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Form **990-EZ**

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Please Address use IRS NORTH DAKOTA READY MIX & CONCRETE label or Name change PRODUCTS ASSOCIATION 45-0305812 orint or type. Initial Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific PO BOX 1076 Termin (701)223-2770Instruc City or town, state or country, and ZIP + 4 Amended F Group Exemption BISMARCK, ND 58502 Number ▶ X Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method Cash Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check > X if the organization is not Tax-exempt status (check only one) — X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check ► _____ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ 66,881. Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 33,779. 31,101. Program service revenue including government fees and contracts 2 Membership dues and assessments 3 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses 5h c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6b b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6с 7a Gross sales of inventory, less returns and allowances EIVED Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SC Other revenue (describe 8 66,881 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 10 Grants and similar amounts paid (attach schedule) OGDEN UT 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 SEE STATEMENT 1) 66,278. 16 Other expenses (describe 16 66,278. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) 102,338. 19 (must agree with end-of-year figure reported on prior year's return) 20 20 Other changes in net assets or fund balances (attach explanation) 102,941. Net assets or fund balances at end of year. Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II) (A) Beginning of year (B) End of year 114,951. 120,826. 22 22 Cash, savings, and investments 23 Land and buildings SEE STATEMENT 2) 2,027. 162. 24 24 Other assets (describe 120,988. 116,978.25Total assets . . 25 SEE STATEMENT 3) 14,640.2618,047. Total liabilities (describe 102,338.27 102,941. Net assets or fund balances (line 27 of column (B) must agree with line 21) 932171 02-08-10 Form 990-EZ (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

NORTH DAKOTA READY MIX & CONCRETE PRODUCTS ASSOCIATION

Fon	m 990-EZ (2009) PRODUCTS ASSOCIATION	CONCRETE		45-	-03058	12 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		T	xpenses
	at is the organization's primary exempt purpose? SEE STATEMENT					or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		ise manner descr	ihe	and 501(c)(4	4) organizations and
	e services provided, the number of persons benefited, and other relevan				for others)	7(a)(1) trusts, optional
	PROMOTION OF PROJECTS OF THE READY					·
	PRODUCTS INDUSTRY					
					1	
	(Grants \$) If this amount includes foreign	grants, check here	. •		28a	
29						
					} }	
	(Grants \$) If this amount includes foreign	grants, check here .			29a	
30		· · · · · · · · · · · · · · · · · · ·				
	<u></u>					
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	ليا	31a	
	Total program service expenses (add lines 28a through 31a)	_ 		<u> </u>	32	<u></u>
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en If not compensated	(See the	Instructions	for Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
	• •	position	-0)		eferred	other allowances
				com	pensation	
	RT THOMPSON	DIRECTOR		1	_	[
	370 VERMONT AVE, BISMARCK, ND 58504	1.00	0.		0.	0.
	INCE FROST, 210 12TH AVENUE NW,	PAST PRESIDEN		l	_	1
_	EST FARGO, ND 58078	1.00	0.		0.	0.
_	OHN GRASSEL	DIRECTOR		ĺ	_	
	D BOX 2594, BISMARCK, ND 58502	1.00	0.	<u> </u>	0.	0.
	OHN JUND	DIRECTOR			•	
_	9096 HOLLY ROAD, PIERRE, SD 57501	1.00	0.	ļ	0.	0.
_	AN DOSCHADIS	PRESIDENT	_	1	•	
_	D BOX 1036, MOORHEAD, MN 56561	1.00	0.		0.	0.
	EFF STUMPF, 5000 DEMERS AVENUE,	DIRECTOR		}	^	
_	RAND FORKS, ND 58201	1.00	0.	 	0.	0.
	CHRISTIANSON, 2875 3RD STREET SW,	DIRECTOR	0.	}	0.	
	NDERWOOD, ND 58576	1.00 SECRETARY - T			<u> </u>	0.
	LINT FELAND		_	l	0.	
	D BOX 1, NEW SALEM, ND 58563	1.00 VICE PRESIDEN	0.	-	<u> </u>	0.
	ARK DETTLING, 201 3RD AVE SW, ATFORD CITY, ND 58854	1.00	0.	}	0.	0.
WZ	ATFORD CITI, ND 30034	1.00	0.		<u> </u>	·
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			Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not.			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	ļ.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	ļ		
	and proxy tax requirements?	35a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	376		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9	ĺ		
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1		
704	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
Ü	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	j	•	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	Δ
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	700		
·	or disqualified persons during the year under sections 4912, 4955, and 4958	ļ		
4		'		
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. N/A			
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
8		40e		х
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	406	l	
41	The organization's books are in care of ► SUSAN RINGDAHL Telephone no ► 701-25	5-7	250	
428	Located at ► 422 N 4TH ST, BISMARCK, ND ZIP+4 ► 5	850	1	
_	At any time during the calendar year, did the organization have an interest in or a signature or other authority	030	<u> </u>	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
		42b	163	X
	account)?	420		- ^`
	If "Yes," enter the name of the foreign country	ł		
-	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c		х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	426	L	_ A
	If "Yes," enter the name of the foreign country			$\overline{}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			TV.	N.
		F	Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			v
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	1		٠,
_	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2009)

NORTH DAKOTA READY MIX & CONCRETE

Form 990-EZ (2009) PRODUCTS ASSOCIATION

Part VI Section 501(c)(3) organizations and sec

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Form 990-EZ (2009)

15 Did the organization engage in direct or indirect political campalign activities on behalf of or in opposition to candidates for public 16 did with "Yes," complete Schedule C, Part II 17 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 18 did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 19 the organization as each color as described in section 170(byt1)(s)(i)(s)? If 'Yes,' complete Schedule E 20 bit the organization size short answers to an exempt on orbardable related organization? 21 bit the organization as each organization as each organization in the engalization if there is none, enter 'None' 22 complete this table for the organization if there is none, enter 'None' 23 NATE and average hours be engalization if there is none, enter 'None' 24 Total number of other employees paid over \$100,000 25 Complete that table for the organization's five highest compensated midependent contractors who each received more than \$100,000 organization if there is none, enter 'None' 35 Complete that table for the organization's five highest compensated midependent contractors who each received more than \$100,000 organization if there is none, enter 'None' 36 Complete that table for the organization's five highest compensated midependent contractors who each received more than \$100,000 organization if there is none, enter 'None' 37 N/A 38 Name and address of each independent contractor paid more than \$100,000 40 Total number of other employees paid over \$100,000 41 Total number of other independent contractors each receiving over \$100,000 42 Total number of other independent contractors each receiving over \$100,000 43 Total number of other independent contractors each receiving over \$100,000 44 Total number of other independent contractors each receiving over \$100,000 45 Total number of other independent contractors each receiving ove	1 er	organizations and section 4947(a)(1) nonexempt charitable and 51.						
office? If "Yes," complete Schedule C, Part II 47 Iblit the organization engage in lobbying abrithas? If "Yes," complete Schedule C, Part II 48 Is the organization as school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E 49 Iblit to organization as school as described in section 170(b)(1)(A)(a)? If "Yes," complete Schedule E 49 If "Yes," was the related organization as clino 127 aprillable related organization? 50 Complete this table for the erganization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization in the expensive per week devoted to prosition N/A (b) Titls and everage hours be removed to prosition (c) Compensation to employee paid more than \$100,000 of compensation from the organization of the highest compensated independent confractors who each received more than \$100,000 of compensation from the organization of the highest compensated independent confractors who each received more than \$100,000 of compensation from the organization of the highest compensated independent confractors who each received more than \$100,000 of compensation from the organization of the highest compensated independent confractors who each received more than \$100,000 of compensation from the organization of the highest compensation of the highest compe	46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	andidates for pub	olic		Yes	No
48 Is the organization as chool as described in section 170(b)(1)(A)(iii) if "Yes," complete Schedule E 49 Jul the organization make any transfers to an exempt one-chartable related organization? 50 Complete this table for the organization if there is none, enter Wors? (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter Wors? (b) Trills and average hours per week devoked to position of the engangement of the						46		110
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Paid Preparer's signature Preparer's signature Preparer's signature Preparer's use Only Firm's name (or yours if sett-employed), address, and ZIP+4 BISMARCK, ND 58502-1297 Paid Preparer's signature O4/22/10 Check if sett-employed Preparer's identifying number (See instr.) O4/22/10 Preparer's identifying number (See instr.)	_	correct, and complete Declaration of preparer (other man officer) is based on all	accompanying schedules and statemer I information of which preparer has any	nts, and to the best o knowledge	,			
Preparer's Use Only Gathar O4/22/10 employed Imm's name (or yours if sethemployed), address, and ZP+4 BISMARCK, ND 58502-1297 D4/22/10 employed Imm's name (or yours if sethemployed), address, and ZP+4 BISMARCK, ND 58502-1297 T0. T01-223-1717		Clist Feland, pres			·		<u></u>	
Firm's name (or yours is self-employed). BRADY, ATARTZ & ASSOCIATES, P.C. Phone Prone Pr	Prepa	rer's Patrole Harrow	04/22/10 em	ployed 🕨 🔲	· · · · ·	number (See instr	r)
address, and ZIP+4 BISMARCK, ND 58502-1297 no. 701-223-1717	U38 U	Firm's name (or yours BRADY, ATARTZ & ASSOCIA	ATES, P.C.	<u></u>				
BISHARCK, ND 30302-1231			1007			2.2	1 7 1	7
					701 2			7 □ No

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	e of organization NORTH D	AKOTA READY MIX	& CONCRETE	Emple	oyer identification number
		S ASSOCIATION_			<u>45-0305812</u>
Pa	rt I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities	In Part IV.	
Pa	rt I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				1/0)
		ganization is exempt und			
	Enter the amount directly expende				
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities	-		▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	ind on Form 1120-POI		
	line 17b		•	- \$	
	Did the filing organization file Form			to the terms of the terms	Yes No
5	Enter the names, addresses and er For each organization listed, enter that were promptly and directly del (PAC) If additional space is needed	the amount paid from the filing o livered to a separate political orgi	rganization's funds. Al	iso enter the amount of politi	cal contributions received
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
_					

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

Schedule C (Form 990 or 990-EZ) 2009

NORTH DAKOTA READY MIX & CONCRETE

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the org			n 501/a/(2) and 51	45-	0305812 Page 2
(election under sec		empt under secut	on suricits) and me	ea rom 5/68	
A Check ▶ ☐ if the filing organizat		ffiliated group.			
B Check 🕨 🛄 if the filing organizat	tion checked box A	and "limited control" pr	ovisions apply.		
	ts on Lobbying Exp litures" means amo	enditures ounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislative b	ody (direct lobbying) .			
c Total lobbying expenditures (add li					ļ
d Other exempt purpose expenditure	es		<u> </u>		<u> </u>
e Total exempt purpose expenditure	•	•			<u> </u>
1 Lobbying nontaxable amount. Ente				·····	
If the amount on line 1e, column (a) o	· · · }	obbying nontaxable an	11		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,000		000 plus 15% of the ex			,
Over \$1,000,000 but not over \$1,5		000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,		000 plus 5% of the exc	ess over \$1,500,000.	•	, ,
Over \$17,000,000	\$1,000	0,000.			,,
- Cross-sta contavable amount (on	tor OFOC of the 10				
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero 			•		
i Subtract line 1f from line 1c. If zero		•	•		
j If there is an amount other than zer	•	or line 1), did the organi:	zation file Form 4720		
reporting section 4911 tax for this		or mile ri, die me ergam	edion mo rom. 1120		Yes No
		veraging Period Unde	r Section 501(h)		
(Some organiz co	ations that made a	section 501(h) election	on do not have to comp es 2a through 2f on pa	lete all of the five ge 4.)	
	Lobbying Exp	enditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount				· · · · · · · · · · · · · · · · · · ·	
b Lobbying ceiling amount					
(150% of line 2a, column(e))	<u></u>				
c Total lobbying expenditures	· · · · · · · · · · · · · · · · · · ·				
d Grassroots nontaxable amount		<u></u>			
e Grassroots ceiling amount					
(150% of line 2d, column (e))					+
f Grassroots lobbying expenditures					

NORTH DAKOTA READY MIX & CONCRETE

45-0305812 Page 3

Schedule C (Form 990 or 990-EZ) 2009 PRODUCTS ASSOCIATION 45-030581

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			(a))
		Yes	No	Amo	ount
1 Du	uring the year, did the filing organization attempt to influence foreign, national, state or				`
loc	cal legislation, including any attempt to influence public opinion on a legislative matter				
or	referendum, through the use of:	Ì			
a Vo	olunteers?				
b Pa	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				···-
c M	edia advertisements?				
d Ma	allings to members, legislators, or the public?				
	ublications, or published or broadcast statements?	ļ			
	rants to other organizations for lobbying purposes?	ļ	<u> </u>		
-	rect contact with legislators, their staffs, government officials, or a legislative body?	 	 		
	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		 		
	her activities? If "Yes," describe in Part IV		·		
-	otal. Add lines 1c through 1i				
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	,		
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ	·····	
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F01/a	VE) 27 22	<u></u>	
Part II	I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(C	(o), or se	ction	
				Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?		1		X
2 Di	d the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3_ Di	d the organization agree to carryover lobbying and political expenditures from the prior year?		3		X
1 Du	"Yes." ues, assessments and similar amounts from members		1		
2 Se	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal			
ex	penses for which the section 527(f) tax was paid).				
a Ct	urrent year		2a		
b Ca	arryover from last year		_2b		
c To	otal		2c		
3 Ag	ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_		- <u>-</u>
_	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
4 If	bes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
4 If					
4 If i	penditure next year?		4		
4 If it do ex	exable amount of lobbying and political expenditures (see instructions)		4 5		
4 If idea	exable amount of lobbying and political expenditures (see instructions)	· · · · · · · · · · · · · · · · · · ·			
4 If I do ex 5 Ta	exable amount of lobbying and political expenditures (see instructions)	nd Part II-B	5	o, complete	this part
4 If I do ex 5 Ta Part I'	xable amount of lobbying and political expenditures (see instructions) Supplemental Information	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'Complet	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'Complet	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II·B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part
4 If I do ex 5 Ta Part I'	wable amount of lobbying and political expenditures (see instructions) Supplemental Information te this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and	nd Part II-B,	5	o, complete	this part

FORM 990-EZ	OTHER EXPENSES	· · · · · · · · · · · · · · · · · · ·	STATEMENT	1
DESCRIPTION			AMOUNT	
MEMBERSHIP PLAQUES			29	7.
SUMMER OUTING EXPENSES			2,69	
DUES AND SUBSCRIPTIONS				33.
NDCC EXPENDITURES			32,50	
CONVENTION PROFESSIONAL FEES			10,43	0.
ACI TESTING EXPENSES			16,13	
WEBSITE EXPENSE				10.
MISCELLANEOUS			1,70	
OFFICE SUPPLY EXPENSE				3.
BAD DEBT			1,23	
TOTAL TO FORM 990-EZ, LINE 16			66,27	8.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	ıR
ACCOUNTS RECEIVABLE/PREPAIDS		3,422.	2,35	<u> </u>
ALLOW FOR BAD DEBTS		<1,395.>		
				
TOTAL TO FORM 990-EZ, LINE 24		2,027.	16	2.
FORM 990-EZ	OTHER LIABILITIES		STATEMENT	3
DESCRIPTION		BEG. OF YEAR	END OF YEA	\R
SCHOLARSHIP FUND PAYABLE		13,471.	11,98	 88 -
DEFERRED REVENUE		790.		0.
ACCOUNTS PAYABLE		379.	5,68	
TOTAL TO FORM 990-EZ, LINE 26		14,640.	18,04	7.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMENT		
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]	YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

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STATEMENT

5

TO PROMOTE PROJECTS OF THE READY MIX CONCRETE AND CONCRETE PRODUCT INDUSTRY & TO RENDER SERVICES OF AN EDUCATIONAL NATURE WITH RESPECT TO THIS INDUSTRY