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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Form 990-EZ

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)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements

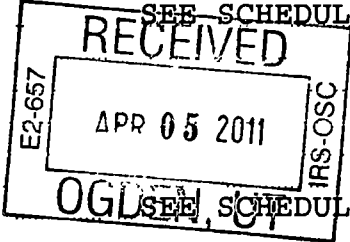
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending
B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending
C Name of organization: ASCC EDUCATION, RESEARCH AND DEVELOPMENT FOUNDATION
D Employer identification number: 36-3590299
E Telephone number: 314-962-0210
F Group Exemption Number
G Accounting Method: X Cash
H Check if the organization is not required to attach Schedule B
I Website: N/A
J Tax-exempt status (check only one) - X 501(c)(3)
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 55,603.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 55,603. Total expenses is 56,840. Net assets at end of year is 494,459.



SCANNED APR 19 2011

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	456,184. 22	463,797.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	39,600. 24	30,750.
25 Total assets	495,784. 25	494,547.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	88. 26	88.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	495,696. 27	494,459.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)
28 PLEDGE TO NATIONAL STEERING COMMITTEE TO PROMOTE CONCRETE EDUCATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 25,000.
29 PLEDGE TO AMERICAN CONCRETE INSTITUTE FOR DEVELOPMENT OF CONCRETE TECHNOLOGY. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 10,000.
30 SCHOLARSHIP TO MIDDLE TENNESSE STATE UNIVERSITY TO PROMOTE CONCRETE EDUCATION (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 15,000.
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 50,000.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
D. THOMAS RUTTURA, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	PRESIDENT	0.	0.	0.
MICHAEL J. SCHNEIDER, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	SECRETARY/TREASURER	0.	0.	0.
ALAIN BAYOUD, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
EUGENE H. BOEKE, JR., 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
PETER EMMONS, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
CLAY FISCHER, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
BRAD D. INMAN, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
EUGENE MARTINEAU, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
ELDON TIPPING, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
SCOTT WINKLER, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	DIRECTOR	0.	0.	0.
BEV GARNANT, 2025 S. BRENTWOOD BLVD., SUITE 105, ST. LOUIS, MO	EXECUTIVE DIRECTOR	0.	0.	0.

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

Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 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, explain in Schedule O why the organization did not report the income on Form 990-T.
 - a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?
 - b If "Yes," has it filed a tax return on Form 990-T for this year?
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | _____ 0.
 - b Did the organization file Form 1120-POL for this year?
- 38 a 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 tax year covered by this return?
 - b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | _____ N/A
- 39 Section 501(c)(7) organizations. Enter:
 - a Initiation fees and capital contributions included on line 9 39a | _____ N/A
 - b Gross receipts, included on line 9, for public use of club facilities 39b | _____ N/A
- 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0. ; section 4912 ▶ _____ 0. ; section 4955 ▶ _____ 0.
 - b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
 - c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.
 - d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0.
 - e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
- 41 List the states with which a copy of this return is filed. ▶ IL
- 42 a The organization's books are in care of ▶ BEVERLY GARNANT Telephone no. ▶ 314-962-0210
 Located at ▶ 2025 SOUTH BRENTWOOD BLVD., SUITE 105, ST. LOUIS ZIP + 4 ▶ 63144
 - b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | _____ N/A

	Yes	No
33		X
34		X
35a		X
35b	N/A	
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40e		X
42b		X
42c		X
44a		X
44b		X
44c		X
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Yes No
 Signature of officer: *Beverly Garnant* Date: *3-30-2011*
 Type or print name and title: **BEVERLY GARNANT, EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name MARK E. MERSMANN	Preparer's signature <i>Mark E. Mersmann</i>	Date 03/28/11	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ KIEFER BONFANTI & CO. LLP	Firm's EIN ▶		Phone no. (314) 812-1100	
Firm's address ▶ 701 EMERSON ROAD, STE 201 ST. LOUIS, MO 63141-6741				

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

ASCC EDUCATION, RESEARCH

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	47,275.	198,300.	144,351.	108,575.	46,225.	544,726.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	47,275.	198,300.	144,351.	108,575.	46,225.	544,726.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						544,726.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	47,275.	198,300.	144,351.	108,575.	46,225.	544,726.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,450.	9,313.	7,919.	12,354.	9,378.	42,414.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,450.	9,313.	7,919.	12,354.	9,378.	42,414.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	50,725.	207,613.	152,270.	120,929.	55,603.	587,140.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	92.78 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	93.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	7.22 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	6.35 %

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **ASCC EDUCATION, RESEARCH
AND DEVELOPMENT FOUNDATION** Employer identification number
36-3590299

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	9,378.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION:

GRANTEE NAME: MIDDLE TENNESSEE STATE UNIVERSITY

GRANTEE ADDRESS: 1301 EAST MAIN STREET MURFREESBORO, TN 37132

DATE OF GIFT: 07/19/10

AMOUNT GIVEN: 15,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: NATIONAL STEERING COMMITTEE

GRANTEE ADDRESS: P.O. BOX 19 - MTSU MURFREESBORO, TN 37132

DATE OF GIFT: 05/03/10

AMOUNT GIVEN: 25,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: AMERICAN CONCRETE INSTITUTE

GRANTEE ADDRESS: 38800 COUNTRY CLUB DRIVE FARMINGTON HILLS, MI 48331

DATE OF GIFT: 04/14/10

AMOUNT GIVEN: 10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 50,000.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
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Name of the organization **ASCC EDUCATION, RESEARCH AND DEVELOPMENT FOUNDATION** Employer identification number **36-3590299**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
BANK SERVICE CHARGES	81.
LICENSES & FEES	115.
MISCELLANEOUS	73.
BAD DEBT EXPENSE	5,000.
TOTAL TO FORM 990-EZ, LINE 16	5,269.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	39,600.	30,750.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	88.	88.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO CONDUCT EDUCATIONAL RESEARCH FOR SCIENTIFIC PURPOSES AND TO PUBLISH THE RESULTS, PROVIDE FINANCIAL SUPPORT TO EDUC. INSTIT. & PROVIDE SCHOLARSHIPS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.