

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



Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the 2	012 calend	dar year, or tax year beginning , 2012, and ending		,	
	Check if app		C	D Employ	er Identificati	ion Number
	Address	s change	READY MIXED CONCRETE RESEARCH	52-	1680963	3
	Name o	ŭ	AND EDUCATION FOUNDATION, INC.	E Telepho		
	initial re	•	900 SPRING STREET	(24)	0) 485-	-1150
	Termina		SILVER SPRING, MD 20910		3, 100	
	\vdash	ed return		G Gross re	acainte S	9,886,285
	H-1	ition pending	F Name and address of principal officer JULIE GARBINI H(a)) Is this a group retur		1 1 1 1 1
	Аррііса	ition pending	COLL GIRDINI	•		
	Tax-exem	not etatue	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527	 Are all affiliates inclif 'No,' attach a list 	(see instruction	ons) Little Litt
<u>' </u>		•			. •	
J	Website			c) Group exemption nu		
K		rganization	X Corporation Trust Association Other ► L Year of Formation	1990 Ms	tate of legal o	domicile MD
ra		Summar	<u> </u>	ETON TO DE	DICIE	
			be the organization's mission or most significant activities THE FOUNDA			
ce			G AND STRENGTHENING THE READY MIXED CONCRETE INI	DOSTRY_THRO	JOPH TN	DEPENDENT_
Activities & Governance	KĒ	PFWKCH	AND QUALITY EDUCATION PROGRAMMING.			
/eri	2 Che	eck this bo	ox If the organization discontinued its operations or disposed of more	than 25% of its	not accote	
Ĝ			oting members of the governing body (Part VI, line 1a)	1112176 01 113	3	, 2
≪ಶ			dependent voting members of the governing body (Part VI, line 1b)		4	2
ies			of individuals employed in calendar year 2012 (Part V, line 2a)		5	_ _
₹	6 Tot	al number	of volunteers (estimate if necessary)		6	
Ac			ed business revenue from Pa <u>rt VIII, column (C), line 12</u>		7 a	0
	b Net	unrelated	business taxable income from Farm 990-7 mne 34 = F		7 b	0
				Prior Year		Current Year
a			and grants (Part VIII, line 1h)	230,7	09.	1,116,246
Š			vice revenue (Part VIII, line 299). AUG 1 3 2013			
Revenue			icome (Part VIII, column (A) Illines 3, 4, and 70)	1,077,8		777,726
œ	11 Oth	er revenu	e (Part VIII, column (A), lines 5, 6d(3C3C FULL and Tre) — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,7		
	 			1,355,3		1,893,972
			ımılar amounts paid (Part IX, column (A), lines 1-3)	1,214,9	50.	1,178,750
Ì			to or for members (Part IX, column (A), line 4)			
s	15 Sal	aries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	424,7	03.	417,359
Expenses	16a Pro	fessional	fundraising fees (Part IX, column (A), line 11e)			
be	b Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ►	ki adžiti.	Arra Sale	
Щ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	319,2	26	296,765
			es Add lines 13-17 (must equal Part IX, column (A), line 25)	1,958,8	-	1,892,874
			expenses Subtract line 18 from line 12	-603,5		1,098
8 8	15 1101	rende less		Beginning of Curren		End of Year
Assets (20 Tot	al assets i	(Part X, line 16)	14,181,9		14,810,002
₽ B			s (Part X, line 26)	182,0		57,660
ž.Š			fund balances Subtract line 21 from line 20			
Ďá				13,999,9	31.	14,752,342
		Signatur				
comp	r penaities o dete Declara	ation of prepa	eclare that I have examined this return, including accompanying schedules and statements, and to the irer (other than officer) is based on all information of which preparer has any knowledge	best of my knowledge	and belief, it	is true, correct, and
			Chile Codias	8/4	112	
Sig	n	Signatu	re di difficer	Date	//3	
oıy Hei	re re	JUL	IE GARBINI H	EVECUMENT I	STDECTIC	מו
			print name and title	EXECUTIVE I	JIRECIC	<u></u>
			reparer's name Preparer's signature Date	Observation	, PTIN	· · · · · · · · · · · · · · · · · · ·
				Check	J 'f [' '''``	
		1 .	7/30//3	? ` `	100	1050175
Pai		MITCHE	ELL A. FREED, CPA With Freed, CPA 7/30/13	self-employ	ed PO	1059175
Pai Pre	parer	MITCHE Firm's name	T&F CERTIFIED PUBLIC ACCOUNTANTS LLC			
Pai Pre		MITCHE	T&F CERTIFIED PUBLIC ACCOUNTANTS LLC 2 PROFESSIONAL DR STE. 230	self-employ	► 45-49	991133
Pai Pre Use	eparer e Only	MITCHE Firm's name Firm's addre	T&F CERTIFIED PUBLIC ACCOUNTANTS LLC		► 45-49 (240)	

	990 (2012) READY MIXED CONCRETE RESEARCH	52-16	809	63	F	age 2
Par	till Statement of Program Service Accomplishments	-				
	Check if Schedule O contains a response to any question in this Part III					X
1	Briefly describe the organization's mission.					
	THE FOUNDATION IS DEDICATED TO ENHANCING AND STRENGTHENING THE R			CON	CRET	E
	INDUSTRY THROUGH INDEPENDENT RESEARCH AND QUALITY EDUCATION PROG	RAMMINO	·			
				_		
2	Did the organization undertake any significant program services during the year which were not listed on the pr	ior		.,		NI -
	Form 990 or 990-EZ?			Yes	X	No
•	If 'Yes,' describe these new services on Schedule O			V	1	N1 -
3	Did the organization cease conducting, or make significant changes in how it conducts, any program significant changes in how it conducts.	ervices?	Ш	Yes	A	No
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices, as m	neasur	ed by	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount cothers, the total expenses, and revenue, if any, for each program service reported	f grants and	alloca	ations t	0	
	others, the total expenses, and revenue, if any, for each program service reported					
12	(Code) (Expenses \$ 1,353,474. including grants of \$ 1,000,000.)	Povonuo	Ġ			
4 a	MASSACHUSETTS INSTITUTE OF TECHNOLOGY CONCRETE SUSTAINABILITY HU		٧			—,
	MASSACHOSETTS INSTITUTE OF TECHNOLOGY CONCRETE SUSTATINABILITY HO	<u> </u>				· – – –
	RESEARCH AT THE CONCRETE SUSTAINABILITY HUB (CSH) WILL INITIALLY	BE ODO	י דות גי		A DOI	
	THREE FOCUS AREAS: CONCRETE MATERIALS SCIENCE, BUILDING TECHNOL				TVOO	
	ECONOMETRICS OF SUSTAINABLE DEVELOPMENT. THE FIRST TWO PROJECTS					
	SCIENCE", AND "THE EDGE OF CONCRETE: A LIFE-CYCLE INVESTIGATION CONCRETE STRUCTURES" ARE ALREADY UNDERWAY. THESE PROJECTS WILL			7 WIN	<u> </u>	
		FOCUS_0				
	UNDERSTANDING AND ENHANCING THE SUSTAINABLE NATURE OF CONCRETE.					
						·
						. -
	(Code) (Funerace & 0.000 maludas assets of & 70,000) (<u>~</u>			
40	(Code) (Expenses \$96,092. including grants of \$98,902.)	Revenue	ې	· · · · · ·		
	SEE SCHEDULE O					
					-	
			-			·
						. – – –
						. – – –
			-			
	(O-1-) (T-1-)					
4 C	(Code) (Expenses \$ 91,340. including grants of \$ 75,000.)	Revenue	۶)
	SEE_SCHEDULE_O					. -
		~				
						. _
		 -			-	. – – –
						. – – –
	Other program services. (Describe in Schedule O) SEE SCHEDULE O					
70	(Expenses \$ 30,262. including grants of \$ 24,848.) (Revenue \$				`	
4 e	Total program service expenses ► 1,571,168.				<u>/</u>	
	1,3/1,100.			Eorn	000	(2012)

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
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_		Х
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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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		X
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	х	
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	4		
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
1	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? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
•	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	11 c		Х
(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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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	11 f	Х	
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
ļ	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
I	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		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		Х
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		Х
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		X
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) READY MIXED CONCRETE RESEARCH

Part W Checklist of Required Schedules (continued)

10 /441	Tooking of Hodging College Col		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	NO
22	Did the organization report more than \$5,000 of grants and 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		
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	X	
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	24a		Х
t	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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		Х
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):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29_		_ <u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf '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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	990	(2012)

Form 990 (2012) READY MIXED CONCRETE RESEARCH Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0		·3.**) 注	
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	363	<u>.</u>
	a 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 2 a 0			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	322	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			i (K
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
	a 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)?	4a	C4692	X
	b If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		*	
5 -	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	2"	_ <u>x</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	a 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?	6 a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	, ş.,		
i	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?	7 a		X
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		32° G	\$\$.\$
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
(g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		. 1°1'g
9	Sponsoring organizations maintaining donor advised funds.		Ş	
á	a Did the organization make any taxable distributions under section 4966?	9a		
ł	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
0	Section 501(c)(7) organizations. Enter:		V	4
	a Initiation fees and capital contributions included on Part VIII, line 12			44-3
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
_	a Gross income from members or shareholders		数 \	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	- 7		.{,¥,
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		4	,~ ;
	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	أدسيا
á	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	```	, ,	
	b 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 13b		`; .	*
	c Enter the amount of reserves on hand	\ \ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	<u>*</u>	v
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b	990 ((2017
23	TECANINEL NO/NO/12	FORM	. ww. (/111/

BAA

Form 990 (2012)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 1 t 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body? 8 b X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 10 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х Х 13 Did the organization have a written whistleblower policy? 13 \overline{X} 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15_b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MD Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website Other (explain in Schedule O) X Upon request 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization EXECUTIVE DIR. 900 SPRING STREET SILVER SPRING MD 20910 (240) 485-1150

TEEA0106L 08/08/12

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

Check if Schedule O contains a response to any question in this Part VII

X

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

- 1 a 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization r	nor any rela	ted or	ganı	zatio	n cc	mpens	sated	d any current officer, di	rector, or trustee	
				((;)					
(A) Name and Title	(B) Average hours per week (list	one b	ox, un cer an	less d a d	perso	k more ton is botor/truste	h an e)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
SEE SCHEDULE O	any hours for related organiza- tions below dotted line)	or director	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) WILLIAM F. CHILDS, IV	0.5							-		
CHAIRMAN	0	Х		X				0.	0.	0.
(2) RICHARD OLSEN	0.5									
VICE CHAIRMAN	0	X		Х				0.	0.	0.
(3) TIM_BECKEN	0.5									
TREAS/SECTRY	0	Х		Х				0.	0.	0.
(4) DAVID LOOMES	0.5	1								
TRUSTEE	0	Х						0.	0.	<u> </u>
(5) SCOTT PARSON	0.5	1								
TRUSTEE	0	Х						0.	0.	0.
_(6)_MIKE_RAGAN	0.5	1			i					
TRUSTEE	0	X						0.	0.	0.
(7) HENRY R. BATTEN	0.5	1								
TRUSTEE	0	X	Щ		ļ			0.	0.	<u> </u>
(8) PHIL RAMSEY	_0.5_	ļ								
TRUSTEE	0	X						0.	0.	0.
(9) DAVID ROBISON	0.5	1								
TRUSTEE	0	X						0.	0.	0.
(10) DIGGS BISHOP	_0.5_	ļ							-	
TRUSTEE	0	X						0.	0.	<u>0.</u>
(11) ALEX CAR	_0.5_									
TRUSTEE	0	X						0.	0.	0.
(12) TED CHANDLER	_0.5_	1								
TRUSTEE	0	Х						0.	0.	0.
(13) THOMAS A. CHIZMADIA	0.5_	1								
TRUSTEE	0	X	Ш				<u> </u>	0.	0.	0.
(14) JAMIE ROGERS	0.5	ļ								
TRUSTEE	0	X			L	L		0.	0.	0.

Part VIII Section A. Officers, Directors, Trus		Key	Em	plo	oye	es, a	and	Highest Con	pensated Emp	loyees (cont)			
(B) (C)													
(A) Name and title		Вох	, unle	Pos heck	sition more erson direct	h b the strain of the strain o	h an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations			
(15) WILLIAM J. SANDBROOK TRUSTEE	_0.5	х						0.	0.	0.			
(16) GABRIEL COTTRELL TRUSTEE	0.5	Х						0.	0.	0.			
(17) R. FRANK CRADDOCK TRUSTEE	0.5	Х						0.	0.	0.			
(18) RAYMOND H. SEIPP TRUSTEE	_0 <u>.5</u> _0	Х						0.	0.	0.			
(19) RIC SUZIO TRUSTEE	0. <u>5</u> 0	Х						0.	0.	0.			
(20) KEVIN FLAHERTY TRUSTEE	0. <u>5</u> 0	Х						0.	0.	0.			
(21) ROBERT GARBINI TRUSTEE	_0. <u>5</u> 0	Х						0.	0.	0.			
(22) ALLEN HAMBLEN TRUSTEE	_0.5 _0	Х						0.	0.	0.			
(23) WILLIAM B. WAGNER TRUSTEE	0.5	х						0.	0.	0.			
(24) MATTHEW WOOD TRUSTEE	0.5	X						0.	0.	0.			
(25) HARDY JOHNSON TRUSTEE	_0. <u>5</u> 0	х						0.	0.	0.			
1 b Sub-total							>	0.	0.	0.			
c Total from continuation sheets to Part VII, Section	A						>	0.	345,814.	38,280.			
d Total (add lines 1b and 1c)							>	0.	345,814.	38,280.			
2 Total number of individuals (including but not limited to from the organization ▶ 0	those In	sted	abov	ve) v	who	receiv	ved	more than \$100,00	0 of reportable comp	ensation			

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
	on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
7/4		15.7
3		X

4	Х	
e de la como	4.4	- Saban
5		X

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0



Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service Name of the Organization

Employler Identification number

READY MIXED CONCRETE RESEARCH

Part VIII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Employees														
(A)	(B)		(C				(D)	(E)	(F)					
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	,	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations					
JULIE GARBINI	0													
EXECUTIVE DIR. JENNIFER LEFEVRE	40 0		Х				0.	236,393.	21,416.					
PROGRAM DIRECTOR	40				Х		0.	109,421.	16,864.					
					-									
								<u> </u>	orm 990 Cont 2012					

`	T V	Check if Schedule O		onse to any quest	ion i	n this	Part	VIII											П
. 45		, *			Τ		A)			exe	ted or mpt			(C) Unrel busin revei	ated iess		exclud	(D) evenuled from	om tax
<u>*</u>	\	· i i	*	· •							enue						512,	513, c	or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns Membership dues	1 a 1 b				Q.	4	*^	,	٠		*	٥	*		è	% 5 /	
S, GIFTS MILAR A	d	Fundraising events. Related organizations	1c 1d		P	**	4	* %	**		٠			**	*	ji.	\$	×.	() A
BUTION THER SI	f	Government grants (contributions, gifts, contributions, gifts, con	grants, and		5.	*4	, ,	.¥	*		.ŝ		,	4	20 (Z) - (Z)	. 4		e e e e e e e e e e e e e e e e e e e	
ONTR ND O	g	similar amounts not included Noncash contributions include	LL	1,116,246.	<u>}</u> ,,	. 4	~.}	ð	j ;		, į	~	*	**	, k 2	~&	460	.44,7	*** ** *.
	h	Total. Add lines 1a-1f			1	1,11	6,2	46.						,		,			· · · · · · · · · · · · · · · · · · ·
PROGRAM SERVICE REVENUE				Business Code		- 93	12	* #	1/2	,	А ""	-75	\$ 7 ₀ ,*	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	> % co-	÷	on Aller	- M. W.	1100
Æ	2 a				⊢														
3		'		<u> </u>	╁														
SE	d	, 			┼┈														
₹	e	,		·	 														
8	f	All other program service	ce revenue														-		
<u> </u>	g	Total. Add lines 2a-2f		•					. ,		ž,	2%,	*	27**	**>	\$100	7	- C	**
	3	Investment income (incother similar amounts) Income from investment		44	8,2	76.							_		4	48,	<u> 276.</u>		
	5	Royalties	it of tax oxompt	> Don'a proceeds ►															
	-		(ı) Real	(II) Personal	3/47		<u>%</u>					28/5	***	777,7		. 230			
	6 a	Gross rents			ăÿ.	- 0	8 3	~~	, sêr	284;		, À	₩.	4 % %%	*	· 🔏		4.74	£34
	b	Less rental expenses] 🦼	30-7"			l		*				** }	~	*** ***	* ·	,2,
		: Rental income or (loss)					W	Çî;	Tipe.	- Ç	App.	\$%	2.	8 ~	\$	- 48	- 3 9	· \$4	
	d	Net rental income or (lo																	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		1 /4	7488	(3)	-		~		,		*,	*	7	*, *	
		assets other than inventory	8,321,763.				ij	441	Š	ěž.	3/	٤	, 1/2	ng ,	4 %	嬶		r signic	
	b	Less: cost or other basis and sales expenses	7 000 212		20 .	Ŕá	24	. \$	2.	***	-	si ²	×ķ	- K) j	νá		åt,	
	c	Gain or (loss)	7,992,313. 329,450.			÷ ¥	- 7			-	ê		^'		*	***	10 00	,,,,	,, ·
		Net gain or (loss)	329,430.	•		32	9,4	 50			ستمع	ندئسم					<u> </u>	220	450.
	8a	Gross income from fund	draising events		4		ر ر	<u>30.</u>	e i	48)	- 325 5	<u></u>	100	All Bray	· ·			<u>'25,</u>	130.
OTHER REVENUE		(not including \$;	Ĵ	a.	5.70	«	en e	1	*		* /	,	- 1 -
₩.		of contributions reporte	d on line 1c)		1 19	٠,٠,	*	ĝé	•	442	40	*	- 899	9.	9	1	*:	¥	gl.
25		See Part IV, line 18	a		~~	· i	è	**	١,		3.3	*	Ž.	4	e ij	4	* *		ર્જે .
5		Less: direct expenses Net income or (loss) fro	b b fundraiona a								<i>></i> .						- P		
		Gross income from gan See Part IV, line 19	_	/ents -	14g .	A	\$4	3		-	·养,	7	**	^1 28	Žų.	44	* /	, -	·\$.
		Less. direct expenses	b							204		. 20		3.3	i				î.
	С	Net income or (loss) fro	om gaming activi	ties •	<u> </u>							208.0		\ 27 7 (0)		-3864	×		<u></u>
		Gross sales of inventory and allowances	а					~%	<u></u> }2	\$		3:3	# \$\bar{g} \bar{g}\$	(25	***	≰ 1	- 3	47.4	
		Less: cost of goods sold			Ĺ						*	*			, , , , , , , , , , , , , , , , , , ,	\$5°	, jl/s 	4.34 	2 . 1
	<u>c</u>	Net income or (loss) fro																	
	11 a		ue	Business Code	 							-				-			,
	ııd h				-											-			
	c										_					-			
	d	All other revenue					-	<u> </u>							\dashv				
	е	Total. Add lines 11a-11	d	•	1-											-			
	12	Total revenue. See inst	ructions		1	.,89	3,9	72.				0.				0.	7	77,	726.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 1,2 1,178,750 1,178,750 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. trustees, and key employees 236,240 170,093 66,147 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages 132,595 80,263 52,332 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 6,557 2,426. 4,131 Other employee benefits 21,674. 11,741. 9,933. Payroll taxes 20,293 13,457 6,836. 11 Fees for services (non-employees) a Management **b** Legal c Accounting 35,965. 35,965 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 74,118 74,118 g Other. (If line 11g amt exceeds 10% of line 25, col-105,000 105,000 umn (A) amt, list line 11g expenses on Sch O) 12 Advertising and promotion 13 Office expenses 10,218 10,218 Information technology 14 15 Royalties. 16 Occupancy 17 30,661 7,733 22,928 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 574 574 20 Interest Payments to affiliates Depreciation, depletion, and amortization 23 Insurance 5,227 5,227 24 Other expenses Itemize expenses not , ž. l covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a PLEDGE WRITEOFFS 26,250 26,250 b CREDIT CARD FEES 3,855 3,855 c DUES AND SUBSCRIPTIONS 2,650 2,650 d POSTAGE AND SHIPPING 1,052 1,052 e All other expenses 1,195 1,195 25 Total functional expenses. Add lines 1 through 24e 1,892,874 1,571,168 321,706. 0. 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)

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments 777,373 2 1,415,839. 3 Pledges and grants receivable, net 663,559 3 1,190,223. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complèté Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 229,167 291,667. 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 80,000. b Less. accumulated depreciation 10b 80,000 10 c Investments - publicly traded securities. 11 12,276,750 11 11,843,545. 12 Investments - other securities See Part IV. line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 235,122 68,728. 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,181,971 16 14,810,002. Accounts payable and accrued expenses 17 17 182,040 57,660. 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 A B I Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 Total liabilities. Add lines 17 through 25 182,040 26 57,660 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 446,159 27 163,160. Temporarily restricted net assets 28 28 13,553,772 14,589,182. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 13,999,931 14,752,342<u>.</u>

BAA

34

Total liabilities and net assets/fund balances

14,181,971

34

		2-1680	963	Page 12
Par	t®XI® Reconciliation of Net Assets		,	
٠	Check if Schedule O contains a response to any question in this Part XI			$_{-}$ \Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,893	,972.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,892	,874.
3	Revenue less expenses Subtract line 2 from line 1	3		,098.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	13,999	
5	Net unrealized gains (losses) on investments	5	811	,313.
6	Donated services and use of facilities	6	-60	,000.
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,752	,342.
Par	tiXIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
		-	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		9200	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a 2	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a		Ž.
	X Separate basis Consolidated basis Both consolidated and separate basis			M-10/202-10
ь	were the organization's financial statements audited by an independent accountant?		2 Б	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate		
	X 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 of the au review, or compilation of its financial statements and selection of an independent accountant?	dıt,	2c 3	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 a	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?	Э	3 a	Х
b	old 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
3AA			Form 99	(2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC 52-1680963 |Part,I,2| Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly 11 supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II Type III - Functionally integrated d Type III - Non-functionally integrated C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the (vi) is the organization in column (i) listed in your governing document? organization in column (i) organized in the support Yes Yes Yes No No No (A) (B) (C) (D) (E)

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

ġ,

Total

Schedule A (Form 990 or 990-EZ) 2012

Ž.

ð

*

i

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								
begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	306,827.	182,116.	501,951.	230,709.	1,116,246.	2,337,849.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	306,827.	182,116.	501,951.	230,709.	1,116,246.	2,337,849.	
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)						465,513.	
6	Public support. Subtract line 5 from line 4						1,872,336.	
Sec	Section B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
7	Amounts from line 4	306,827.	182,116.	501,951.	230,709.	1,116,246.	2,337,849.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	546,171.	356,314.	472,719.	481,289.	448,276.	2,304,76 <u>9.</u>	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	30,594.	100.	21,390.	46,749.		98,833.	
11	Total support. Add lines 7 through 10						4,741,451.	
12	Gross receipts from related activ	rities, etc (see ins				12	0.	
13	3 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								
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))	l	14	39.49%	
	Public support percentage from	·	•			15	34.69%	
16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
t	33-1/3% support test — 2011. If the and stop here. The organization	the organization on a qualifies as a pu	lid not check a bo blicly supported o	ox on line 13 or 16 organization	5a, and line 15 is	33-1/3% or more,	check this box	
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Part	IV how	
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop he a publicly suppor	re. Explain in Part ted organization	IV how the □	
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	nis box and see ins	structions	

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)

<u>Sec</u>	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
'	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
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 5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	: Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	•		ne 13, column (f)).		15	8
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	-			mn (f))	17	%
18	Investment income percentage for					18	%
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and stop	p here. The orgar	iization qualifies a	as a publicly supp	orted organization	▶
	33-1/3% support tests – 2011. If line 18 is not more than 33-1/3%						-1/3%, and ► ☐
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	▶ □

Schedule A (Form 990 or 990-E2) 2012 READY MIXED CONCRETE RESEARCH 5-2-1680-96; ReadIV Supplemental Information. Complete this part to provide the explanations required by Part Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional inforr (See instructions).	II, line 10; mation.
	.
	
	. – – – – – – – –
	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public

Employer identification number

	ADY MIXED CONCRETE RESEARCH DEDUCATION FOUNDATION, INC.			E2 1600062
	Organizations Maintaining Dono	or Advised Funds or Oth	er Similar Funds or	52-1680963
1 0	the organization answered 'Yes'	to Form 990, Part IV, Im	e 6.	Accounts: Complete ii
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year).			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the	accate hold in donor advi	and funds
,	are the organization's property, subject to the	organization's exclusive legal	control?	Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writi t of the donor or donor advisor	ng that grant funds can be r, or for any other purpose	e used only conferring Yes No
Då	Conservation Easements. Comp	lete if the organization a	enswered 'Ves' to For	
1				111 990, 1 art IV, line 7.
•	Preservation of land for public use (e g , r	, ,	'' ''	orically important land area
	Protection of natural habitat		Preservation of a certif	• '
	Preservation of open space			
2	Complete lines 2a through 2d if the organization t	held a qualified conservation con	tribution in the form of a co	nservation easement on the
	last day of the tax year			
				Held at the End of the Tax Year
	a Total number of conservation easements.		2a	
	b Total acreage restricted by conservation ease		2 b	
•	c Number of conservation easements on a certi	fied historic structure included	ın (a) 2c	
(d Number of conservation easements included i structure listed in the National Register		_ 2 d	
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished,	or terminated by the organiz	zation during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer	egarding the periodic monitorin	ig, inspection, handling of	violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conser	vation easements during the	e year
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservatio	n easements during the yea	ır
Q	·	a line 2(d) above catisfy the re	acuraments of control 170	7/h) (4) (D) (i)
۰	Does each conservation easement reported or and section 170(h)(4)(B)(II)?			∐Yes ∐ No
	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements	to the organization's financial	statements that describes	the organization's accounting for
Pai	Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Other , Part IV, line 8.	Similar Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, educatio	n, or research in furtherance	ement and balance sheet works of e of public service, provide,
I	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	ort in its revenue statement research in furtherance of	nt and balance sheet works of art, public service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other simil 116 (ASC 958) relating to thes	lar assets for financial gain, se items.	provide the following
	a Revenues included in Form 990, Part VIII, line	e 1		► \$
	Assets included in Form 990, Part X			▶\$
BAA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 09/18/12	Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 READY Part III Organizations Maintal	MIXED CONCRE	TE RESEARCH of Art, Historica	Treasures, or O	52-1680 ther Similar Ass	0963 ets (co	ontinu	Page 2 <i>ed</i>)
3 Using the organization's acquisition items (check all that apply):							
a Public exhibition		d Loan or exc	hange programs				
b Scholarly research		e Other		· · · · · · · · · · · · · · · · · · ·			
c Preservation for future gener							
4 Provide a description of the organiz Part XIII							
5 During the year, did the organiza to be sold to raise funds rather th	nan to be maintained	as part of the organia	zation's collection?		Yes		No
Part IV Escrow and Custodial Arra reported an amount or	angements. Complet n Form 990, Part	e if the organization X, line 21.	answered 'Yes' to Fo	orm 990, Part IV, line	e 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?				assets not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following tat	ole			1	
Decomposite belonge					Amount		
c Beginning balance				1 c			
d Additions during the yeare Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an amount on Form 990, Part X, line 21?						No	
•	b If 'Yes,' explain the arrangement in Part XIII Check here if the explantion has been provided in Part XIII						
Part V Endowment Funds. C	omplete if the ord	ganization answe	red 'Yes' to Form	990, Part IV, lin	e 10.		
	(a) Current	(b) Prior year	(c) Two years	(d) Three years		our year	rs
1 a Beginning of year balance	13,553,772.	14,875,404.	14,733,101.	13,851,858.	17	,793,	364.
b Contributions	871,084.	230,709.	501,951.	182,116.		306,	827.
c Net investment earnings, gains, and losses	1,140,763.	-572,901.	670,129.	1,292,863.	-3	,700,	384.
d Grants or scholarships					ļ		
 Other expenditures for facilities and programs 	976,437.	979,440.	1,029,777.	593,736.		547,	949.
f Administrative expenses							
g End of year balance	14,589,182.	13,553,772.	14,875,404.	14,733,101.	13	,851,	858.
2 Provide the estimated percentage	e of the current year	end balance (line 1g,	column (a)) held as				
a Board designated or quasi-endowm	ent >	%					
b Permanent endowment ►		_					
c Temporarily restricted endowment ► 100.00 % The percentages in lines 2a, 2b, and 2c should equal 100%							
3 a Are there endowment funds not in the possession of the organization that are held and administered for the							
organization by					2-(3)	Yes	No
(i) unrelated organizations (ii) related organizations					3a(i) 3a(ii)		X
b If 'Yes' to 3a(ii), are the related of	organizations listed a	s required on Schedu	la P2		3b	_	^
4 Describe in Part XIII the intended	_	•		VTTT	30		
Part VI Land, Buildings, and				VIII			
Description of property	(a) Cos	it or other basis (b	Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land						-	
b Buildings.							
c Leasehold improvements.							
d Equipment			80,000.	80,000.			0.
e Other							
Total, Add lines 1a through 1e (Colum	nn (d) must eaual For	m 990. Part X. colum	n (B), line 10(c))	▶			Λ

Schedule **D** (Form 990) 2012

BAA

(8) (9) (10) $\overline{(11)}$ Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

Total. (Column (b) must equal Form 950, Part X, column (b) mile 25)

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions

SEE PART XIII SEE PART XIII

chedule D (Form 990) 2012 READY MIXED CONCRETE RESEARCH	ents With Re	52-168 venue per Return	
Total revenue, gains, and other support per audited financial statements	icino minimo	1	2,705,285.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2 a	811,313.	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<u> </u>	2 e	811,313.
3 Subtract line 2e from line 1		3	1,893,972.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		1 2 2	
a Investment expenses not included on Form 990, Part VIII, line 7b.	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line if	2)	5	1,893,972.
Part XII Reconciliation of Expenses per Audited Financial State	ments With E	kpenses per Retu	rn
1 Total expenses and losses per audited financial statements		1	1,952,874.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	60,000.	
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	60,000.
3 Subtract line 2e from line 1	1 1	3	1,892,874.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b.			
b Other (Describe in Part XIII.)	4 a		
c Add lines 4a and 4b	[45]	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,892,874.
art XIII Supplemental Information			
omplete this part to provide the descriptions required for Part II, lines 3, 5, and 9 ne 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	9, Part III, lines 1 complete this pa	a and 4, Part IV, lines	s 1b and 2b, Part V, tional information
ENHANCING AND STRENGTHENING THE READY MIXED CONC	RETE INDUST	RY THROUGH IN	DEPENDENT
RESEARCH AND QUALITY EDUCATIONAL PROGRAMMING.			-
PART X - FIN 48 FOOTNOTE		-	
THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX	ES AS AN O	RGANIZATION DE	SCRIBED
UNDER THE INTERNAL REVENUE CODE (IRC) SECTION 50	1 (C) (3), E	CEPT FOR NET	INCOME
DERIVED FROM UNRELATED BUSINESS ACTIVITIES, IF A	NY. THE FO	OUNDATION'S OP	EN_AUDIT
PERIODS ARE 2009 THROUGH 2011. IN ACCORDANCE WI	ጥሀ አርር ነነር	740-10 "TNCO	ME TAVECT

Scriedule D (Form 990) 2012 READY MIXED CONCRETE RESEARCH 52-1680963	Page 5
PartXIII Supplemental Information (continued)	
PART X - FIN 48 FOOTNOTE (CONTINUED)	
THAT WAS ISSUED, AND PRESCRIBES A COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION	SHOULD
MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE UNCERTAIN TAX POSITIONS TAKEN ON ITS	S_ TAX
RETURN. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR TAX POSITION.	rions
TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIA	AL_TO
THE FINANCIAL STATEMENTS.	
~	
	-
	.
	

SCHEDULE I (Form 990)

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

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

2012

OMB No 1545-0047

Open to Public Inspection

į.

Department of the Treasury Internal Revenue Service Name of the organization Part 1> deneral Information on Grants and Assistance

READY MIXED CONCRETE RESEARCH

Employer Identification number 52-1680963 **ջ** □

	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States.	the grants or assistance, and X Yes
	Grants and Other Assistance to Governments and Organizations in the United States.	omplete if the organization answered 'Yes' to
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to	The state of the s	

ءا Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed. Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED SCHEDULE							
		!	1,178,750.	0.	FMV		
(2)							
<u>(3)</u>							
(4)							
						:	
<u>(5)</u>							
(9)							
							•
<u>6</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government	organizations listed	in the line 1 table		1	•	3
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	e 1 table				•	1

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2012) READY MIXED CONCRETE RESEARCH

Part III. 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
7					ı
Part IV Supplemental Information. Complete this part to additional information.	olete this part to pi	rovide the informat	ion required in Par	t I, line 2, Part III, colu	provide the information required in Part I, line 2, Part III, column (b), and any other

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANT FUNDS FOLLOW GRANT GUIDELINES OUTLINED IN THE CONTRACTS/AGREEMENTS

1	 	 	 	
			! ! ! 	
		 	! ! ! ! !	
	 	 	! ! ! !	
		 : 	 	
] 	
1 1 1	 			
	1	i I		1

BAA

TEEA3902L 1/02/13

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

READY MIXED CONCRETE RESEARCH

Part I Questions Regarding Compensation

Employer identification number 52–1680963

				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant	the following to or for a person listed in Form 990, Part ant information regarding these items	" ***		
	First-class or charter travel	Housing allowance or residence for personal use	2.3		
	Travel for companions	Payments for business use of personal residence	7 4 3		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)	* (1) (1) (1) (2) (3)	V.7	100
				* , /	89
t	If any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a	llow a written policy regarding payment or	1 b		
	rembulsement of provision of all of the expenses described to	above in the, complete rait in to explain		\$1, X	97, 5
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items		2		
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply Do not check a establish compensation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to kplain in Part III			
	X Compensation committee	Written employment contract	्रश्रे		*
	Independent compensation consultant	Compensation survey or study	7 4 A) 	
	Form 990 of other organizations	X Approval by the board or compensation committee		die s	37
					1
4	During the year, did any person listed in Form 990, Part VII, 3 or a related organization	Section A, line 1a with respect to the filing organization			
ā	a Receive a severance payment or change-of-control payment?	•	4 a		Х
t	Participate in, or receive payment from, a supplemental nonc	qualified retirement plan?	4 b		Х
•	Participate in, or receive payment from, an equity-based com	pensation arrangement?	4 c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the a	applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must com	plete lines 5-9.	ost I		
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of	did the organization pay or accrue any compensation			
á	a The organization?		5 a	Х	<u> </u>
	h Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III	PART III	5	1300	· 🖟 ·
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of	did the organization pay or accrue any compensation			
á	The organization?		6a		Х
	h Any related organization?		6 b		Х
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If 'Yes,' describe in	did the organization provide any non-fixed n Part III	7		x
Q	Were any amounts reported in Form 990, Part VII, paid or ac				
0	to the initial contract exception described in Regulations sect		_		
	If 'Yes,' describe in Part III		8		X
9	If 'Yes' to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	esumption procedure described in Regulations	9		

Page 2

1

ľ,

READY MIXED CONCRETE RESEARCH Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 52-1680963

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		() Base compensation	(ii) Bonus and incentive compensation	(ii) Other reportable compensation	and otner deferred compensation	penerits		deferred in prior
JULIE GARBINI	())	0.	0.	0.				0.
1 EXECUTIVE DIR.	(ii)	186,140.	49,782	47	11,618	9, 79	7 257,809	
	Θ				1			
2	<u>(ii)</u>							
	ε	 				 		
3	€							
	Θ					; ; ;		
4	<u>(ii)</u>						,	
	Θ	1 1 1 1 1	# # # # # # # # # # # # # # # # # # #	 	 	 	 	
5	(ii)							
	Ξ							
9	(E)	 	 					
	ω							
7	(ii)							
	(0)							
8	(ii)							
	Θ							
6	(ii)		 					
	Θ				1			
10	(ii)							
	Θ							
11	(ii)							
	€	 	 	 	 	 	 	
12	€							-
	Θ							
13	€					 		
	Ξ			 	 	 	 	
14	€			!				
	ε	 	 		 	1 1 1 1 1 1 1 1	1 1 1	
15	€					;		
	E	1 1 1	 			1 1 1 1	 	1 1 1 1
16	€							
ВАА			TEEA4102L 12/11/12	2			Schedule J	Schedule J (Form 990) 2012

٠:

Page 3

52-1680963

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

READY MIXED CONCRETE RESEARCH

Employer identification numbe

Name of the organization 52-1680963 AND EDUCATION FOUNDATION, INC FORM 990. PART III. LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS DEVELOPMENT OF A GUIDE TO CONCRETE OVERLAYS FOR ASPHALT PARKING LOTS: IN 2008, THE NATIONAL CONCRETE PAVEMENT TECHNOLOGY CENTER (CP TECH CENTER) AT IOWA STATE UNIVERSITY PUBLISHED A GUIDE FOR OVERLAYS FOR ROADWAYS. TODAY, THERE IS SIGNIFICANT INTEREST FOR A SIMILAR GUIDE TO ADDRESS OVERLAYS FOR ASPHALT PARKING LOTS. THIS PROJECT FUNDS THE DEVELOPMENT OF A NEW TOOL, GUIDE TO CONCRETE OVERLAYS FOR ASPHALT PARKING LOTS. THE PROJECT WILL UTILIZE A TECHNICAL ADVISORY COMMITTEE MADE UP OF EXPERTS FROM AROUND THE INDUSTRY AND WILL FOLLOW THE FORMAT OF THE ORIGINAL GUIDE. INFORMATION AND GUIDANCE AREAS THAT WILL BE CONTAINED IN THE DOCUMENT INCLUDE: ASSESSING THE INTEGRITY OF THE EXISTING PAVEMENT; SELECTING PROJECT CANDIDATES; PAVEMENT DESIGN PRINCIPLES AND DESIGN LIFE; MANAGING PARKING LOT DRAINAGE; AND DEALING WITH ENTRY EVALUATIONS OF ADJACENT BUILDINGS. THE GUIDE WILL ALSO INCORPORATE ASPECTS OF ACI 330 "GUIDE FOR DESIGN AND CONSTRUCTION OF CONCRETE PARKING LOTS". ONE OF THE APPEALS OF THIS PROJECT WAS THAT IT COULD BE COMPLETED AND MADE AVAILABLE TO THE INDUSTRY QUICKLY. FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS NATIONAL TRAINING PROGRAM FOR STATE AND LOCAL PUBLIC AGENCIES ON CEMENT-BASED PAVING PRODUCTS: WITH FUNDING FROM THE RMCREF, PCA, ACPA, AND A POOLED FUND, THE CP TECH CENTER HAS DEVELOPED TRAINING ON THE CAUSES OF PREMATURE CONCRETE DETERIORATION AT PAVEMENT JOINTS. THE 6-HOUR WORKSHOP ADDRESSES POTENTIAL PREMATURE FAILURE MECHANISMS AND HOW TO PREVENT THEIR REOCCURRENCE ON NEW PAVEMENTS. THE TARGET AUDIENCE HAS BEEN CITY AND COUNTY ENGINEERS WHO SEEM TO BE OBSERVING THE PROBLEM THE MOST. TRAINING HAS INDIANA, MICHIGAN, MINNESOTA, BEEN HELD IN IOWA. NEW YORK, SOUTH DAKOTA AND

INan	READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.	52-1680963
	FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	
	WISCONSIN, WITH MORE THAN 450 PARTICIPANTS AND EXCELLENT REVIEW	S. 5 ADDITIONAL
	STATES HAVE REQUESTED THIS TRAINING. EACH PROGRAM IS CUSTOMIZED	BASED ON LOCAL
	PRACTICES AND HOW RECOMMENDATIONS FIT WITH EXISTING SPECIFICATI	ONS. A CD IS HANDED
	TO EACH PARTICIPANT WITH MANUALS AND REPORTS ON IT. THE TYPICAL	AGENDA INCLUDES:
	MECHANISMS AND RECOMMENDATIONS	
	DRAINAGE - KEEPING WATER OUT OF THE CONCRETE	
	MIXTURE & CONSTRUCTION PRACTICES GUIDE SPECIFICATIONS	
	QUALITY ASSURANCE AND TESTING	
	INDUSTRY LED DISCUSSION ON LOCAL SPECIFICATIONS AND PRACTICES	
	REPAIR APPROACHES	
	FUNDING HAS BEEN ALSO USED TO PROVIDE TRAVEL ASSISTANCE AND ATT	ENDANCE COSTS FOR
	STATE DOTS THAT ARE CONSIDERING JOINING THE NATIONAL CONCRETE C	ONSORTIUM (NCC).
	BECAUSE OF THIS SUPPORT, THERE ARE 24 DOTS PLUS THE ILLINOIS TO	LLWAY THAT ARE
	MEMBERS, AND AT LEAST 2 MORE ARE CONSIDERING JOINING. NCC HOSTS	A SEMI-ANNUAL
	SYMPOSIUM AND AGENDAS TYPICALLY FEATURE SPEAKERS AND MATERIALS	FROM MANY OF RMCREF'S
	SPONSORED RESEARCH INITIATIVES, INCLUDING MIT.	
	FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
	EVALUATION OF PERFORMANCE-BASED ALTERNATIVES TO THE DURABILITY	PROVISIONS OF ACI 318
	BUILDING CODES AND PAVEMENTS:	
	THIS STUDY, CARRIED OUT BY THE NRMCA LABORATORY, WILL ATTEMPT TO	ESTABLISH TESTS AND
	CRITERIA FOR CONCRETE BY PRE-QUALIFICATION, JOBSITE TESTING, AND	D PROVIDING GUIDANCE
	TO CONCRETE PRODUCERS ON DESIGNING FOR A MINIMUM LEVEL OF PERFO	RMANCE TO REDUCE THE
	RISK OF FAILING THE PERFORMANCE CRITERIA. DEVELOPING PERFORMANC	E-BASED ALTERNATIVE

Nan	ne of the organization READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.	Employer identification number 52–1680963
	FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
	CRITERIA TO CURRENT PRESCRIPTIVE LIMITATIONS IN THE ACI 318 BUI	LDING CODE WILL
	PROVIDE A SIGNIFICANT BOOST TO ADVANCEMENT OF THE P2P INITIATIV	TE. IT WILL ALLOW FOR
	AN INCREASED USE OF PERFORMANCE SPECIFICATIONS WHILE ELIMINATIN	IG RESTRICTIONS ON
	MINIMUM CEMENTITIOUS CONTENTS/TYPES, MAXIMUM W/CM RATIOS AND RE	QUIRED SUPPLEMENTARY
	CEMENTITIOUS MATERIAL QUANTITIES. THE DATA FROM THIS STUDY WILI	BE USED BY NRMCA TO
	SUPPORT CODE CHANGE PROPOSALS TO THE ACI 318 BUILDING CODE FOR	STRUCTURAL CONCRETE
	FOR PERFORMANCE-BASED ALTERNATIVES TO CURRENT PRESCRIPTIVE REQU	JIREMENTS. THE STUDY
	WILL ALSO SUPPORT PERFORMANCE-BASED ALTERNATIVES TO THE AMERICA	AN ASSOCIATION OF
	STATE HIGHWAY TRANSPORTATION OFFICIALS (AASHTO) LOAD AND RESIST	CANCE FACTOR DESIGN
	(LRFD) BRIDGE SPECIFICATIONS. PERFORMANCE-BASED CONCRETE REQUIF	REMENTS WILL ALLOW FOR
	INNOVATION AND WILL ESTABLISH BETTER SCIENCEBASED PRINCIPLES OF	MEASURABLE CONCRETE
	PROPERTIES TO PROVIDE ENHANCED DURABILITY AND PROLONGED SERVICE	E_LIFE_OF_CONCRETE
	STRUCTURES. THE STUDY HAS NOW BEEN ROLLED INTO A LARGER \$1.4 M	LLION STUDY IN
	COOPERATION WITH THE FEDERAL HIGHWAY ADMINISTRATION (FHWA) AND	STATE DOT POOLED
	RESOURCES FUND.	
	FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECTORS, ETC.
	THE EXECUTIVE DIRECTOR OF THE FOUNDATION IS MARRIED TO A MEMBER	R OF THE FOUNDATION'S
	BOARD OF TRUSTEES.	
	FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
	THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 PRIOR TO FILING WIT	TH THE INTERNAL
	REVENUE SERVICE.	

Name of the organization READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.	52-1680963
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
AVAILABLE TO PUBLIC UPON REQUEST.	
FORM 990, PART VII - COMPENSATION EXPLANATION	
JULIE GARBINI	
FORM 990, PART VII, SECTION A, COLUMN (D):	·
2012 REPORTABLE COMPENSATION FOR MS. GARBINI INCLUDED A 2011 BO	ONUS_OF \$18,800 WHICH
WAS_EARNED/ACCRUED_IN_2011, BUT_NOT_PAID_UNTIL_2012ALSO, IT	INCLUDED A 2012 BONUS
OF \$30,982 WHICH WAS EARNED AND PAID IN 2012. THEREFORE, BOTH	INCENTIVE PAYMENTS FOR
2011 AND 2012 WERE INCLUDED IN MS. GARBINI'S 2012 W-2, EVEN THO	OUGH_THEY_WERE_EARNED
IN TWO SEPARATE YEARS.	
JENNIFER LEFEVRE	
FORM 990, PART VII, SECTION A, COLUMN (D):	
2012 REPORTABLE COMPENSATION FOR MS. LEFEVRE INCLUDED A 2011 BO	ONUS_OF_\$1,500_WHICH
WAS_EARNED/ACCRUED_IN_2011, BUT_NOT_PAID_UNTIL_2012. ALSO, IT	INCLUDED A 2012 BONUS
OF \$1,500 WHICH WAS EARNED AND PAID IN 2012. THEREFORE, BOTH	INCENTIVE PAYMENTS FOR
2011 AND 2012 WERE INCLUDED IN MS. LEFEVRE'S 2012 W-2, EVEN TH	OUGH_THEY_WERE_EARNED
IN_TWO_SEPARATE_YEARS	
	_
	~

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Part 14 Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.)

READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

OMB No 1545-0047

:

Open to Public Inspection	mployer identification number
	Employer 1d

52-1680963

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	Direct ((f) Direct controlling entity
(1)							
	ii						
(2)							
	 						
	Ī						
	Ì						
	1 1	-					
Part II dentification of Related Tax-Exempt Organization	ations (Complete	Is (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had	answered 'Yes	to Form 990,	Part IV, line 34 b	ı secause ı	t had
one or more related tax-exempt organizations during the tax year.)	during the tax yea	ar.)					
(a) Name, address, and EIN of related organization Pr	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	atus Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
						L	Yes No
(1) NRMCA 900 SPRING STREET - SILVER SPRING, MD 20910	TRADE	Ş	501 (C) (6)		A/N		×
	NOTIUT OCC	Ē	(2) (2)				:
(3)							
							_
(4)							
							_
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	r Form 990.		TEEA5001L 12/28/12		Sche	edule R (For	Schedule R (Form 990) 2012

52-1680963 Schedule R (Form 990) 2012 READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

Page 2

Part.III. Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign)	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections		Share of total income	(g) Share of end-of-year assets		Code V-UBI amount in box 20 of Schedule K-1 (Form	Genera manag partne	(k) I or Percentage ownership	age IIp
(1)		country)		312-314)	i i			Yes	(CO)	, Les	0	
											-	
(2)											t i	
(3)												
Par IV Identification of Ine 34 because	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	izations 1 nore relate	Faxable as a	a Corporation	າ or Trust ((as a corpora	Complete of ation or trus	the organiz st during the	ation answ tax year.)	ered 'Yes' to F	orm 990	, Part IV,	
(a) Name, address, and EIN of related organization	of related organizatı		(b) Primary activity L(s)	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,		Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512(b)(13) controlled entity?	. 1 33
				country)	siiii)	Spin io					Yes	શ્
(t)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	~	i								
		 										
(2)		 -										
		1					·					
 	 											İ
(3)					<u> </u>							
		- 										
		!							,			
ВАА				TEEA5	TEEA5002L 12/28/12					Schedule R	Schedule R (Form 990) 2012	112

.:

÷

52-1680963

Ransactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35b, or 36.)

				,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes N	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			ם	×
b Gift, grant, or capital contribution to related organization(s)			1 p	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees to or for related organization(s)			19	×
e Loans or loan guarantees by related organization(s)			1e	×
f Dividends from related organization(s)			11	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s)				×
i Exchange of assets with related organization(s)			ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				×
(c) make many a battle and the same to the same and the same same and the same same and the same same and the same same same same same same same sam				:
R Lease of racinities, equipment, of other assets from related organization(s)			+	~ :
 Performance of services or membership or fundraising solicitations for related organization(s) 				× :
m Performance of services or membership or fundraising solicitations by related organization(s)			1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n X	
o Sharing of paid employees with related organization(s)			10	×
p Reimbursement paid to related organization(s) for expenses			1p X	
q Reimbursement paid by related organization(s) for expenses			1q X	
 Other transfer of cash or property to related organization(s) 			٦.	×
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	l relationships and trar	saction thresholds		
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved Met	(d) Method of determining amount involved	guic
(1) NRMCA	Z	60,000.FMV	Σ	
NDMC3	Δ	50A 920 FWV	Λ	
(2) MARICA	4	740	<u> </u>	
(3) NRMCA	Ø	21,504.FMV	N	
(4)				İ
(5)				
(9)				
BAA TEEA5003L 12/28/12		Schedule	Schedule R (Form 990) 2012	2012

Page 4

52-1680963

··

Part.VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	,	Legal domicile (state or foreign	income	Are all partners section	Share of total income	Share of end-of-year	Dispropor- tionate	Code V-UBI amount in box	General or managing	Percentage ownership
		country)	(related, unre- lated, excluded from tax under	501(c)(3 organizatio) IS2	assets	allocations	20 of Schedule K-1 Form (1065)	partner?	
			section 512-514)	Yes	No		Yes No		Yes No	
(I)										
(2)				<u></u>						
										
(3)										
				-						
(4)										
				_						
(<u>5</u>)										
(9)										
6										
(8)										
					:					
ВАА			TEE	TEEA5004L 12	12/28/12			Schedul	Schedule R (Form 990) 2012	90) 2012

PartiVIII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
	·
	<u></u>
	·
-	
-	
_	

Schedule **R** (Form 990) 2012

Page 5

Ready Mixed Concrete Research & Education Foundation, Inc. Attachment to Schedule I (Form 990), Part II EIN 52-1680963

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash (book, FMV, appraisal, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non- cash assistance	(h) Purpose of grant or assistance	
lowa State University 2711 South Loop Drive, Suite 4700 Ames, IA 50010-8664	42-6004224	115	000'52 \$	ક્ર	FMV	N/A	National Training Program for State & Local Public Agencies on Cement-Based Paving Products	
lowa State University 2711 South Loop Drive, Suite 4700 Ames, IA 50010-8664	42-6004224	115	\$ 78,902	\$	FMV	N/A	Development of a Guide to Concrete Overlays for Asphalt Parking Lots	
NRMCA 900 Spring Street Silver Spring, MD 20910	53-0116046	501(c)(6)	\$ 21,000	ક	FMV	N/A	Performance Alternatives to ACI318 Building Code	
MIT 77 Massachusetts Avenue Cambridge, MA 02139	04-2103594	501(c)(3)	\$ 1,000,000	€9	FMV	N/A	Concrete Sustainability Research	
Other Grants <\$5,000	N/A	N/A	\$ 3,848	٠ ج	FMV	N/A		
		TOTAL	\$ 1,178,750					1

2012

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CLIENT 2

READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

52-1680963

12 13PM

7/30/13

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2012	 2011	 2010	 2009	 2008
OTHER INCOME SPECIAL EVENTS			\$ 6,559. 40,190.	\$ 21,390.	\$ 100.	\$ 30,594.
	TOTAL \$	0.	\$ 46,749.	\$ 21,390.	\$ 100.	\$ 30,594.

8868

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If yo	u are filing	g for an Automatic 3-Month Extension, g for an Additional (Not Automatic) 3-M <i>te Part II unless</i> you have already been	onth Exter	nsion, complete on	ly Part II (on page 2 of	f this form).		
Electr a corp 8868 Return	ronic filing poration re to reques n for Trar	g (e-file). You can electronically file Form equired to file Form 990-T), or an addition that an extension of time to file any of the insfers Associated With Certain Personal or more details on the electronic filing of the	n 8868 if yo nal (not auto forms liste al Benefit (ou need a 3-month a omatic) 3-month ext d in Part I or Part II Contracts, which m	automatic extension of tension of time. You ca with the exception of the sent to the If	time to fil an electro f Form 88 RS in par	le (6 months for nically file Form 170, Information per format (see		
A cor Part I	poration in the poration of th	tomatic 3-Month Extension of Time required to file Form 990-T and reque	esting an a	automatic 6-month	extension-check thi		▶ 🗀		
	ner corpor Income ta	ations (including 1120-C filers), partnersi x returns.	hips, REMIC	Cs, and trusts must	use Form 7004 to requested filter's identifying				
	Na	ime of exempt organization or other filer, see i	instructions		Employer identification				
Type	or			NUMBER OF THE					
print		ADY MIXED CONCRETE RESEARCH & EDI Imber, street, and room or suite no. If a P.O. b			52-1680963 Social security number (SSN)				
File by t due date	ihe		,	20110110	Coolai coolain, namboi	(00.1)			
filing yo		D SPRING STREET ty, town or post office, state, and ZIP code Fo	or a foreign a	ddreee eee inetriictior	1				
return S	see		or a loreight a	ludress, see mstruction	15.				
instructi	ions SIL	VER SPRING, MD 20910							
		n code for the return that this application	-11		n for each return) .		0 1		
	ication		Return	Application			Return		
Is Fo			Code	Is For			Code		
		orm 990-EZ	01	Form 990-T (corpo		07			
Form	990-BL		02	Form 1041-A			80		
Form	4720 (ind	lividual)	03	Form 4720		09			
Form	990-PF		04	Form 5227	Form 5227				
Form	990-T (se	ec. 401(a) or 408(a) trust)	05	Form 6069		11			
Form	990-T (tru	ust other than above)	06	Form 8870		12			
Tele If the	phone No e organiza s is for a (e whole gri with the na I request until for the or	an the care of ► THE FOUNDATION 301-587-1400 Ition does not have an office or place of the Group Return, enter the organization's for oup, check this box ► ☐ If the immediate in automatic 3-month (6 months for a care AUGUST 15 , 20 . 13 , to file the exercise and enter the extension of the immediate in automatic 3-month (6 months for a care automatic 3-months for a	ousiness in ur digit Gro it is for par sion is for. orporation i	the United States, cup Exemption Number of the group, checorequired to file Form	ber (GEN) k this box		If this is d attach		
2	Chang	year beginning year entered in line 1 is for less than 12 ge in accounting period				urn	, 20		
3a	nonrefundable credits. See instructions.								
b	estimated tax payments made. Include any prior year overpayment allowed as a credit.								
	EFTPS (Electronic Federal Tax Payment System). See instructions.								
Cautio	n. If you are	e going to make an electronic fund withdrawa	with this Fo	rm 8868, see Form 84	53-EO and Form 8879-E	O for paym	ent instructions.		