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**Short Form
Return of Organization Exempt From Income Tax**

2009

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C ASSOCIATED GENERAL CONTRACTORS OF TENNESSEE, INC.-KNOXVILLE BRANCH 3306 RAGSDALE AVE KNOXVILLE, TN 37909-1522</p>	<p>D Employer identification number 62-0994817</p> <p>E Telephone number 865-525-2165</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.tnagc.org/Knoxville

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **412,684.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		1
	2 Program service revenue including government fees and contracts		209,208.
	3 Membership dues and assessments		175,919.
	4 Investment income		57.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ See Statement 1)	8	27,500.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	412,684.
	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	127,421.
	13 Professional fees and other payments to independent contractors	13	3,500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	1,021.
	16 Other expenses (describe ▶ See Statement 2)	16	260,656.
	17 Total expenses. Add lines 10 through 16	17	392,598.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,086.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	388,732.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	408,818.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

		(See the instructions for Part II.)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	166,029.	130,910.
23	Land and buildings	357,438.	487,481.
24	Other assets (describe ▶ See Statement 3)	50,400.	55,147.
25	Total assets	573,867.	673,538.
26	Total liabilities (describe ▶ See Statement 4)	185,135.	264,720.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	388,732.	408,818.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

SEARCHED JUL 13 2010 EXPENSES ASSETS

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P m

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>See Statement 5</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
MARTY GIBBS P O BOX 11087 KNOXVILLE, TN 37939-1087	Director 2.00	0.	0.	0.
RICHARD HUSKEY P O BOX 9476 KNOXVILLE, TN 37940	President 2.00	0.	0.	0.
SHANNON SAPP 10435 DUTCHTOWN RD KNOXVILLE, TN 37932	Vice President 2.00	0.	0.	0.
MIKE MERIDA 123C PERIMETER PARK RD KNOXVILLE, TN 37932	Secretary 2.00	0.	0.	0.
BILL GARDNER P O BOX 3070 KNOXVILLE, TN 37928	Director 2.00	0.	0.	0.
MATT HASBROUCK 219 YOUNG HIGH PIKE KNOXVILLE, TN 37920	Director 2.00	0.	0.	0.
TODD WOLF P O BOX 10048 KNOXVILLE, TN 37939-0048	Director 2.00	0.	0.	0.
MONTY WALTON P O BOX 10013 KNOXVILLE, TN 37939	Director 2.00	0.	0.	0.
SHARON L LAMBDIN 3306 RAGSDALE AVE KNOXVILLE, TN 37909-1522	Executive Direc 40.00	44,348.	1,000.	0.
JASON TALLENT 1100 MARION ST, SUITE 100 KNOVILLE, TN 37921	Director 0	0.	0.	0.
ROBERT NOELL P O BOX 900 KNOXVILLE, TN 37901-0900	Director 0	0.	0.	0.
----- ----- -----				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		N/A
39b	b Gross receipts, included on line 9, for public use of club facilities		N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
40b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
40c	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ SHARON L LAMBDIN Telephone no ▶ 865-525-2165
 Located at ▶ 3306 RAGSDALE AVE KNOXVILLE TN ZIP + 4 ▶ 37909-1522

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** | _____ N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|-----|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
 b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

▶ Sharon L Lambdin 5-12-2010
 Signature of officer Date

▶ SHARON L LAMBDIN Branch Manager
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature	▶ <u>Mark S Rutherford, CPA</u>	Date	5/09/10	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions)	P01063603
Firm's name (or yours if self-employed), address, and ZIP + 4	▶ <u>Rutherford & Company PLLC</u> <u>9301-B Park West Blvd</u> <u>Knoxville, TN 37923</u>			EIN	▶ <u>62-1751988</u>		
				Phone no	▶ <u>865-692-1272</u>		

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

BAA

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Rental and Other	\$	13,403.
Young Const Forum Scholar		12,720.
Young Constructors Forum		1,377.
Total	\$	<u>27,500.</u>

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	3,048.
Amortization		291.
Auto Expense		4,415.
Building Expenses		1,718.
Conferences, Conventions, and Meetings		2,496.
Continuing Education		559.
Copy Machine Maintenance		2,096.
Depreciation		16,489.
Dues-National AGC		32,580.
Dues-State AGC		34,488.
ETSU		352.
Flowers and Gifts		155.
Information Technology		1,820.
Insurance		35,588.
Interest		15,520.
Internet/Website		1,261.
Janitorial Services		4,540.
Meals/Entertainment		375.
Meetings		17,330.
Member Activities		16,995.
Miscellaneous		1,544.
Office Expenses		2,508.
Open House		4,085.
Personal Property Taxes		204.
Postage Meter Lease/Maintenanc		1,467.
Professional Dues		145.
Real Estate Taxes		4,709.
Scholarships		1,000.
Security System Expense		299.
Seminars		22,250.
Telephone		7,932.
Temporary Labor		690.
Travel		3,304.
Utilities		6,796.
Young Constructors Forum		11,607.
Total	\$	<u>260,656.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 38,688.	\$ 45,270.
Furniture and Fixtures	1,282.	402.
Intangible Assets	1,795.	3,113.
Machinery and Equipment	6,635.	4,362.
Prepaid Expenses and Deferred Charges	600.	600.
Utility Deposits	1,400.	1,400.
Total	<u>\$ 50,400.</u>	<u>\$ 55,147.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accrued Payroll Taxes	\$ 4,243.	\$ 1,866.
Secured Mortgages and Notes Payable	180,892.	262,854.
Total	<u>\$ 185,135.</u>	<u>\$ 264,720.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Exchange of relevant and current construction training and safety information

Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No

ASSOCIATED GENERAL CONTRACTORS OF TENNESSEE, INC.

62-0994817

Depreciation Schedule
Year Ended 12/31/2009

Date Acquired	Description	Cost	Method	Life (Years)	Allow. for Depreciation 12/31/2008	Current Expense	Allow. for Depreciation 12/31/2009
OFFICE EQUIPMENT							
7/1/78	Royal Typewriter	629 28	SL	5	629 28	-	629 28
7/1/80	Office Equipment	434 52	SL	5	434 52	-	434 52
12/31/92	Typewriter	216 49	SL	5	216 49	-	216 49
7/31/96	AT&T Partner Telephone System	1,695 30	SL	5	1,695 30	-	1,695.30
9/27/96	Panasonic FAX Machine	416 29	SL	5	416 29	-	416 29
12/11/96	Ricoh 4727 Copier	3,216 00	SL	5	3,216 00	-	3,216 00
3/10/98	Compaq Deskpro 2000	2,997 44	SL	5	2,997 44	-	2,997 44
12/31/99	MicroData P3500 Computer	2,055 67	SL	5	2,055 67	-	2,055 67
12/31/99	HP DeskJet 830C Printer	232 52	SL	5	232 52	-	232 52
7/15/02	Ricoh 4527 Copier	3,194 80	SL	5	3,194 80	-	3,194 80
2/13/04	Dell Laptop Computer	2,428 92	SL	5	2,186 01	242 91	2,428 92
1/11/05	2 Televisions and Mounts	1,163 46	SL	5	814 42	232 69	1,047 11
1/31/05	Panasonic KX-FL511 FAX Machine	218 45	SL	5	152 92	43 69	196 61
2/10/05	HP LaserJet 1320 Printer	458 27	SL	5	320 78	91 65	412 43
4/25/05	2 4x6' LCS Boards	652 22	SL	5	456 54	130 44	586 98
9/2/05	HP 1610 Color Printer	207 55	SL	5	145 29	41 51	186 80
10/26/07	Dell Computer Upgrade	5,611 07	SL	5	1,683 32	1,122 21	2,805 53
11/14/08	Dell Latitude E6500 Computer	1,837 57	SL	5	183 76	367 51	551 27
Total Office Equipment		27,665.82			21,031.35	2,272.61	23,303.96
FURNITURE AND FIXTURES							
7/1/77	Furniture and Fixtures	2,750.00	SL	8	2,750 00	-	2,750.00
7/1/82	Various Furniture	716 03	SL	8	716 03	-	716 03
7/1/83	Furniture and Fixtures	6,005 28	SL	5	6,005 28	-	6,005 28
1/14/91	Security System	1,575 00	SL	5	1,575 00	-	1,575 00
11/4/96	Computer Desk and 2 Chairs	797 22	SL	5	797 22	-	797 22
12/31/99	Birch Bookcase	1,495 69	SL	5	1,495 69	-	1,495 69
5/31/01	Conference Room Tables	272 69	SL	5	272.69	-	272.69
5/31/01	2 Cherry PC Carts	281 43	SL	5	281 43	-	281 43
10/22/04	20 High-Back Black Chairs	2,600 15	SL	5	2,340 14	260 01	2,600 15
1/4/05	2 Chairs in Foyer	321.20	SL	5	224 84	64 24	289.08
1/5/05	Area Rug	84 94	SL	5	59 46	16 99	76.45
2/12/05	Pictures and Framing	1,026 95	SL	5	718 87	205 39	924 26
2/14/05	24 Gray Stack Chairs	896 35	SL	5	627 45	179 27	806 72
12/31/05	Foyer Furniture	542 97	SL	5	380 07	108 59	488 66
10/24/07	Training Room Tables	229 36	SL	5	68 81	45 87	114 68
Total Furniture and Fixtures		19,595.26			18,312.98	880.36	19,193.34
BUILDING AND LAND-3306 RAGSDALE AVE.							
8/8/03	Land	17,484 73	L	0	-	-	-
8/8/03	Building	154,150 93	SL	39	21,739 24	3,952 59	25,691 83
12/31/04	Building Improvements	180,538 12	SL	39	20,831.31	4,629 18	25,460 49
2/11/05	Signage on Building	1,497 92	SL	10	524 27	149 79	674 06
6/30/05	Building Improvements	12,373 91	SL	39	1,110 48	317 28	1,427 76
10/31/06	Land Improvements-Storm Drain	4,962.01	SL	10	1,240 50	496 20	1,736 70
9/26/07	Soundproofing-End of Training Room	2,937 33	SL	10	440 60	293 73	734 33
8/11/08	Parking Lot Renovation	28,987 57	SL	10	1,449 38	2,898 76	4,348 14
Total Building/Land-3306 Ragsdale Ave.		402,932.52			47,335.78	12,737.53	60,073.31
BUILDING AND LAND-3219 MORRIS AVE.							
9/15/08	Zoning Fees	840 75	L	0 00	-	-	-
1/16/09	Environmental Assessment	1,900.00	L	0.00	-	-	-
2/27/09	Land	114,478 70	L	0 00	-	-	-
2/27/09	Building	28,000 00	SL	39	-	598 29	598 29
Total Building/Land-3219 Morris Ave.		145,219.45			-	598.29	598.29
TOTALS		595,413.05			86,680.11	16,488.79	103,168.90