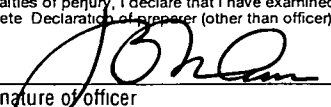
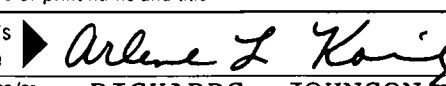
**A For the 2008 calendar year, or tax year beginning** **AUG 1, 2008** **and ending** **JUL 31, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C Name of organization</b> <b>ASSOCIATED GENERAL CONTRACTORS OF ALASKA, INC.</b>		<b>D Employer identification number</b> <b>92-0014686</b>
		<b>Doing Business As</b>		<b>E Telephone number</b> <b>(907) 561-5354</b>
		<b>Number and street (or P O box if mail is not delivered to street address)</b> <b>Room/suite</b> <b>8005 SCHOON STREET</b>	<b>G Gross receipts \$</b> <b>3,092,972.</b>	
		<b>City or town, state or country, and ZIP + 4</b> <b>ANCHORAGE, AK 99518-3045</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶
<b>F Name and address of principal officer:</b> <b>JOHN MACKINNON</b> <b>8005 SCHOON ST, ANCHORAGE, AK 99518</b>				
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ <b>AGCAK.ORG</b>				
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L Year of formation</b> <b>1954</b> <b>M State of legal domicile</b> <b>AK</b>	

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE ETHICAL BUSINESS PRACTICES AND PUBLIC RELATIONS IN ALASKA CONSTRUCTION INDUSTRY.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>45</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>45</b>
	5	Total number of employees (Part V, line 2a)	<b>5</b>	<b>22</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>5,365.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g)	<b>2,817,448.</b>	<b>806,273.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,694,100.</b>	<b>1,658,585.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9d, 10, and 11e)	<b>22,514.</b>	<b>7,137.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (B), line 12)	<b>19,360.</b>	<b>5,011.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,553,422.</b>	<b>2,477,006.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<b>17,900.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>699,331.</b>	<b>708,921.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>3,849,616.</b>	<b>1,672,794.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,548,947.</b>	<b>2,399,615.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>4,475.</b>	<b>77,391.</b>
	20	Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<b>4,533,843.</b>	<b>4,238,878.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>1,660,137.</b>	<b>1,391,264.</b>
			<b>2,873,706.</b>	<b>2,847,614.</b>

**Part II Signature Block**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer: 		Date: <b>12.15.09</b>	
	Type or print name and title: <b>JOHN MACKINNON, EXECUTIVE DIRECTOR</b>			
Paid Preparer's Use Only	Preparer's signature: 	Date: <b>10/29/09</b>	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions):
	Firm's name (or yours if self-employed), address, and ZIP + 4: <b>RICHARDS, JOHNSON &amp; GRANBERRY, P.C.</b> <b>1100 WEST BARNETTE, SUITE 102</b> <b>FAIRBANKS, AK 99701</b>		EIN: ▶	
			Phone no: ▶ <b>(907) 452-4156</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JAN 11 2010

G/V

4

ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.

Form 990 (2008)

92-0014686 Page 2

**Part III** Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission  
TO PROVIDE A MEANS FOR MEMBERS TO COMBINE EFFORTS; PROMOTE  
CONSTRUCTION LEGISLATION; IMPROVE PUBLIC RELATIONS IN THE ALASKA  
CONSTRUCTION INDUSTRY; PROMOTE ETHICAL BUSINESS PRACTICES; PROMOTE  
EFFECTIVE SAFETY PRACTICES IN CONSTRUCTION
- 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 ☒ 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?  
If "Yes", describe these changes on Schedule O. ☐ Yes ☒ No
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and  
allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code. ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
PROMOTED BETTER RELATIONS BETWEEN CONTRACTORS, PUBLIC AGENCIES,  
ARCHITECTS, ENGINEERS, AND UNIONS. PROMOTED HIGH PROFESSIONAL  
STANDARDS OF CONDUCT. WORKED TO COMBAT UNFAIR AND UNETHICAL BUSINESS  
PRACTICES.

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B) )

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		<b>X</b>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	<b>X</b>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
<b>13</b> Is the organization a school as described in section 170(b)(1)(A)(iii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U S ?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No," go to question 25</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>

Form **990** (2008)

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>

Form 990 (2008)

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page 5

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	16	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	22	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter N/A		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter N/A		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		

Form 990 (2008)

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body	45	
<b>1b</b>	Enter the number of voting members that are independent	45	
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
<b>13</b>	Does the organization have a written whistleblower policy?		X
<b>14</b>	Does the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>b</b>	Other officers or key employees of the organization?		X
Describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AK**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - (907) 561-5354**  
**8005 SCHOON STREET, ANCHORAGE, AK 99518-3045**

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page 7

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAM ROBERT BRICE PRESIDENT	3.00	X		X				0.	0.	0.
DAVE CRUZ VICE PRESIDENT	2.00	X		X				0.	0.	0.
GEORGE TUCKNESS SECRETARY	2.00	X		X				0.	0.	0.
TONY JOHANSEN TREASURER	2.00	X		X				0.	0.	0.
DICK ENGBRETSON ASSOCIATE MEMBER	1.00	X		X				0.	0.	0.
C. JOHN ENG CONTRACTOR AT LARGE	1.00	X		X				0.	0.	0.
ROGER HICKEL IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
MIKE HARNED ASSOCIATE MEMBER	1.00	X		X				0.	0.	0.
ROBBY CAPPS CONTRACTOR AT LARGE	1.00	X		X				0.	0.	0.
GLENN KNICKERBOCKER IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
SCOTT BRINGMANN DIRECTOR	1.00	X						0.	0.	0.
JASON CLARK DIRECTOR	1.00	X						0.	0.	0.
BOB CUMMINGS DIRECTOR	1.00	X						0.	0.	0.
JEFF DINWIDDIE DIRECTOR	1.00	X						0.	0.	0.
MARK ERICKSON DIRECTOR	1.00	X						0.	0.	0.
MICHELLE HOLLAND DIRECTOR	1.00	X						0.	0.	0.
BRIAN HORSCHER DIRECTOR	1.00	X						0.	0.	0.

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page **8**

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HAL INGALLS DIRECTOR	1.00	X						0.	0.	0.
MIKE LIEBING DIRECTOR	1.00	X						0.	0.	0.
JAYSEN MATHIESEN DIRECTOR	1.00	X						0.	0.	0.
MEG NORDALE DIRECTOR	1.00	X						0.	0.	0.
BEN NORTHEY DIRECTOR	1.00	X						0.	0.	0.
JOSH PEPPARD DIRECTOR	1.00	X						0.	0.	0.
STEVE PERCY DIRECTOR	1.00	X						0.	0.	0.
RICK PODOBNIK DIRECTOR	1.00	X						0.	0.	0.
DANA PRUHS DIRECTOR	1.00	X						0.	0.	0.
CHRIS REILLY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Total</b>								260,893.	0.	17,569.

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 2

- | <p><b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i></p> <p><b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i></p> <p><b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i></p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td align="center"><b>3</b></td> <td align="center">X</td> <td></td> </tr> <tr> <td align="center"><b>4</b></td> <td align="center">X</td> <td></td> </tr> <tr> <td align="center"><b>5</b></td> <td></td> <td align="center">X</td> </tr> </table> |    | Yes | No | <b>3</b> | X |  | <b>4</b> | X |  | <b>5</b> |  | X |
|--|--|----|-----|----|----------|---|--|----------|---|--|----------|--|---|
|  | Yes  | No |     |    |          |   |  |          |   |  |          |  |   |
| <b>3</b>   | X  |    |     |    |          |   |  |          |   |  |          |  |   |
| <b>4</b>   | X  |    |     |    |          |   |  |          |   |  |          |  |   |
| <b>5</b>   |  | X  |     |    |          |   |  |          |   |  |          |  |   |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2008)

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page **9**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	65,450.				
	<b>d</b> Related organizations	<b>1d</b>	30,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	542,300.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	168,523.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			806,273.			
<b>Program Service Revenue</b>	<b>2 a</b> MEMBERSHIP DUES	Business Code	561499	1,107,479.	1,107,479.		
	<b>b</b> UNION LABOR ASSESSMENT		561499	200,069.	200,069.		
	<b>c</b> CONVENTION		900099	145,967.	145,967.		
	<b>d</b> LABOR REIMBURSEMENTS		561499	44,365.	44,365.		
	<b>e</b> FORMS, COPIES, KIT SAL		561499	43,219.	43,219.		
	<b>f</b> All other program service revenue		531120	117,486.	117,486.		
	<b>g Total.</b> Add lines 2a-2f			1,658,585.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			19,633.			19,633.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)			<12,496.>			<12,496.>
	<b>8 a</b> Gross income from fundraising events (not including \$ 65,451. of contributions reported on line 1c) See Part IV, line 18						
	<b>a</b>			56,275.			
	<b>b</b> Less direct expenses			60,899.			
	<b>c</b> Net income or (loss) from fundraising events			<4,624.>			<4,624.>
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>b</b> Less direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>b</b> Less. cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> MEMBERSHIP ROSTER INCO		541800	5,365.		5,365.		
<b>b</b> MISCELLANEOUS		900099	4,270.	4,270.			
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			9,635.				
<b>12 Total Revenue</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,477,006.	1,662,855.	5,365.	2,513.	

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page 10

**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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	17,900.			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	130,771.			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	409,255.			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	35,170.			
<b>9</b> Other employee benefits	92,137.			
<b>10</b> Payroll taxes	41,588.			
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	12,727.			
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other	17,209.			
<b>12</b> Advertising and promotion	79,039.			
<b>13</b> Office expenses	125,331.			
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	119,722.			
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	267,065.			
<b>20</b> Interest				
<b>21</b> Payments to affiliates	154,930.			
<b>22</b> Depreciation, depletion, and amortization	68,835.			
<b>23</b> Insurance	2,125.			
<b>24</b> Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> GRANT EXPENSES	542,300.			
<b>b</b> PLAN ROOM AND BULLETIN	185,886.			
<b>c</b> LEGISLATIVE SUPPORT	43,550.			
<b>d</b> MISCELLANEOUS	21,861.			
<b>e</b> SEMINAR EXPENSES	13,788.			
<b>f</b> All other expenses	18,426.			
<b>25</b> Total functional expenses. Add lines 1 through 24f	2,399,615.			
<b>26</b> Joint Costs Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Form 990 (2008)

92-0014686 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	11,100.	<b>1</b>	15,621.	
	<b>2</b> Savings and temporary cash investments	107,722.	<b>2</b>	342,854.	
	<b>3</b> Pledges and grants receivable, net	657,106.	<b>3</b>	367,636.	
	<b>4</b> Accounts receivable, net	130,356.	<b>4</b>	75,861.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		<b>6</b>		
	<b>7</b> Notes and loans receivable, net		<b>7</b>		
	<b>8</b> Inventories for sale or use		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges	12,395.	<b>9</b>	7,395.	
	<b>10a</b> Land, buildings, and equipment - cost basis	2,137,750.			
	<b>b</b> Less accumulated depreciation. Complete Part VI of Schedule D	557,419.	1,590,751.	<b>10c</b>	1,580,331.
	<b>11</b> Investments - publicly traded securities		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11	991,465.	<b>12</b>	908,577.	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>		
	<b>14</b> Intangible assets		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11	1,032,948.	<b>15</b>	940,603.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,533,843.	<b>16</b>	4,238,878.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	56,830.	<b>17</b>	90,683.	
	<b>18</b> Grants payable		<b>18</b>		
	<b>19</b> Deferred revenue		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>		
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D	1,603,307.	<b>25</b>	1,300,581.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,660,137.	<b>26</b>	1,391,264.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	2,754,394.	<b>27</b>	2,740,412.	
	<b>28</b> Temporarily restricted net assets	105,153.	<b>28</b>	93,043.	
	<b>29</b> Permanently restricted net assets	14,159.	<b>29</b>	14,159.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b> <b>Total net assets or fund balances</b>	2,873,706.	<b>33</b>	2,847,614.	
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	4,533,843.	<b>34</b>	4,238,878.	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	X	
<b>c</b>	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits?	X	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► **To be completed by organizations described below.**  
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

**2008**  
**Open to Public**  
**Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization **ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Employer identification number  
**92-0014686**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

## ASSOCIATED GENERAL CONTRACTORS

Schedule C (Form 990 or 990-EZ) 2008

OF ALASKA, INC.

92-0014686 Page 2

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768  
(election under section 501(h)). See the instructions for Schedule C for details.

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a															
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?															

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B** To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
<b>i</b> Other activities? If "Yes," describe in Part IV			
<b>j</b> Total lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		X
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		X

**Part III-B** To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	1,107,479.
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	9,375.
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	9,375.
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	0.
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	<b>5</b>	9,375.

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

---



---



---



---



---



---



---



---

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**Open to Public  
InspectionName of the organization **ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**Employer identification number  
**92-0014686****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not 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, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	14,159.				
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	14,159.				

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ 100.00 %
- c** Term endowment ▶ \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>3a(i)</b> unrelated organizations		X
<b>3a(ii)</b> related organizations		X
<b>3b</b>		

- (i)** unrelated organizations
- (ii)** related organizations

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		320,642.		320,642.
<b>b</b> Buildings		1,618,228.	428,711.	1,189,517.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		61,358.	52,150.	9,208.
<b>e</b> Other		137,522.	76,558.	60,964.
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				1,580,331.

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Schedule D (Form 990) 2008

92-0014686 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>MARKETABLE SECURITIES</b>	<b>908,577.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12 ) ▶	<b>908,577.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
PERMANENTLY RESTRICTED CASH	14,159.
DEFERRED COMPENSATION ASSETS	926,444.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15 ) ▶	<b>940,603.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
ACCRUED PAYROLL LIABILITIES	75,189.
DEFERRED COMPENSATION LIABILITIES	926,444.
DEPOSITS	500.
GRANT SUBRECIPIENTS PAYABLE	298,448.
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	<b>1,300,581.</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,477,006.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,399,615.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	77,391.
4	Net unrealized gains (losses) on investments	4	<103,483.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	<103,483.>
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<26,092.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,461,398.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	<103,483.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	87,875.
e	Add lines 2a through 2d	2e	<15,608.>
3	Subtract line 2e from line 1	3	2,477,006.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	2,477,006.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,487,490.
2	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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	87,875.
e	Add lines 2a through 2d	2e	87,875.
3	Subtract line 2e from line 1	3	2,399,615.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,399,615.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART V, LINE 4: GRANT STIPULATES THAT THE INTEREST EARNED IS TO BE**

**USED TO FURTHER THE CONSTRUCTION INDUSTRY.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**INTER-FUND CONTRIBUTIONS TO EDUCATION FUND: 26976.**

**FUNDRAISING EXPENSES NETTED WITH REVENUE: 60899.**

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

INTER-FUND CONTRIBUTIONS TO EDUCATION FUND: 26976.

FUNDRAISING EXPENSES NETTED WITH REVENUE: 60899.

Blank lined area for supplemental information.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

### Open To Public Inspection

Employer identification number  
92-0014686

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☐ Special fundraising events

☐ Yes      ☒ No

<b>Total</b>				
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing				

Schedule G (Form 990 or 990-EZ) 2008

**ASSOCIATED GENERAL CONTRACTORS**

Schedule G (Form 990 or 990-EZ) 2008

**OF ALASKA, INC.**

92-0014686 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		ANCHORAGE GOLF TOURNAMENT	FAIRBANKS GOLF TOURNAMENT	1		
		(event type)	(event type)	(total number)		
1	Gross receipts	62,860.	40,666.	18,200.	121,726.	
2	Less Charitable contributions	39,110.	26,341.		65,451.	
3	Gross revenue (line 1 minus line 2)	23,750.	14,325.	18,200.	56,275.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	8,531.	5,680.	14,211.	
	6	Rent/facility costs				
	7	Other direct expenses	20,230.	15,485.	10,973.	46,688.
	8	Direct expense summary Add lines 4 through 7 in column (d)	▶			60,899.
9	Net income summary Combine lines 3 and 8 in column (d)	▶			<4,624.>	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d)			

- 9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states?
- b If "No," Explain \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers?
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

**ASSOCIATED GENERAL CONTRACTORS**

Schedule G (Form 990 or 990-EZ) 2008

**OF ALASKA, INC.**

92-0014686 Page 3

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Yes No

**15a**

**17a**

Schedule G (Form 990 or 990-EZ) 2008

## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

2008

**Open to Public Inspection**

Name of the organization	ASSOCIATED GENERAL CONTRACTORS OF ALASKA, INC.

**Employer identification number**  
92-0014686

<b>Part I</b>	<b>General Information on Grants and Assistance</b>
---------------	---

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.

92-0014686

Page 2

Schedule I (Form 990) 2008

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS	12	17,900.	0.	NOT APPLICABLE	NOT APPLICABLE

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: SCHOLARSHIP CHECKS ARE SENT AND MADE OUT  
DIRECTLY TO THE EDUCATIONAL INSTITUTION ON BEHALF OF THE RECIPIENT.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ **Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

**2008****Open to Public  
Inspection****Name of the organization** ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**Employer identification number**  
92-0014686**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision  
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

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

Schedule J (Form 990) 2008

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Schedule J (Form 990) 2008

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed</b>
----------------	--

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the Organization

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

Employer identification number  
**92-0014686**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BARDIE SCARBROUGH DIRECTOR	1.00	X						0.	0.	0.
TAMIE TAYLOR DIRECTOR	1.00	X						0.	0.	0.
VANCE TAYLOR DIRECTOR	1.00	X						0.	0.	0.
RICHARD WELDIN DIRECTOR	1.00	X						0.	0.	0.
KEVIN WELKER DIRECTOR	1.00	X						0.	0.	0.
BRAD WEST DIRECTOR	1.00	X						0.	0.	0.
TERRY FIKE DIRECTOR	1.00	X						0.	0.	0.
KYLE RANDICH DIRECTOR	1.00	X						0.	0.	0.
PHIL ANDERSON DIRECTOR	1.00	X						0.	0.	0.
DONNA BRADY-ROBERTSON DIRECTOR	1.00	X						0.	0.	0.
TIM BRADY DIRECTOR	1.00	X						0.	0.	0.
E.W. CASPER DIRECTOR	1.00	X						0.	0.	0.
JIM DOKOOZIAN DIRECTOR	1.00	X						0.	0.	0.
J.A. FERGUSON DIRECTOR	1.00	X						0.	0.	0.
CON FRANK DIRECTOR	1.00	X						0.	0.	0.
PAT RIELLY DIRECTOR	1.00	X						0.	0.	0.
DERALD SCHOON DIRECTOR	1.00	X						0.	0.	0.
RUSSELL SCHWARTZ DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SWALLING DIRECTOR	1.00	X						0.	0.	0.
ALLEN VEZEY DIRECTOR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2008

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

OMB No. 1545-0047

# 2008

**Open to Public Inspection**

ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.

Employer Identification number  
92-0014686

[illegible]

Schedule J-2 (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.

Employer identification number  
92-0014686

FORM 990, PART VI, SECTION A, LINE 6: YES, THE ORGANIZATION HAS AS  
VOLUNTARY MEMBERS CONSTRUCTION CONTRACTORS IN THE STATE OF ALASKA.

FORM 990, PART VI, SECTION A, LINE 7A: YES, THE BOARD OF DIRECTORS IS  
ELECTED BY THE MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 10: THIS IS THE PROCESS THE  
ORGANIZATION USES TO REVIEW THE FORM 990: THE 990 IS REVIEWED BY THE VICE  
PRESIDENT, PRESIDENT, AND CEO BEFORE BEING SIGNED BY THE CEO. A COPY OF  
THE FORM IS ALSO PROVIDED TO EACH OF THE EXECUTIVE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: REVIEWED COMPARABLE SALARIES OF  
OTHER AGC CHAPTERS AS A STARTING POINT. FINAL PACKAGE WAS ADJUSTED  
ACCORDING TO EXPERIENCE AND NEGOTIATION AND APPROVED BY THE INDEPENDENT  
EXECUTIVE BOARD. MINUTES DOCUMENT ALL DECISIONS MADE BY THE EXECUTIVE  
BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE THE  
DOCUMENTS LISTED IN LINE 19 AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C:  
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships****▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection****Name of the organization****ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.****Employer identification number**  
**92-0014686****Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CONSTRUCTION EDUCATION FOUNDATION, INC. - 61-1555068, 8005 SCHOON ST, ANCHORAGE, AK 99518	CONSTRUCTION-RELATED EDUCATION AND TRAINING WITHIN THE STATE OF ALASKA	ALASKA	501(C)(3)	LINE 7 N/A	
CONSTRUCTION INDUSTRY PROGRESS FUND, INC. - 92-0172151, 8005 SCHOON ST, ANCHORAGE, AK 99518	ADVANCE THE INTERESTS OF THE CONSTRUCTION INDUSTRY IN THE STATE OF ALASKA	ALASKA	501(C)(6)	N/A N/A	
ALASKA CONSTRUCTION INDUSTRY ADVANCEMENT PROGRAM - 23-7103209, 8005 SCHOON ST, ANCHORAGE, AK 99518	CONSTRUCTION INDUSTRY SAFETY AND PUBLIC RELATIONS	ALASKA	501(C)(6)	N/A N/A	

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule R (Form 990) 2008**

Schedule R (Form 990) 2008

**ASSOCIATED GENERAL CONTRACTORS  
OF ALASKA, INC.**

[illegible]

## Part IV Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

# ASSOCIATED GENERAL CONTRACTORS OF ALASKA, INC.

## Part V Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

[illegible]