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# 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 private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A Fort	he 20	013 cale		90 and its instructions is at <u>wi</u> ng <b>01-01-2013    , 2013, and e</b> n					
3 Check			C Name of organization	•	<b>3</b>		D Emplo	yer iden	tification number
- Addre			ASSOCIATED GENERAL CONTRACTO AMERICA UTAH CHAPTER	URS OF			87-01	.12641	
– Name	chang	je	Doing Business As						
— Inıtıal	return		Number and street (or P O box if	mail is not delivered to street address	s) Room/	suite	E Telepho	ano numb	nor.
– Termı	nated		2207 SOUTH 1070 WEST						
– Amen	ded re	turn		untry, and ZIP or foreign postal code			(801)	363-2	/53
– Applic	ation p	pending	SALT LAKE CITY, UT 84119				<b>G</b> Gross r	eceıpts \$	2,035,482
			F Name and address of pr	incipal officer		H(a) Is	this a group	return	
			RICHARD THORN 2207 SOUTH 1070 WEST			S	ubordinates?		Γ Yes <b>Γ</b> No
			SALT LAKE CITY, UT 841	19		<b>H(b)</b> A	re all subordı	nates	┌ Yes ┌ No
. Tav-6	vemn	t status		(insert no )			cluded?	a list /	(see instructions)
-				(insert no )   4947(a)(1) or	327				
			NAGC-UTAH ORG			H(c) (	Group exempt	ion num	nber 🟲
			Corporation Trust Associati	on Other 🕨		<b>L</b> Year	of formation 19	22 <b>M</b>	State of legal domicile U
Part		Sum							
				ion or most significant activitie TUNITIES AND ACT AS A SF		ERSON FO	R ITS MEMBI	ERS	
ا بد				10112120711071017107101	O NEO!	<u> </u>			
raovelliance	_								
<u> </u>	<u> </u>	h I - 4h	- h <b>b</b>		4	d . 6	2 F 0/ - f . t -		
	<b>2</b> C	neck tn	s box 🞮 if the organization d	iscontinued its operations or o	usposed	or more tha	an 25% of its	net ass	sets
	3 N	umber o	f voting members of the gover	nıng body (Part VI, lıne 1a) .				3	1!
2	<b>4</b> N	umber	fındependent votıng members	of the governing body (Part V	I, line 1	b)		4	1
	<b>5</b> To	otal nur	nber of individuals employed in	calendar year 2013 (Part V , I	ıne 2a)			5	1.
WCIINIIAS &	6 T	otal nur	nber of volunteers (estimate if	necessary)				6	
				Part VIII, column (C), line 12				7a	79,51
	ЬN	et unrel	ated business taxable income	from Form 990-T, line 34 .				7b	15,42
							Prior Year		Current Year
	8			ine 1h)					(
E			m service revenue (Part VIII, line 2g)				1,392,		1,368,942
# I						•	49,4		80,069
_   1	.1			ı, lınes 5, 6d, 8c, 9c, 10c, and 1 (must equal Part VIII, colum		no	494,4	489	494,807
	.2		=			ile	1,936,	106	1,943,818
1	.3			t IX, column (A ), lines 1–3 )			25,	502	56,821
1	.4	Benefit	s paid to or for members (Part	IX, column (A), line 4)					C
<sub>တွ</sub> ြ 1	.5		s, other compensation, employ	ee benefits (Part IX, column (	A), lines	;	644,0	176	680,802
Expenses 1	.6a	5-10) Profess	sional fundraising fees (Part IX	, column (A), line 11e)		_	011,	-	000,002
<u>क</u>   ^	b		draising expenses (Part IX, column (I		•	'			
	.7			, lines 11a–11d, 11f–24e)			1,080,9	985	1,026,215
	.8			ust equal Part IX, column (A),			1,750,	_	1,763,838
	9			18 from line 12			185,		179,980
				-			ning of Curre		End of Year
Net Assets or Fund Balances		T - + - '	acata (Dant V. Line 4.6)				Year	161	
						·	5,961,: 36,:		6,267,086
5 E   2	:1 :2			t line 21 from line 20		•	5,924,9		6,156,077
Part			ature Block	time 21 nom me 20	• • •	'	3,324,.	700	0,130,077
nder p	enalt wledg	e and b	erjury, I declare that I have exellef, it is true, correct, and coowledge  *	camined this return, including a mplete Declaration of prepare			) is based on		
Sign		Signa	ure of officer				Date		
Here			ARD THORN PRESIDENT						
			or print name and title int/Type preparer's name	Preparer's signature	ı	Date	<u> –                                 </u>	PTIN	_
ם יים			VAL OVESON	riepaiei s signature		2014-11-14	Check If self-employed	P11N P00844	265
Paid Prop	, ro		m's name F WSRP LLC				Firm's EIN 🕨 8	7-051775	4
Prepa			m's address ► 155 N 400 W STE 400	1			Phone no (801	) 328-20	11
Use (	JNI\	/ l''					110 (001	, 20	

SALT LAKE CITY, UT 84103

 $\underline{\text{May the IRS discuss this return with the preparer shown above? (see instructions)}}$ 

✓ Yes ☐ No

Form	990 (2013)				Page 2
Par		ent of Program Service Schedule O contains a respons		III	٦
1	Briefly describe	e the organization's mission			
<u>TO P</u>	ROVIDE EDUCA	ATIONAL OPPORTUNITIES AN	ND ACT AS A SPOKESPERSON	N FOR ITS MEMBERS	
2		ation undertake any significant p 190 or 990-EZ?	program services during the yea	r which were not listed on	┌ Yes ┌ No
	If "Yes," descri	be these new services on Scheo	iule O		
3	Did the organizations services?	ation cease conducting, or make	e significant changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Yes," descri	be these changes on Schedule (	o .		
4	expenses Secti		ganizations are required to repo	nree largest program services, a rt the amount of grants and alloc	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
		TION-MEMBERS OF THE UTAH CHAPTER TRENDS, SAFETY ISSUES, ETC )	R OF AGC ATTEND A CONVENTION IN V	VHICH CURRENT AND FUTURE CONTRA	CTOR INDUSTRY PRACTICES
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	SAFETY ACTIVITIE WORKPLACE SAFE		NON-MEMBERS ATTEND SAFETY MEET	ings held regularly throughout t	HE YEAR TO LEARN ABOUT
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	APPRENTICESHIP SUPERVISED JOB		EES IN THE APPRENTICESHIP PROGRAI	M TO ENSURE THAT THE APPRENTICES	ARE GETTING PROPER
	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	MISCELLANEOUS (	OTHER PROGRAM SERVICES INCLUDING	G OTHER MEMBER MEETINGS AND A S	CHOLARSHIP PROGRAM	
4d	Other program	services (Describe in Schedule	e O )		
	(Expenses \$	ıncludın	g grants of \$	) (Revenue \$	)
4e	Total program	service expenses 🕒			

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νo
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<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>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		<u> </u>	厂_
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable  1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 55		
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	d by d	or under the direct	3		No
4	Did the organization make any significant changes to its governing documents since					N
_	filed?	•	· · · ·	5		No
5		rganiz	ations assets? .	6	Yes	No
6 7-	Did the organization have members or stockholders?	· ·	olast ar annount and ar	-	res	
	more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not a	requi	red by the Internal R	eveni	ue Cod	e.)
					Yes	No
40-	Did the organization have local chapters, branches, or affiliates?					
TUa	Did the organization have local chapters, branches, or anniates?			10a	Yes	
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	:ivitie:	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	ivitie: on's e	s of such chapters, xempt purposes?	10b		No
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	ivitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b		No
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it	civitie: on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing 	10b		No
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e s gov orm 9	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	civities on's e s gov  form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with	civities on's e s gov  form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?	civities on's e s gov  form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c		No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revi	ivities on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	ivities on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13		No No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisit independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	ivities on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	ivities on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revisit independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	form 9  the p  tew an	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD of the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	ivities on's ess gov.  Form 9  ily inte  the p  iew an e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organical participation in joint venture arrangements under applicable federal tax law, and take	ivities on's es gov form 9 ivities on's es gov form 9 ivities or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	ivities on's es gov form 9 ivities on's es gov form 9 ivities or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	ivities on's es gov form 9 ivities on's es gov form 9 ivities or simple step	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	ivities on's es gov form 9 ly inte the p lew an e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	ivities on's es gov.  form 9  ivities on's es gov.  ivities on's e	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►RICHARD THORN 2207 SOUTH 1070 WEST SALT LAKE CITY, UT 84119 (801) 363-2753

# 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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) BOB JONES	5 00	х		х				367	0	(
SECRETARY TR (2) CHRISTOPHER D NIELSON	1 00									
DIRECTOR		Х						367	0	(
(3) JOHN W NIELSON DIRECTOR	1 00	х						367	0	(
(4) DOUG NOLAND	1 00	×						367	0	(
DIRECTOR (5) KELLY J HARMAN	1 00									
DIRECTOR		х						367	0	(
(6) JOHN TRIPI	1 00	×						367	0	(
DIRECTOR (7) BRIAN E BEGNELL	1 00	×						367	0	(
DIRECTOR (8) MARK GREEN	5 00	х		x				0	0	(
CHAIR								U	U	
(9) DOUG WATTS	5 00	×		х				О	0	
VICE CHAIRMA (10) DALE C CAMPBELL	1 00									
DIRECTOR	100	х						0	0	
(11) MIKE DANIELS	1 00							_		
DIRECTOR		X						0	0	(
(12) JAMES C GRAMOLL	1 00	×						0	0	
DIRECTOR (13) RANDY OKLAND	1 00				$\vdash$					
DIRECTOR		x						0	0	(
(14) SCOTT OKELBERRY	1 00	,,								
DIRECTOR		X						0	0	•
(15) ROBERT TEMPEST	1 00	×						О	0	(
DIRECTOR (16) RICHARD THORN	40 00									
PRES/CEO	40 00			Х				192,475	0	31,41
(17) JOEY GILBERT	40 00									
· · · · · · · · · · · · · · · · · · ·	l	I	i i	Х	1	1	I	148,750	0	26,28

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

	Name and Title	Average hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee) orga							table sation the tion (W-	(E) Reportable compensation from related organizations (W	compensatio W- from the corganization a		ted f other atıon he
		for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												_		
												+		
1b c	Sub-Total		 ection /		•			* *						
d	Total (add lines 1b and 1c) .			` .	٠.	•		<u>.</u>		343,794				57,700
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an	I		
3	Did the organization list any <b>f</b> o	<b>ormer</b> officer du	ector o	r trus	tee	kev	emplo	vee	or highest	tcompen	sated employee		Yes	No
•	on line 1a? If "Yes," complete S						• •	•	, or mgmas	• •		3		No
4	For any individual listed on line organization and related organ individual													
5	Did any person listed on line 1	a receive or acc	rue cor	npen	• satı	• on fro	om an	• y unr	related org	anızatıon	or individual for	4	Yes	
	services rendered to the organ										[	5		No
S€	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											ax year	
	N	(A) lame and business	address							Des	(B) cription of services		(C Comper	
												$\mp$		
	Total number of Independent co											$\Rightarrow$		

Part V		Check if Schedu	il <b>Reveniue</b> ule O contains a respon	se or note to any lir	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
छ छ	1a	Federated camp	paigns 1a					
s, Grants Amounts	b	Membership du	es <b>1b</b>					
, Fm	С	Fundraising eve	ents <b>1c</b>					
iffts ar /	d	Related organiz	ations 1d					
ons, Gift Similar	е	Government grants	s (contributions) <b>1e</b>					
ons - Si	f	All other contribution	ons, gifts, grants, and <b>1f</b>					
tributio Other		sımılar amounts no						
i i	g	Noncash contribution 1a-1f \$	ons included in lines					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	s 1a-1f	🔎				
				Business Code				
enu	2a	MEMBER DUES		900099	605,035	605,035		
Pæv	b	CONTRACTOR TRA	INING	611430	219,768	219,768		
JC 6	С	CONVENTION INCO	DME	611430	173,043	173,043		
Serv	d	UDOT HIGHWAY AF	PPRENTICESHIP	611430	151,016	151,016		
ine	е	WCF INCOME		611430	82,500	82,500		
Program Serwce Revenue	f	All other progra	im service revenue		137,580	137,580		
<u>~</u>	g	Total. Add lines	s 2a-2f	🛌	1,368,942			
	3		ome (including dividend ar amounts)		37,126			37,126
	4		tment of tax-exempt bond p	h h				
	5	Royalties		🕨	353,870			353,870
			(ı) Real	(II) Personal				
	_	Gross rents Less rental	13,160					
	b	expenses	12.150					
	С	Rental income or (loss)	13,160					
	d	Net rental incor	me or (loss)		13,160			13,160
	7a	Gross amount	(ı) Securities	(II) Other				
	-	from sales of assets other		42,943				
	h	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)		42,943				
	d	Net gain or (los	s)		42,943			42,943
ດ່ນ	8a	Gross income for events (not incline)						
Other Revenue		\$						
eve		of contributions See Part IV, lin	reported on line 1c)					
ř Œ		•	a	98,955				
the	b		penses <b>b</b> [	91,664				
0	С		(loss) from fundraising (	events 🛌	7,291			7,291
	9a	Gross income fi See Part IV, lin	rom gaming activities					
			a					
			penses <b>b</b>					
		Net income or ( Gross sales of	(loss) from gaming activ	/ities <b></b> -				
	104	returns and allo						
	b	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inve					
	44	Miscellaneous		Business Code	EO 4E1	14 417	45.024	
	_	ADVERT - ROS		541800 541800	59,451 46,622	14,417 12,142	45,034 34,480	
	b	ADVERT - MAG		900099	12,822	12,142	54,460	12,822
	c d	SCHOLARSHIF All other revenu		300039	1,591			1,591
	u e		ue · · ·       [ s 11a-11d · · ·	🕨				2,331
	12		See Instructions	-	120,486			
				•	1,943,818	1,395,501	79,514	468,803 Form <b>990</b> (2013)

United States See Part IV, line 22

States See Part IV, lines 15 and 16 Benefits paid to or for members

Fees for services (non-employees) Management . . . . . Legal . . . . . . . . . .

key employees . .

Other salaries and wages

10

11

12

13

14 15

16 17

18

19

20

21

22 23

24

25

26

Grants and other assistance to governments, organizations, and individuals outside the United

Compensation of current officers, directors, trustees, and

Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .

and 403(b) employer contributions) . . . .

Other employee benefits . . . . . .

Professional fundraising services See Part IV, line 17 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on

Schedule 0) . . . . . . . . . .

Advertising and promotion . . . .

Office expenses . . . . . .

state, or local public officials . . . . .

Payments to affiliates . . . . . .

Conferences, conventions, and meetings . . . .

Depreciation, depletion, and amortization . . . . .

Other expenses Itemize expenses not covered above (List

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)

Payments of travel or entertainment expenses for any federal,

Information technology . . . .

Royalties . .

a CONTRACTOR TRAINING

d BAD DEBT

**e** All other expenses

UDOT HIGHWAY TRAINING

c MISCELLANEOUS ACTIVITIES

Pension plan accruals and contributions (include section 401(k)

Form	990 (2013)				Page <b>10</b>
	t IX Statement of Functional Expenses				
Secti	ion 501(c)(3) and 501(c)(4) organizations must complete all columns A	II other organizat	ions must comp	olete column (A )	
	Check if Schedule O contains a response or note to any line in this	s Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	46,621			
2	Grants and other assistance to individuals in the				

10,200

401,494

196,849

11,341

35,695

35,423

5,836

10,000

2,432

4,519

66,692

102,271

32,966

162,313

152,998

91,692

13,677

114,436

75,506

48,012

31,651

111,214

0

1,763,838

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in $\boldsymbol{t}$	this Part >	<			· · .
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			200	1	200
	2	Savings and temporary cash investments			981,850	2	1,039,606
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			154,614	4	56,872
ts	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	irectors, fart II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary erorganizations (see instructions) Complete Part II of Schedule 10.	ng employers		6		
Assets	7	Notes and loans receivable, net			25,229	7	
₫	8	Inventories for sale or use		_	·	8	
	9	Prepaid expenses and deferred charges			7,465	9	19,508
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1 1	• 3,948,822	1,1,00		,
	Ь	Less accumulated depreciation	10b	431,533	3,286,341	10c	3,517,289
	11	Investments—publicly traded securities			1,503,637	11	1,633,611
	12	Investments—other securities See Part IV, line 11				12	<u> </u>
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,825		
	16	Total assets. Add lines 1 through 15 (must equal line 34).			5,961,161	16	6,267,086
	17	Accounts payable and accrued expenses			21,127	17	74,671
	18	Grants payable	21,127	18	74,071		
	19	Deferred revenue		•	15,054	19	36,338
	20	Tax-exempt bond liabilities		•	15,054	20	30,330
				•		-	
<u>je</u> s	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabiliti	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqualif		ees,			
<u> </u>		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third partie	s			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa	rt X of Sc	hedule		25	
	26	D			36,181	25 26	111,009
	26	Total liabilities. Add lines 17 through 25			30,161	26	111,009
A D		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	✓ and cor	mpiete			
2	27	Unrestricted net assets		_	5,415,783	27	5,581,702
<u>ව</u>	28	Temporarily restricted net assets		_	509,197	28	574,375
<u></u>	29	Permanently restricted net assets			233,107	29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌	and		23	
ō	30	Capital stock or trust principal, or current funds				30	
í	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ŝ	32	Retained earnings, endowment, accumulated income, or other f				32	
	33	Total net assets or fund balances	ullub		5,924,980	33	6,156,077
Ę				•			
	34	Total liabilities and net assets/fund balances			5,961,161	34	6,267,086

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	943,818
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		1,/	63,838
•		3		1	79,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5.9	24,980
5	Net unrealized gains (losses) on investments			<u> </u>	
_	Danish da amusa and usa affa album	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			51,117
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6,1	56,077
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved or	וו		
	▼ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	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?	:	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

DLN: 93493321089754

#### OMB No 1545-0047

#### **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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ASSOCIATED GENERAL CONTRACTORS OF AMERICA UTAH CHAPTER 87-0112641 Complete if the organization is exempt under section 501(c) or is a section 527 organization. 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 Complete if the organization is exempt under section 501(c)(3). 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Yes 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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 **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Sch	nedule C (Form 990 or 990-EZ) 2013					Page <b>2</b>
Pä	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l <b>.</b> )		(a) Filing organization's totals	( <b>b)</b> Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	000				
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
C	Total lobbying expenditures					
d	Grassroots nontaxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	TOI			
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	Amou	nt
1 a	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 Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c	)(5), oı	r sectio	on
	501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		_	3	No
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5				on .
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	NO C	ж (в) і	'art 111	L-A,
1	Dues, assessments and similar amounts from members	1		6:	31,59
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				-
а	Current year	2a			11,52
Ь	Carryover from last year	2b			
С	Total	2c			11,52
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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	3		10	09,076
	political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5		- 6	57,55!
P	art IV Supplemental Information				
	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou rt II-B, line 1  Also, complete this part for any additional information	p list),	Part II-	A, line 2	, and
	Return Reference Explanation				

201104410 3 (1 01111 3 3 0 01 3 3 0 12 ) 2 0 1 3		1 age			
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				

Schedule D (Form 990) 2013

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#### DLN: 93493321089754

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990)

Open to Public

nal Revenue Service and its insti	uctions is at <u>www.irs.gov/10riii990</u> .			nspectio	on
lame of the organization SSOCIATED GENERAL CONTRACTORS OF		Emp	loyer identification	n number	
MERICA UTAH CHAPTER			0112641		
art I Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds	or Accounts. C	omplete	ıf the
organization answered Tes to Form 5	(a) Donor advised funds		(b) Funds and other	eraccount	ts
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor adfunds are the organization's property, subject to the		nor advı	sed 「	Yes	⊢ No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be			r purpose _	_ Yes	_ No
conferring impermissible private benefit?  art III Conservation Easements. Complete	o if the organization answered "Ves"	to Form	<u>'</u>		110
Purpose(s) of conservation easements held by the Preservation of land for public use (e g , recreat Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization he	non or education)	certified	cally important lar d historic structure n of a conservation	e	
easement on the last day of the tax year			Held at the En	d of the V	
Total number of conservation easements		2a	neiu at the Em	d Of the f	eai
Total acreage restricted by conservation easement	rs.	2b			
Number of conservation easements on a certified h		2c			
Number of conservation easements included in (c) historic structure listed in the National Register	· <i>'</i>	2d			
Number of conservation easements modified, trans	ferred, released, extinguished, or terminat	ed by th	e organization dur	ına	
the tax year 🛌	,, <u>-</u>			9	
Number of states where property subject to conser	vation easement is located ►				
Does the organization have a written policy regarding enforcement of the conservation easements it holds	- · · · · · · · · · · · · · · · · · · ·	ndling of		Yes	□ No
Staff and volunteer hours devoted to monitoring, ins	specting, and enforcing conservation ease	ments d	uring the year		
Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easemen	ts durıng	g the year		
<b>▶</b> \$					
Does each conservation easement reported on line and section 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of se	ction 17		Yes	_ No
In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia				
rt III Organizations Maintaining Collecti Complete if the organization answered	ons of Art, Historical Treasures,	or Otl	ner Similar As	sets.	
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide, in Part XIII, the text of the footno	S 116 (ASC 958), not to report in its reve ssets held for public exhibition, education	, or rese	arch in furtherance		
If the organization elected, as permitted under SFA works of art, historical treasures, or other similar as service, provide the following amounts relating to the	ssets held for public exhibition, education				
(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
(ii) Assets included in Form 990, Part X			<b>F</b> \$		
If the organization received or held works of art, his following amounts required to be reported under SF.					
Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
			• т		

**b** Assets included in Form 990, Part X

<ul> <li>Using the organization's acquisition, accession, and other records, check collection items (check all that apply)</li> <li>Public exhibition</li> <li>Scholarly research</li> <li>Preservation for future generations</li> <li>Provide a description of the organization's collections and explain how the Part XIII</li> <li>During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the</li> </ul>	Loan o		wing that are	-	of its	
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how the Part XIII 5 During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the	Other	rexch	ange progran	าร		
<ul> <li>c Preservation for future generations</li> <li>4 Provide a description of the organization's collections and explain how the Part XIII</li> <li>5 During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the</li> </ul>						
<ul> <li>Provide a description of the organization's collections and explain how the Part XIII</li> <li>During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the</li> </ul>	ey further					
Part XIII  During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the	ey further					
assets to be sold to raise funds rather than to be maintained as part of the		the or	ganızatıon's	exempt purpose	ın	
· · · · · · · · · · · · · · · · · · ·				ımılar	ΓYes Γ	_ No
Part IV Escrow and Custodial Arrangements. Complete if the	organiz	ation		'Yes" to Form 9	, ,	
Part IV, line 9, or reported an amount on Form 990, Part X  1a Is the organization an agent, trustee, custodian or other intermediary for o			r other asset	s not		
included on Form 990, Part X? <b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following:	table				Yes	No
11 Tes, explain the arrangement in Fare XIII and complete the following	tubic			An	nount	
C Beginning balance			10	:		
d Additions during the year			10	ı		
e Distributions during the year			16	:		
f Ending balance			1f	:		
2a Did the organization include an amount on Form 990, Part X, line 21?				•	┌ Yes ┌	
b If "Yes," explain the arrangement in Part XIII Check here if the explanati	tion has h	een nr	ovided in Pai	+ XIII		Г
Part V Endowment Funds. Complete if the organization answer					· · · ·	
(a)Current year (b)Prior				<b>d)</b> Three years back	(e)Four year	rs back
1a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the current year end balance (line 1g	g, column	(a)) h	eld as			
a Board designated or quasi-endowment ▶						
<b>b</b> Permanent endowment ▶						
c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%						
<b>3a</b> Are there endowment funds not in the possession of the organization that	are held	and ac	lmınıstered fo	or the		
organization by				<u> </u>		No
(i) unrelated organizations				3a(		
(ii) related organizations	· · · edule R?			<u>  54(</u>	<del></del>	
4 Describe in Part XIII the intended uses of the organization's endowment f						
Part VI Land, Buildings, and Equipment. Complete if the organ 11a. See Form 990, Part X, line 10.	nızatıon	answ	ered 'Yes' t	o Form 990, Pa	art IV, line	
Description of property (a	a) Cost or o		( <b>b)</b> Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1a Land			481,55	56	4	481,556
<b>b</b> Buildings			3,208,87			886,512
c Leasehold improvements						
<b>d</b> Equipment			81,63	73,26	52	8,368
<b>e</b> Other			176,76	35,9:	11 1	140,853
<b>Total.</b> Add lines 1a through 1e <i>(Column (d) must equal Form 990, Part X, column (</i>	(B), line 1	0(c).)			3,5	517,289

See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)2001. Turus	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. C	omplete ıf the organızatı	ion answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>+</b>	
Part IX Other Assets. Complete if the organization		
(a) Descr	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
<b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property	anization answered 'Yes'	to Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		-
	1	4
	+	-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	†
Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /		

Par		<b>evenue per Audited Financial Stat</b> vered 'Yes' to Form 990, Part IV, line 1		is with kevenue	per ĸ	<b>eturn</b> Complete i
1		r support per audited financial statements			1	
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of f	acılıtıes	2b			
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII )		2d			
е	Add lines <b>2a</b> through <b>2d</b> .		<del></del>		2e	
	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
С	Add lines <b>4a</b> and <b>4b</b>				4c	
	Total revenue Add lines <b>3</b> and	d <b>4c.</b> (This must equal Form 990, Part I, line	12).		5	
art		xpenses per Audited Financial Sta		nts With Expense	s per	Return. Complet
		swered 'Yes' to Form 990, Part IV, line			1 .	T
	· ·	raudited financial statements			1	
		t not on Form 990, Part IX, line 25	1 -	I		
3		acilities	2a		_	
b			2b		_	
c			2c			
d	Other (Describe in Part XIII )		2d		4 _	
е	_				2e	
					3	
		0, Part IX, line 25, but not on line 1:	1	I		
a	·	uded on Form 990, Part VIII, line 7b			_	
b			4b		4	
<b>C</b>					4c	
		nd <b>4c.</b> (This must equal Form 990, Part I, lin	e 18 )		5	
	Supplemental Inf					
art		Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493321089754

OMB No 1545-0047

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization ASSOCIATED GENERAL CONTRACTORS OF			Employer iden	tification number
ASSOCIATED GENERAL CONTRACTORS OF AMERICA UTAH CHAPTER			87-0112641	
<b>Part I</b> Fundraising Activities. Complet Form 990-EZ filers are not required			to Form 990, Part IV	, line 17.
1 Indicate whether the organization raised funds	through any of the f	ollowing activities Che	eck all that apply	
a Mail solicitations	e	☐ Solicitation of non		
<b>b</b> Internet and email solicitations	f	Solicitation of gov		
c Phone solicitations d In-person solicitations	g	Special fundraisin	g events	
2a Did the organization have a written or oral agree or key employees listed in Form 990, Part VII				Г Yes Г No
<b>b</b> If "Yes," list the ten highest paid individuals o to be compensated at least \$5,000 by the org		rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of individual or entity (fundraiser)	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	Yes No			
2				
3				
4				
5				
6				
7				
8				
9				
10				
	🕨			
3 List all states in which the organization is registration or licensing	stered or licensed to	solicit contributions o	r has been notified it is	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundra events with gross receipts g	aising event contribut					
		3 . 3	(a) Event #1  GOLF TOURNAMENT	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))		
			(event type)	(event type)	(total number)			
₽	1	Gross receipts	98,95	5		98,955		
Revenue	2	Less Contributions						
- <u>-</u> -	3	Gross income (line 1 minus line 2)	98,95	5		98,955		
	4	Cash prizes						
	5	Noncash prizes						
nse.	6	Rent/facility costs						
Expenses	7	Food and beverages .						
Dreat -	8	Entertainment						
à	9	Other direct expenses .	91,66	4		91,664		
	10	Direct expense summary Add lin	es 4 through 9 ın columr	ı (d)		(91,664)		
	11	Net income summary Subtract lii	ne 10 from line 3, columr	n (d)	•	7,291		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep			
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>R</u>	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes %	│ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	(d)				
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)				
9 a b	Is t	er the state(s) in which the organiza he organization licensed to operate No " explain	gaming activities in eac	h of these states?		. Fyes FNo		
-		If "No," explain						
10a b		re any of the organization's gaming l	licenses revoked, suspei	nded or terminated during				
						]		

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g <sup>,</sup>			· Fyes [	– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility			<del></del>		%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name <b>▶</b>					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	<b>T</b> Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (	distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear <b>⊳</b> \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493321089754

Department of the Treasury

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

**Inspection** Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization ASSOCIATED GENERAL CONTRACTORS OF 87-0112641 AMERICA UTAH CHAPTER Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes ☐ No 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. **(b)** EIN (c) IRC Code section (d) A mount of cash (g) Description of (a) Name and address of (e) A mount of non-(f) Method of (h) Purpose of grant if applicable valuation non-cash assistance organization grant cash or assistance (book, FMV, or government assistance appraisal, other) (1) HOPE 13-1788491 501C3 20,000 SUPPORT LODGEAMERICAN CANCER ORGANIZATION SOCIETY 250 WILLAMS STREET NV ATLANTA, GA 30303 (2) FAMILY SUPPORT 87-0359719 501C3 8,621 SUPPORT CENTER ORGANIZATION 1760 W 4805 S TAYLORSVILLE, UT 841291177 

LINE 2

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

EARMARKED BY THOSE ORGANIZATIONS FOR PURPOSES GIVEN SCHOLARSHIPS ARE AWARDED TO UNDERGRADUATES MAJORING IN

CONSTRUCTION OR A CONSTRUCTION-RELATED ENGINEERING PROGRAM THE RECIPIENTS ARE DETERMINED BY A REVIEW COMMITTEE

(a)Type of grant or assistance		<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance					
		, etc.p.ee	gashi grant	non dubin dubinstanida	, appraisal, conc.,						
(1) SCHOLARSHIPS		7	10,200								
Part IV Supplemental I	nformat	ion. Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.					
Return Reference	Explanat	ion									
SCHEDULE I, PAGE 1, PART I,	GRANTS TO ORGANIZATIONS ARE PAID IN CASH FOR CERTAIN SPECIAL FUNDRAISING ACTIVITIES OR EVENTS MONIES ARE										

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DLN: 93493321089754

OMB No 1545-0047

**Compensation Information** 

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

AMERICA UTAH CHAPTER

Schedule J (Form 990)

Name of the organization ASSOCIATED GENERAL CONTRACTORS OF

**Employer identification number** 

87-0112641

Pa	rt I Questions Regarding Compensation						
					Yes	No	
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	▼ Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des			1b	Yes		
2	Did the organization require substantiation prior to redurectors, trustees, officers, including the CEO/Execu						
	directors, trustees, officers, filefading the CLO/LXecu	CIVE L	offector, regarding the items thethed in line 1a.	2	Yes		
3	Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation.	t appl	y Do not check any boxes for methods				
	Compensation committee		Written employment contract				
	☐ Independent compensation consultant	Γ	Compensation survey or study				
	Form 990 of other organizations	굣	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Pa or a related organization	art VI	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-control pa	4a		Νo			
b	Participate in, or receive payment from, a supplement	4b		Νo			
С	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must	t com	plete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the revenues of						
а	The organization?			5a			
	Any related organization?			5b			
_	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1 a	a, did the organization pay or accrue any				
а	The organization?			6a			
b	Any related organization?			6b			
	If "Yes," to line 6a or 6b, describe in Part III					_	
7		or persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed asyments not described in lines 5 and 6? If "Yes," describe in Part III					
8	Were any amounts reported in Form 990, Part VII, pa	re any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in F						
	ın Part III			8			
9	If "Yes" to line 8, did the organization also follow the is section 53 4958-6(c)?	ebutt	able presumption procedure described in Regulations	9			

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

For each individual whose compensation must be reported 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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation			
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990			
(1)RICHARD THORN PRES/CEO	(i) (ii)	153,075	25,000	14,400		31,411	223,886				
(2)JOEY GILBERT VICE PRES	(i) (ii)	120,900	15,850	12,000		26,289	175,039				

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE	TRAVEL EXPENSES WERE COVERED FOR RICHARD THORN'S WIFE SHERRIE 1 MARCH 2013, CALIFORNIA, AGC OF AMERICA ANNUAL
1A	CONVENTION ALL EXPENSES PAID 2 JUNE 2013, CHICAGO, AGC OF AMERICA EXECUTIVE LEADERSHIP CONFERENCE ALL EXPENSES
	PAID 2 SEPTEMBER 2013, WASHINGTON, DC, AGC OF AMERICA NATIONAL LEADERSHIP CONFERENCE ALL EXPENSES PAID NOTE THESE
	EXPENSES WERE NOT INCLUDED IN RICHARD THORN'S TAXABLE WAGES AS THEY WERE CONSIDERED TO BE BONA FIDE BUSINESS
	EXPENSES TRAVEL EXPENSES WERE COVERED FOR JOEY GILBERT'S WIFE BOBI 1 MARCH 2013, CALIFORNIA, AGC OF AMERICA ANNUAL
	CONVENTION ALL EXPENSES PAID NOTE THESE EXPENSES WERE NOT INCLUDED IN JOEY GILBERT'S TAXABLE WAGES AS THEY WERE
	CONSIDERED TO BE BONA FIDE BUSINESS EXPENSES

Schedule J (Form 990) 2013

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DLN: 93493321089754

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization
ASSOCIATED GENERAL CONTRACTORS OF
AMERICA UTAH CHAPTER

Employer identification number
87-0112641

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	MISCELLANEOUS OTHER PROGRAM SERVICES INCLUDING OTHER MEMBER MEETINGS AND A SCHOLARSHIP PROGRAM
FORM 990, PAGE 6, PART VI, LINE 6	ASSOCIATED GENERAL CONTRACTORS OF UTAH IS A MEMBERSHIP ORGANIZATION
FORM 990, PAGE 6, PART VI, LINE 7A	THE GENERAL CONTRACTOR MEMBERS VOTE AND ELECT BOARD MEMBERS YEARLY
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED BY THE PRESIDENT OF THE ORGANIZATION PRIOR TO FILING THE RETURN
FORM 990, PAGE 6, PART VI, LINE 15A	THE ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY ANNUAL REVIEW AND APPROVAL OF THE ORGANIZATION'S BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 15B	THE ORGANIZATION'S OFFICERS' AND KEY EMPLOYEES' COMPENSATION IS DETERMINED BY ANNUAL REVIE W AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	UNREALIZED GAINS & LOSSES 51,117

DLN: 93493321089754

OMB No 1545-0172

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates INDIRECT DEPRECIATION

**Identifying number** 

455	SOCIATED GENERAL			DIKEC	I DEFRECIAT	101			
AΜE	ERICA UTAH CHAPTE	ER							87-0112641
Pa			Certain Proper						
1	Maximum amount (s		isted property, c			ore you com	olete Part I.	1	500,000
	Total cost of section	•						2	300,000
3			•		-			3	2,000,000
4			•		•			4	2,000,000
5					•	-0- If marrie	1	<u> </u>	
Ū	filing separately, see	•						5	
	3 1 77							1	
6	(a)	Description of pi	roperty		(b) Cost (bu		(c) Elected	cost	
		· · · · · ·			on	(y)			+
									1
7	Listed property Enter	the amount from	n line 29			. 7			
8	Total elected cost o	f section 179 pro	operty Add amoun	ts ın co	lumn (c), lines	6 and 7 • •		8	
9	Tentative deduction	Enter the small	er of line 5 or line	3				9	
10	Carryover of disallov	wed deduction fro	om line 13 of your :	2012 F	orm 4562 •			10	
11	Business income lim	nitation Enter th	e smaller of busine	ss inco	me (not less th	nan zero) or lın	e 5 (see		
	ınstructions) •							11	
12	Section 179 expens	e deduction Add	d lines 9 and 10, b	ut do no	t enter more th	nan line 11		12	
13	Carryover of disallowe	d deduction to 2	014 Add lines 9 ai	nd 10, le	ess line 12	.▶ 13		•	
Not	<b>te:</b> Do not use Part	II or Part III b	below for listed p	ropert	y. Instead, u	se Part V.			
Pa	rt III Special D	epreciation A	Allowance and	Other	Depreciati	on (Do not	ınclude lısted	proper	ty ) (See instructions )
14	Special depreciation	•	ualified property (o	ther tha	n listed proper	ty) placed in s	ervice during	1	
	the tax year (see ins	•						14	
	Property subject to s	. , ,	•					15	
	O ther depreciation (							16	90,459
<b>?</b> a	MACRS De	epreciation (I	<b>Do not</b> include l		roperty. <b>)</b> (Se ction A	e instruction	ıs.)		
17	MACRS deductions	for assets place	d in service in tax :			2013		17	1,234
	If you are electing to							<del></del>	1,254
10	asset accounts, che		•		•		· —		
	Section B—Ass							preci	ation System
		1	(c) Basıs fo						
(	(a) Classification of	(b) Month and	depreciation		(d) Recovery	(-) (	(6) M - 1		(g)Depreciation
	property	year placed in service	(business/invest use	ment	period	(e) Conventi	on <b>(f)</b> Met	noa	deduction
			only—see instruc	tions)					
19a	3-year property								
	5-year property	1							
	7-year property			-					
	10-year property 15-year property			+					
	20-year property								
	25-year property	1			25 yrs		S/L		
h	Residential rental				27 5 yrs	ММ	S/L		
	property				27 5 yrs	ММ	S/L		
i	Nonresidential real				39 yrs	ММ	S/L		
	property					MM	S/L		
20-		on C—Assets Plac	ced in Service Duri:	ng 2013	Tax Year Using	g the Alternat		on Sys	tem 
	Class life 12-year	1		-+	12 yrs		S/L S/L		
	40-year			$\overline{}$	40 yrs	MM	S/L S/L		
		r <b>y</b> (see instruc	tions.)		, , .	1	1 0,2		1
	Listed property Enter		-					21	
22	Total. Add amounts fro	om line 12, lines	14 through 17, lin	es 19 a	nd 20 ın colum	nn (g), and line	21 Enter		
	here and on the appr	ropriate lines of y	your return Partne	rships a	ınd S corporatı	ons—see instr	uctions • •	22	91,693
	For assets shown above portion of the basis at			current	year, enter the	23			
	bornion of the nasis at	runarable to sec	11011 20JA CUSIS			·			1

Form 4562 (2013) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre		nd Other I																	
<b>24a</b> Do you have evider	nce to support t	the business/inv	estment u	ıse claimed	o? ┌ Yes	Гпо			24l	lf "Yes	" is th	e ev ı	dence	writter	ا ۱۵	es F	- No	ı	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	I (niisiness/investment i				(f) Recov perio	ery	(g) Method/ Convention			<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost			
<b>25</b> Special depreciation allo 50% in a qualified busi	· · · · · · · · · · · · · · · · · · ·		erty placed	in service o	during the	tax year	and u	ısed n	nore		25								
<b>26</b> Property used more	•		business	use															
		%																	
		%													$-\!\!\!\!\!+$				
<b>27</b> Property used 50%	orless in a		iness us	<u></u>	<u> </u>														
		%							_	5/L -									
		%							_	5/L -					_				
28 Add amounts in co	lumn (h.) lun		h 27 En	ter here s	and on lu	21 1	2200	1	т.	5/L - <b>28</b>									
29 Add amounts in co		_				16 21,	Jage	1						29					
29 Aud amounts in Co	Jiulilli (1), illi			—Infor		on II	· ·	• • • • • • • • • • • • • • • • • • •		· ·	•	•		29					
Complete this section	for vehicles										or re	late	d per	son					
If you provided vehicles to									eptio	n to com					ose vel	ııcles			
<b>30</b> Total business/inv			_		(a) Vehicle 1 Veh			(c) e 2 Vehicle			V	(d) ehic		1	(e) nicle 5			(f) nicle 6	
31 Total commuting miles driven during the year .																			
_								+			+					+			
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30							+							+					
	· · ·																		
<b>34</b> Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes No		Y	Yes No		Ye	Yes No		Yes No		lo Yes		No	
during off-duty ho	urs? .										$\perp$				┷	$\bot$			
<b>35</b> Was the vehicle us owner or related p		by a more th	nan 5% • •												$oldsymbol{\perp}$	丄			
<b>36</b> Is another vehicle	avaılable fo	r personal us	e? .																
<b>Section</b> Answer these question 5% owners or related	ns to determ		et an exc														mor	e than	
37 Do you maintain a	•			nibits all i	personal	use of	vehi	cles,	ıncl	luding c	omm	uting	, by v	our/	$\Box$	Yes		No	
		·											· · ·		.  -	103	+	140	
<b>38</b> Do you maintain a employees? See the													our						
39 Do you treat all us	e of vehicles	s by employe	es as pei	rsonal us	e?										.		$\top$		
<b>40</b> Do you provide movehicles, and retain	re than five	vehicles to y	our empl						ır ei	mployee	s ab	out t	he us	e of			Ť		
<b>41</b> Do you meet the re				 automobi	 le demor	• • netratio	n iici	 e2 (S	•	nstruct	one '	•	•	•	`  -		+		
Note: If your answ	•	_	•											• '	'				
	rtization	, 39, 40, 01 4	115 16:	5, 40 1101	Comple	ie Seci	.1011 E	, 101	.iie (	overeu	veiii	.165							
Part VI Allio	luzation	(b)									(e)	Т							
(a) Date  Description of costs amortization begins			(c			,	<b>(d)</b> Code		A mo		on		Λm	<b>(f</b> ) ortiza		a r			
							section period or percentage						this y		J1				
<b>42</b> A mortization of co	sts that bea	_	ur 2013	tax vear	(see inst	truction	ns)			Perc	Jiica	<u>,                                    </u>							
	<u></u>	3,7-		, .	<u> </u>					1									
												$\top$							
<b>43</b> A mortization of co	sts that beg	an before you	ır 2013 t	tax year							4	3							

44 Total. Add amounts in column (f) See the instructions for where to report