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Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

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

OMB No 1545-0047



Department of the Treasury Internal Revenue Service

A	۱ ۱	or the	2013 calend	lar year, or tax year beginning , 2013, and ending		,		
E	3 (Check if ap	pplicable	C	D Employe	er Identification Number		
		Addre	ess change	READY MIXED CONCRETE RESEARCH	52-1	L680963		
		Name	change	AND EDUCATION FOUNDATION, INC.	E Telephor	ne number		
		Initial	return	900 SPRING STREET	(240)) 485-1150		
		Termi	ınated	SILVER SPRING, MD 20910				
		Amen	ided return	G Gross re	eceipts \$ 11,443,705.			
		Applic	cation pending	s this a group return f	□			
				SAME AS C ABOVE	Are all subordinates f 'No,' attach a list	included? Yes No		
ī		Tax-exe	mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	i 140, attacii a iist	(see manuchons)		
J		Websi	te: ► WW	W.RMC-FOUNDATION.ORG	Group exemption nu	ımber ►		
K	(Form of	organization	X Corporation Trust Association Other ► L Year of formation	L990 M si	tate of legal domicile MD		
	2a	रा। 🕏	Summar	У	•	<u> </u>		
-				be the organization's mission or most significant activities THE FOUNDAT	ION IS DEI	DICATED TO		
	ا به	E	NHANCIN	G AND STRENGTHENING THE READY MIXED CONCRETE INDU	STRY THRO	UGH_INDEPENDENT_		
	띭	R	ESEARCH	AND QUALITY EDUCATION PROGRAMMING.		. 		
	Ĕ١	_						
	Governance		neck this bo		n 25% of its ne			
				ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)	-	3 25 4 25		
D	S S			of individuals employed in calendar year 2013 (Part V, line 2a)	F	5 0		
2	≝∣	_		of volunteers (estimate if necessary)	F	6 0		
Ź	Activities &	7a To	tal unrelate	d business revenue from Part VIII, column (C), line 12	ľ	7a 0.		
Ž		b N∈	et unrelated	business taxable income from Form 990-T, line 34		7b 0.		
DONNED -					Prior Year	Current Year		
	.			and grants (Part VIII, line 1h)	1,116,2	46. 480,980.		
A	Hevenue		_	rice revenue (Part VIII, line 2g)				
יע	8			come (Part VIII, column (A), lines 3, 4, and 7d)	777,7	26. 1,307,480.		
•	•			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 002 0	70 100		
				- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,893,9			
201/				milar amounts paid (Part IX, column (A), lines 1-3)	1,178,7	50. 1,111,000.		
\$				to or for members (Part IX, column (A), line 4)	417 2	FO 429 069		
	8			Propersion of Propincy de Part IX, column (A), lines 5-10)	417,3	59. 428,968.		
	Expenses			undraising fees (Part X column (A), line 11e)				
	Š	b To	tal tuggirais	ing expenses (Part IX, Ølumn (D), line 25) ►	****			
	۳	17 Ot	ther expens	es (Part IX, column (A) dines 11a-11d, 11f-24e)	<u> 296,7</u>			
				rs. Add-lines-13-17 (must equal Part IX, column (A), line 25)	1,892,8			
_	_	19 Re	evenue les	Compenses Nubredt line 18 from line 12	1,0			
1	900				ginning of Current			
	Balanc			Part X, line 16)	14,810,0			
3				s (Part X, line 26)	57,6			
_				fund balances. Subtract line 21 from line 20	14,752,3	<u>42.</u> 15,567,298.		
1	<u>Pai</u>	tilin	Signatur	e Block				
U	nder	penalties o	of perjury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the best of my k irer (other than officer) is based on all information of which preparer has any knowledge	nowledge and belief,	it is true, correct, and		
_			T					
_			Signal	re of officer	Date	1		
ì	sig Ier	П П	711	TE CARRIANT EN	KECUTIVE D	ATDECTAD		
•	ıer	E		Print name and title	CECUTIVE L	DIRECTOR		
-				preparer's name Preparer's signature Date	Check	ıf PTIN		
-	:	_	1	ELL A. FREED, CPA Mille Freed, CPA 1/30/201	· · ·	_		
	ai	d parer	Firm's name	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	self employe	~ F010331/J		
		parer Only			Firm's EIN B	► A5_A001122		
•	<i>,</i> 30	. Ciliy	Firm's addre		1	45-4991133 (571) 276-4222		
-	A	the IDC	2 discuss 45	GAITHERSBURG, MD 20879-3422 Is return with the preparer shown above? (see instructions)	Phone no	(571) 276-4322 X Yes No		
					11/09/13	X Yes No Form 990 (2013)		
	м	rorra	aperwork K	endland Act notice, see the separate instructions. TEEA0113	L 11/08/13	Form 990 (2013)		

Form 990 (2013) READY MIXED CONCRETE RESEARCH	52-1680963 Page 2
Statement of Program Service Accomplishments	X
Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission.	<u></u>
THE FOUNDATION IS DEDICATED TO ENHANCING AND STRENGTHENIN	G THE READY MIXED CONCRETE
INDUSTRY THROUGH INDEPENDENT RESEARCH AND QUALITY EDUCATE	
11000111 111100011 1110011 111001111 110011111 110011111 11001111	<u></u>
2 Did the organization undertake any significant program services during the year which were	not listed on the prior
Form 990 or 990-EZ?	Yes X No
If 'Yes,' describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any	orogram services? Yes X No
If 'Yes,' describe these changes on Schedule O.	 -
4 Describe the organization's program service accomplishments for each of its three largest prediction 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to reothers, the total expenses, and revenue, if any, for each program service reported.	ogram services, as measured by expenses. port the amount of grants and allocations to
	,000.)(Revenue \$)
MASSACHUSETTS INSTITUTE OF TECHNOLOGY CONCRETE SUSTAINABE	LITY_HUB:
DECEMBELL AND THE CONCERNS CHEMATIANTS THE COURSES AND ACCUSATE AND	THISTLY DE ADAMIERO ADAMS
RESEARCH AT THE CONCRETE SUSTAINABILITY HUB (CSH) WILL IN	
THREE FOCUS AREAS: CONCRETE MATERIALS SCIENCE, BUILDING	
ECONOMETRICS OF SUSTAINABLE DEVELOPMENT. THE FIRST TWO I	
SCIENCE", AND "THE EDGE OF CONCRETE: A LIFE-CYCLE INVEST: CONCRETE STRUCTURES" ARE ALREADY UNDERWAY. THESE PROJECT	S WILL FOCUS ON
UNDERSTANDING AND ENHANCING THE SUSTAINABLE NATURE OF CON	
ONDERSTRIDING AND ENHANCING THE SUSTATINABLE NATURE OF COL	CREIE.
4b (Code) (Expenses \$ 56,081. including grants of \$ 45	,000.)(Revenue \$)
	,000.) (Nevenue 4)
SEE SCHEDULE O	
4c (Code) (Expenses \$ 31,156. including grants of \$ 25	<u>,000.</u>) (Revenue \$)
SEE_SCHEDULE_O	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
4 d Other program services. (Describe in Schedule O.) SEE SCHEDULE O	
(Expenses \$ 54,118. including grants of \$ 41,000.) (Revenue \$)
4 e Total program service expenses ► 1, 452, 603.	
RAA TEFA0102L 07/02/13	Form 990 (2013)

			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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		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 98-197 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		х
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		х
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		х
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		Ž.	: Y
	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	
ı	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	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		Х
	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	
	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
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
;	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		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		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	1	

Form 990 (2013) READY MIXED CONCRETE RESEARCH

Part IV Checklist of Required Schedules (continued)

70 7620	t gay one children control and a continued		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
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	Х	
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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
k	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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
ł	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		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? <i>If 'Yes,' complete Schedule L, Part III</i>	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
ŀ	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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? If 'Yes,' complete Schedule R, Part 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	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	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 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2013)

Form	1990 (2013) READY MIXED CONCRETE RESEARCH	52-1680	963	F	age
Par	tiv Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	•			
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable.	1 a	_1	4.4.	72
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0 - 4	4.	Age.
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	
2 a	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 ±	(S)	*
ь	of at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		F 12	7.7	14.0
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	· ?	3 a		X
b	o If Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3Ь		
4 a	a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4 a		х
b	of 'Yes,' enter the name of the foreign country. ►	•	7	r - ag 1 g	ĽŽ.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fil	nancial Accounts		A. S	4
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5 a	<u> </u>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5 b		Х
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
	, ,				
	Does the organization have annual gross receipts that are normally greater than \$100,000, an solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	ntributions or gifts were	6 b		
	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa services provided to the payor?	irtly for goods and	7 a	25.79.388	Х
	of 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 wh Form 8282?	ich it was required to file	7с		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	7. 3	1	46
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene	efit contract?	7 f		X
g	g If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g		
h	$_{\rm I}$ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h	I	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, ha holdings at any time during the year?	organizations. Did the excess business	8	7. '2' ij ij	
9	Sponsoring organizations maintaining donor advised funds.		11/5	* 12	4
	a Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b	 -	
	Section 501(c)(7) organizations. Enter		200	! "@t	4
	Initiation fees and capital contributions included on Part VIII, line 12	10a	, , , , , , , , , , , , , , , , , , ,	w Co	1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter				100
	Gross income from members or shareholders	11 a			
_	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	- P		
12 =	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12 a	<u> </u>	460
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	12.0 18.4	\$ 1482E	**************************************
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a	177 E.S.	A 591/29
a	Note. See the instructions for additional information the organization must report on Schedule	· · O.	- 13 E		100 A
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.	136			100
_	Enter the amount of reserves on hand	13 c			
	Did the organization receive any payments for indoor tanning services during the tax year?	136	14-	<u> </u>	X
148	a big the organization receive any payments for indoor taining services during the tax year?		14a	1	ı Λ

14b

Part ♥ 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 or note to any line 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 25 2 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 0 officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? 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? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х a The governing body? b Each committee with authority to act on behalf of the governing body? 8ь Х Is there any officer, director, 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? 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 χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12 c 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 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 X **b** Other officers of key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a taxable entity during the year? 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? 16b Section C. Disclosure 17 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 Another's website Other (explain in Schedule O) |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 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.

Page 7

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

Check if Schedule O contains a response or note to any line 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 nor any related organization compensated any current officer, director, or trustee.											
		(C)									
	(A) Name and Title	(B) Average hours per week (list	one bo	ox, un cer an	less i d a d	oerso	more in is bot	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	SEE SCHEDULE O	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)	WILLIAM F. CHILDS, IV	_0.5_									
	CHAIRMAN	0	X		X				0.	0.	0.
(2)	RICHARD OLSEN	0.5									
	VICE CHAIRMAN	0	Х		X				0.	0.	0.
(3)	TIM BECKEN	0.5									
	TREAS/SECTRY	0	Х		X				0.	0.	0.
(4)	DAVID LOOMES	_0.5_									
	TRUSTEE	0	X						0.	0.	0.
(5)	SCOTT PARSON	0.5									
	TRUSTEE	0	_ X						0.	0.	0.
(6)	MIKE RAGAN	0.5									
	TRUSTEE	0	X						_0.	0.	0.
(Z)	HENRY R. BATTEN	0.5									
	TRUSTEE	0	X						0.	0.	0.
(8)	PHIL RAMSEY	0.5									
	TRUSTEE	0	X						_ 0.\	0.	0.
(9)	DAVID ROBISON	0.5_									
	TRUSTEE	0	_x_						0.	0.	0.
(10)	DIGGS BISHOP	0.5									
	TRUSTEE	0	X						0.	0.	0.
(11)	ALEX CAR	0.5									
	TRUSTEE	0	X						0.	0.	0.
(12)	TED CHANDLER	0.5								-	
	TRUSTEE	0	X						0.	0.	0.
(13)	THOMAS A. CHIZMADIA	0.5									
	TRUSTEE	0	_ X_						0.	0.	0.
(14)	JAMIE ROGERS	0.5									
	TRUSTEE	0	Х					<u> </u>	0.	0.	0.

	990 (2013) READY MIXED CONCRETE									52-16809	
Pä	REVIE Section A. Officers, Directors,	<u>Trustees,</u>	Key	En			ees,	an	d Highest Co	npensated En	iployees (continued)
		(B)			(0						
	(A) Name and title	Average hours per week	box	, unle	ss pe	erson direct	e than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
		(list any hours for related organiza tons below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
<u>(15)</u>	_WILLIAM_JSANDBROOK TRUSTEE	0.5	Х						0.	0	. 0.
(16)	GABRIEL COTTRELL TRUSTEE	0.5	Х		•	_			0.	0	
(17)	R. FRANK CRADDOCK TRUSTEE	0.5	X						0.	0	
(18)	· · · · · · · · · · · · · · · · · · ·	0.5	x						0.	0	
(19)	RIC SUZIO	0.5	X		_				0.	0	
(20)		0.5									
(21)	TRUSTEE ROBERT GARBINI	0.5	X						0.	0	
(22)	TRUSTEE ALLEN HAMBLEN	0.5	Х						0.	0	
(23)	TRUSTEE WILLIAM B. WAGNER	0.5	X			ļ <u>.</u>			0.	0	
(24)	TRUSTEE MATTHEW WOOD	0.5	X						0.	0	
(25)	TRUSTEE HARDY JOHNSON	0.5	Х						0.	0	
	TRUSTEE	0	X					<u> </u>	0.	0	
	Sub-total	A							0.	0	• • • • • • • • • • • • • • • • • • • •
	: Total from continuation sheets to Part VII, Sec	tion A						•	0.	331,419 331,419	
	Total (add lines 1b and 1c) Total number of individuals (including but not I from the organization ► ()	ımıted to tho	se lis	sted	abo	ve)	who	rec			
3	Did the organization list any former officer, dir on line 1a? If 'Yes,' complete Schedule J for s			key	emp	oloy	ee, o	r h	ghest compensate	ed employee	Yes No
4	For any individual listed on line 1a, is the sum the organization and related organizations greasuch individual									om	4 X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If 'Y	rue compens 'es,' complet	atıor e Sc	n fro <i>hedu</i>	m a ule .	ny t <i>I for</i>	unrela such	atec 1 <i>pe</i>	l organization or ii erson	ndıvıdual	5 X
Sec	tion B. Independent Contractors	anania di sedi		la 4				ا عاد	A	¢100 000	
	Complete this table for your five highest compound compensation from the organization. Report compensation from the organization.	ensated inde ompensation	for t	he c	aler	ıracı	tors t year	nat en	ding with or within	the organization's	·
	(A) Name and business a	ddress							Description (B)		(C) Compensation

	compensation from the organization. Report compensation for the calendar year ending with or within the organizations hax year.											
	(A) Name and business address	(B) Description of services	(C) Compensation									
_												

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



Par	Part VIII Statement of Revenue											
-		Check if Schedule O	contains a resp	onse or note to any	y line in this Part VI	II.						
\$ -1. 2 4. -2.				2	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
25 %	1 a	Federated campaigns	1 a		, 3º , 3 , 1 mg -	4 9 4 5 5 1 3	y 25 47 - 87 5					
RAN	Ь	Membership dues	1 b									
200	c	Fundraising events	1 c									
AR/	d	Related organizations	1 d		1.4 . 4 . 4 . 6	· · · · · · · · · · · · · · · · · · ·	五. 2 看 \$ 2 卷 9					
Ş.Ş.	е	Government grants (contribution	ons) 1 e		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	· 小量企業會 x ?						
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, q similar amounts not included	grants, and above 1 f	480,980.								
E O	g	Noncash contributions include	d in lines 1a-1f \$					And And And				
2 €	h	Total. Add lines 1a-1f		<u> </u>	480,980.	L. S. A.	5 3-27 A. A.					
₩ E				Business Code	A SOUTH ALL AND A SOUTH AND A SOUTH AS A SOU	<u> </u>	1 775-5 74-4					
	2 a											
<u>بر</u>	ь	'										
<u>≅</u>	<u>د</u>					-						
S	a											
8	•	All other program service	e revenue					· -				
ဗ္ဗ	,	Total. Add lines 2a-2f	se revenue (- 			79.00 mg 15 15 15 15 15 15 15 15 15 15 15 15 15					
		Investment income (incl	ludina dividends	interest and			<u> </u>					
	3	other similar amounts)	during dividends	•	456,574.			456,574.				
	4	Income from investmen	t of tax-exempt	bond proceeds . >								
	5	Royalties		•								
			(ı) Real	(iı) Personal		\$-32-44 J.		Carried Marie				
		Gross rents										
		Less: rental expenses										
		Rental income or (loss)	L,		F*F; 35, W		2 % 2 4 4 4	***************************************				
	d	Net rental income or (lo		(ii) Other	TL 308-5' 00 30'45' 5'		/ # # 7					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		12000		•					
		-	10506151	•			To a second second					
	b	Less cost or other basis and sales expenses	9,655,245					TELL OF				
	c	Gain or (loss)	850,906									
		Net gain or (loss)	030,200	•				850,906.				
		Gross income from fund	draising events									
띑	O a	(not including \$	araning overito			1 3 - 1 - 1 3 - 1						
몶		of contributions reported	d on line 1c).				J					
OTHER REVEN		See Part IV, line 18		a	金素日本正世代							
員		Less direct expenses		b	\$-\$-\$-\$-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		rio come					
	C	Net income or (loss) fro	m fundraising e	vents								
	9 a	Gross income from gam See Part IV, line 19			1	3 4 3 4 4 4						
	_	Less: direct expenses		a b								
		Net income or (loss) fro		·	- 	39-34 C 1/39 /34, 1/39 = 20 *** \(\sigma\)	IT CO IN GOOD OF THE	3 2 3 9 9 9 9				
			-			To the second	And Notes to the					
	10 a	Gross sales of inventory and allowances		a		302						
	b	Less: cost of goods sole	d	ь		The series of the	Sagar Co S & Art &					
i	c	Net income or (loss) fro	m sales of inve	ntory								
l		Miscellaneous Reven	ue	Business Code	A 150 As 15 B	o to have to be a to	Some in the same					
	11 a			-				<u> </u>				
	ь	' _			<u> </u>							
	C			_	<u> </u>							
	-	All other revenue				# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 	 				
		Total. Add lines 11a-11e		•		A - + 1 - 1		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
PAA		Total revenue. See inst	ructions		1,788,460.	0.	<u> </u>	1,307,480. Form 990 (2013)				
BAA	١			TEE	A0109L 07/08/13			FUHIH 770 (2013)				

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 or note to any line in this Part IX. (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See · & 6 雅净松 Part IV, line 21 1,111,000. 1,111,000 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, April Digital 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, trustees, and key employees. 240,966. 172,940 68,026 0. 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 Other salaries and wages 135,068 81,165 53,903 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,688 4,347 2,341 Other employee benefits 11,218 14,279 25,497 10 Payroll taxes 5,798 20,749 14,951 11 Fees for services (non-employees) a Management **b** Legal c Accounting 41,258 41,258 **d** Lobbying . **1** e Professional fundraising services See Part IV, line 17 f Investment management fees 77,809 77,809 g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 45,040 45,040 Advertising and promotion 13 Office expenses 9,502 9,502 Information technology 14 15 Royalties 16 Occupancy 33,581 10,738 22,843. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 6,000 1,165 4,835 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 5,644 5,644 Other expenses. Itemize expenses not 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.) Ž-1/-1 a CREDIT CARD FEES 4.881 4.881 b DUES AND SUBSCRIPTIONS 2,400 2,400 c POSTAGE AND SHIPPING 2,275 2,275 479 39 440 d DONOR RECOGNITION 200. 200. e All other expenses 1,769,037. 1,452,603 316,434. 0. 25 Total functional expenses. Add lines 1 through 24e. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)

Form 990 (2013)

Rart X Balance Sheet

BAA

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year Cash - non-interest-bearing 1,527,546. 2 Savings and temporary cash investments. 1,415,839 Pledges and grants receivable, net 3 1,190,223 804,035. 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). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 291, 667 291,667 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 80,000 b Less accumulated depreciation 10Ь 80,000 10 c 11 12,950,074. 11 Investments - publicly traded securities 11,843,545. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets, See Part IV, line 11 68,728 64,827. 16 Total assets. Add lines 1 through 15 (must equal line 34) 15,638,149 16 14,810,002 17 70,851 17 Accounts payable and accrued expenses 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 ABIL Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 57,660. 70,851 Organizations that follow SFAS 117 (ASC 958), check here X and complete *** lines 27 through 29, and lines 33 and 34. 163,160 27 27 Unrestricted net assets 14,693,263. Temporarily restricted net assets 14,589,182 28 874,035 29 29 Permanently restricted net assets. R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZO 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 33 Total net assets or fund balances 14,752,342 15,567,298. 14,810,002. 15,638,149. Total liabilities and net assets/fund balances

Form 990 (2013) READI MIXED CONCRETE RESEARCH	32-1000903	<u> </u>	aye ız					
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response or note to any line in this Part XI			X					
1 Total revenue (must equal Part VIII, column (A), line 12).	1	1,788,	460.					
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,769,	037.					
3 Revenue less expenses. Subtract line 2 from line 1	3	19,	423.					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,752,	342.					
5 Net unrealized gains (losses) on investments	5	855,	533.					
6 Donated services and use of facilities	6 Donated services and use of facilities 6							
7 Investment expenses	7							
8 Prior period adjustments	8							
9 Other changes in net assets or fund balances (explain in Schedule O). SEE 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 1								
Part XIII Financial Statements and Reporting	, ,							
Check if Schedule O contains a response or note to any line in this Part XII			П					
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			4					
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?		2a X						
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or r separate basis, consolidated basis, or both	eviewed on a	<i>§</i>	7					
X Separate basis Consolidated basis Both consolidated and separate basis								
b Were the organization's financial statements audited by an independent accountant?		2b X						
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a basis, consolidated basis, or both	separate	4 35	•					
X Separate basis Consolidated basis Both consolidated and separate basis		44 (40)	46					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversing review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c 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?								
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	3 b						
BAA		Form 990	(2013)					

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization READY MIXE

READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

Employer identification number 52-1680963

				All organizations m					ee inst	ruction	ıs.		
The o	orga	nization is not a priva	ate foundation becausi	e it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox.)					
1		A church, conventio	n of churches or asso	ciation of churches desc	ribed in	section	1 70(b) (1	I)(A)(i).					
2		A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule E.	.)								
3		A hospital or a coop	erative hospital servic	e organization described	d in sect	tion 170(b)(1)(A)	(iii).					
4		A medical research	organization operated	in conjunction with a ho	spital d	escribed	ın secti	ion 17 0 (b)(1)(A)(iii) Ente	er the hosp	tal's	
		name, city, and stat	e [.]										
5		An organization ope 170(b)(1)(A)(iv). (Co	rated for the benefit o implete Part II.)	f a college or university	owned o	or opera	ted by a	govern	mental u	ınıt desc	ribed in se	ction	
6				overnmental unit describ									
7	X	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 d	lescribed in section 17	'0(b)(1)(A)(vi). (Complete	e Part II.	.)							
9		from activities relate investment income	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.)										
10				exclusively to test for put									
11		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 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.											
		a Type I	b ∏Type II c	: Type III - Function	nally inte	grated		d 🗍 🤼	Type III -	– Non-fu	inctionally i	ntegra	ated
e	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 section 509(a)(2).												
f			eceived a written dete	rmination from the IRS t	hat is a	Type I,	Type II o	or Type	III suppo	orting or	ganızatıon,		
g		Since August 17, 20	106, has the organizati	on accepted any gift or	contribu	ıtıon froi	m any o	f the fol	lowing p	ersons?			
												Yes	No
		(i) A person who below, the gov	directly or indirectly co verning body of the su	ontrols, either alone or t pported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
		(ii) A family meml	ber of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35% control	led entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	I	Provide the following	g information about the	e supported organization	n(s).			_					
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column ((v) Is the organization in column (i) listed in your governing document? (v) Did you notify the organization in column (i) of your support? (vi) Is organized column (ii) of your organized U S			ation in nn (i) ed in the	(vii) Amount of monetary support			
					Yes	No	Yes	No	Yes	No			
_													
(A)					ļ								
(B)											<u> </u>		
(C)													
(D)													
(E)													
Takel						ñ A	F 4.4	-43	1.3				

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

Schedule A (Form 990 or 990-EZ) 2013

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											
Cale oegi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	182,116.	501,951.	230,709.	1,116,246.	480,980.	2,512,002.				
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	182,116.	501,951.	230,709.	1,116,246.	480,980.	2,512,002.				
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)						462,276.				
6	Public support. Subtract line 5 from line 4			Section 1997			2,049,726.				
Sec	tion B. Total Support	1									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total				
7	Amounts from line 4	182,116.	501,951.	230,709.	1,116,246.	480,980.	2,512,002.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	356,314.	472,719.	481,289.	448,276.	456,574.	2,215,172.				
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.)	100.	21,390.	46,749.			68,239.				
11	Total support. Add lines 7 through 10						4,795,413.				
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	<u>0.</u>				
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □				
Sec	tion C. Computation of Pu	ıblic Support l	Percentage			 					
	Public support percentage for 20	•	• •	e 11, column (f))		14	42.74%				
	Public support percentage from 2			ov on line 12	d the line 14 := 22	1/29/ or more, she	39.49 %				
	a 33-1/3% support test — 2013. If and stop here. The organization	qualifies as a pub	licly supported or	ganızatıon			- X				
١	o 33-1/3% support test — 2012. If the and stop here. The organization				, and line 15 is 33	-1/3% or more, ch	eck this box ►				
17 á	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this t	oox and stop here	. Explain in Part I\	/how				
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organiz	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this t tion qualifies as a	pox and stop here publicly supporte	. Explain in Part I\ d organization	/ how the □				
50.0		23.1011 did flot chet				hadula A (Form 99					

Schedule A (Form 990 or 990-EZ) 2013 READY MIXED CONCRETE RESEARCH

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		-				
Calend	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	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						
	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. Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
<u>Sec</u>	tion B. Total Support	,	r		r		
Calen	dar year (or fiscal yr beginning in) 🟲 👚	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
11	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)						
	First five years. If the Form 990 organization, check this box and			d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 20			e 13, column (f))		15	%
	Public support percentage from 2					16	%
	tion D. Computation of Inv					T	
	Investment income percentage f	· · · · · · · · · · · · · · · · · · ·		-	ın (f))	17	%
	Investment income percentage for				15	18	8
	33-1/3% support tests – 2013. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly suppor	rted organization	• []
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	zation
20	Private foundation. If the organi	zatiori did not che	ck a box on line				290 or 990-F7 2013

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name	of the organization			Employer identification number
	ADY MIXED CONCRETE RESEARCH DEDUCATION FOUNDATION, INC.			52-1680963
Par	TIZ Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Ac	counts.
<u> </u>	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 6 .	
		(a) Donor advised funds	(b) F	unds 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 don are the organization's property, subject to the		nor advised fu	ınds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?			
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		
	Preservation of land for public use (e.g., re	creation or education) Preservation	of an historica	illy important land area
	Protection of natural habitat	Preservation	of a certified h	nistoric structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution in t		
				leld at the End of the Tax Year
	Total number of conservation easements.		2 a	
	Total acreage restricted by conservation easen		2 b	
•	Number of conservation easements on a certification	ed historic structure included in (a)	2 c	
•	Number of conservation easements included in structure listed in the National Register		2 d	
3	Number of conservation easements modified, tax year ►	ransferred, released, extinguished, or terminat	ted by the orga	anization during the
4	Number of states where property subject to co.	nservation easement is located >	_	
5	Does the organization have a written policy reg and enforcement of the conservation easemen		ndling of violat	ons, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation ease	ments during	the year
7	Amount of expenses incurred in monitoring, in: ▶\$	specting, and enforcing conservation easement	ts during the y	<i>r</i> ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	ction 170(h)(4)	Yes No
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that de	d expense states escribes the o	tement, and balance sheet, and rganization's accounting for
Pai	Organizations Maintaining Collect	ions of Art, Historical Treasures, or Ot wered 'Yes' to Form 990, Part IV, line	her Similar e 8.	Assets.
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	held for public exhibition, education, or resear		
ı	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenue of for public exhibition, education, or research in	statement and n furtherance	balance sheet works of art, of 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 a amounts required to be reported under SFAS		or financial ga	- · · · · · · · · · · · · · · · · · · ·
á	a Revenues included in Form 990, Part VIII, line	1		►\$
ı	Assets included in Form 990, Part X			▶\$

Schedule D (Form 990) 2013 READY	MIXED CONCR	ETE RESEARC	CH al Tr	easures, or Oth	52-1680 ner Similar Assets	0963 Page continued)	
 Using the organization's acquisition items (check all that apply): Public exhibition 	ori, accession, and o			hange programs	nat are a significant use	. Or its concension	
b Scholarly research		e Other					
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIII.	nization's collections	and explain how	they f	further the organiz	ation's exempt purpose	ın	
5 During the year, did the organizat to be sold to raise funds rather the	an to be maintained	as part of the org	ganıza	ation's collection?		Yes No	
Rartil Escrow and Custodia line 9, or reported an	l Arrangements amount on Form	Complete if 990, Part X,	the c	organization ar 21.	nswered 'Yes' to Fo	rm 990, Part IV,	
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or ot	ner intermediary	for co	ntributions or othe	r assets not included	Yes No	
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	g table	e `			
						Amount	
c Beginning balance					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1 f		
2 a Did the organization include an a						Yes 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. Co	mplete if the org	anization ansv	were	<u>d 'Yes' to Form</u>	<u>n 990, Part IV, line</u>	10	
•	(a) Current year	(b) Prior year	· .	(c) Two years back		(e) Four years back	
1 a Beginning of year balance	14,589,182.	13,553,7	72.	14,875,404	4. 14,733,101.	182,116.	
b Contributions	344,203.	871,0	84.	230,709	9. 501 <u>,951</u> .	1,292,863.	
c Net investment earnings, gains, and losses		1,140,7	63.	-572,903	1. 670,129.		
d Grants or scholarships						593,736.	
 Other expenditures for facilities and programs 	14,059,350.	976,4	37.	979,440	0. 1,029,777.		
f Administrative expenses							
g End of year balance .	874,035.	14,589,1		13,553,772		14,733,101.	
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, c	column (a)) held a	S		
a Board designated or quasi-endow	vment ►	%					
b Permanent endowment ▶	ૄ						
c Temporarily restricted endowmer	100.0)O %					
The percentages in lines 2a, 2b,	and 2c should equal	100%.					
3a Are there endowment funds not in			hat ar	e held and admini	stered for the		
organization by.	ir the possession or t	no organization t		0 1,010 0110 0011111		Yes No	
(i) unrelated organizations						3a(i) X	
(ii) related organizations						3a(ii) X	
b if 'Yes' to 3a(ii), are the related of	rganizations listed a	s required on Sch	nedule	R?		3b	
4 Describe in Part XIII the intended	luses of the organization	ation's endowmer	nt fund	ds. SEE PAR'	T XIII		
RantiVI: Land, Buildings, and	Equipment.						
Complete if the organi		'Yes' to Form	990	, Part IV, line 1	11a. See Form 990,	Part X, line 10.	
Description of property		st or other basis nvestment)		Cost or other casis (other)	(c) Accumulated depreciation	(d) Book value	
1 a Land					11/2/12/12		
b Buildings							
c Leasehold improvements							
d Equipment		-		80,000.	80,000.	0	
e Other							
Total. Add lines 1a through 1e. (Column	n (d) must eaual For	m 990, Part X. co	olumn	(B), line 10(c))	•	0	
BAA					Sched	ule D (Form 990) 201	

BAA

Part VII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	"		
(F)			
(G)			
(H)	-		
(I)			Albert Care Care Care
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		N/A	334 2 ha 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Complete if the organization answered	'Yes' to Form 990,	, Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end	-of-year market value
(1)			
(2)	-		·
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
(10)	-	Allahara Kun Milwob	, 13-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part: IX. Other Assets.	N/A		;
Complete if the organization answered 'Y	es' to Form 990, Pa	art IV, line 11d. See Form 990, Pa	art X, line 15.
	scription		(b) Book value
(1)			
(2)	 		
(3)			···
(4) (5)			
(6)			
(7)			
(8)	 		
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, column (B)), line 15)		<u></u>
Other Liabilities. Complete if the organization answered 'Yes' to Form	000 Part IV June 11e or	11f See Form 000 Part V line 25	
(a) Description of liability	(b) Book value	THE Sec Form 550, Fall A, Time 25	Lind a Superior in in 1
(1) Federal income taxes	(2) 20011 10:00		
(2)			
(3)			
(4)			
(5)			74 3 4 4 5 5 7 5 5 6 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6 8 6
(6)			
(7)	 		
(8)	 		
(10)			
(11)			· 医电子分类化压性 新人森氏病
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	>		

Total. (Column (b) must equal Form 990, Part X, column (B) line 25)

2. Liability for uncertain tax positions 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 under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

X

Schedule **D** (Form 990) 2013

RAA

Schedule D (Form 990) 2013 READY MIXED CONCRETE RESEARCH	52-1680963	Page 5
Part XIII Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
THAT WAS ISSUED, AND PRESCRIBES A COMPREHENSIVE MODEL FOR HOW A	AN ORGANIZATION SH	OULD
MEASURE, RECOGNIZE, PRESENT, AND DISCLOSE UNCERTAIN TAX POSITION	ONS TAKEN ON ITS T	'AX
RETURN. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPOR	T FOR TAX POSITION	ons
TAKEN AND, AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS T	HAT ARE MATERIAL	TO
THE FINANCIAL STATEMENTS.		- -
	·	- -
		- <i></i>
		-
		-
		
		
	-	
	- -	
		- -
		
	·	
		

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' to For
Attach to Form 990.

United States	is' to Form 990, Part IV, line 21 or 22.
als in the I	s' to Form 990,

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	· · · · · · · · · · · · · · · · · · ·
Name of the organization	Emp	Employer identification number
READY MIXED CO	READY MIXED CONCRETE RESEARCH	52-1680963
Partil General Ir	Partion General Information on Grants and Assistance	
1 Does the organizathe selection crite	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?	X Yes No
2 Describe in Part l	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Partill Grants and	[Partill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Earn 000 Bort IV Jun 21 for any regiment that recover that the Epople Bort II can be disclosed if additional energies needed	d 'Yes' to
יטהט ווווט ד	רמוניוי, ווופ בו זטן מוון ופכוףופון נוומר ופכפולפט וווטופ נוומין פליליסטי. י מיני וי למיו על מקףוכמולם יו מעניימי אף מלפ	וא וופטמטת.

		. 0 FMV									3	TEEA3901L 07/12/13 Schedule I (Form 990) (2013)
ourel)		0. FMV										33901L 07/12/13
										<u> </u>		TEEA
		1,111,000.						-		the line 1 table		
ir applicable						_				irganizations listed ir	1 table	s for Form 990.
) and government o	ons listed in the line	see the Instruction
or government	(1) SEE ATTACHED SCHEDULE		<u>(2)</u>	(<u>s)</u>	(4)	(5)		<u></u>	(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3 Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Part IV, Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) GRANT FUNDS FOLLOW GRANT GUIDELINES OUTLINED IN THE CONTRACTS/AGREEMENTS. (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA ß 9

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

Attach to Form 990.

See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

REA	DY MIXED CONCRETE RESEARCH	52-1680963			
Par	Questions Regarding Compensation			_	
In Decid	<u> </u>			Yes	No
1 a	Check the appropriate box(es) if the organization provided ar VII, Section A, line 1a. Complete Part III to provide any relev	ny of the following to or for a person listed in Form 990, Part ant information regarding these items.		1 5 9 3 4 6 4 6 9	
	First-class or charter travel	Housing allowance or residence for personal use		4.44	
	Travel for companions	Payments for business use of personal residence		. 9 4	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees		4. L-4	
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)		an second	
b	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described		1 b		
2	Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director,		2		
3	Indicate which, if any, of the following the filing organization of CEO/Executive Director Check all that apply. Do not check a establish compensation of the CEO/Executive Director, but ex	used to establish the compensation of the organization's iny boxes for methods used by a related organization to xplain in Part III.			
	X Compensation committee	Written employment contract		· 雅· 克· 克·	
	Independent compensation consultant	Compensation survey or study		4	
	Form 990 of other organizations	X Approval by the board or compensation committee		i i	
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization			
	Receive a severance payment or change-of-control payment?		4 a		X
	Participate in, or receive payment from, a supplemental nong	•	4 b		X
С	Participate in, or receive payment from, an equity-based com-	•	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		H	iii
	Only section 501(c)(3) and 501(c)(4) organizations must com	plete lines 5-9.			ij.
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			
а	The organization?		5 a	Х	
ь	Any related organization?		5 b		Х
	If 'Yes' to line 5a or 5b, describe in Part III	PART III	122	\$ 100 P	711
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			
а	The organization?		6 a		Х
	Any related organization?		6 b		X
	If 'Yes' to line 6a or 6b, describe in Part III		17	*	
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 Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or act to the initial contract exception described in Regulations sectif 'Yes,' describe in Part III	crued pursuant to a contract that was subject ion 53.4958-4(a)(3)?	8		Х
9	If 'Yes' to line 8, did the organization also follow the rebuttable section 53.4958-6(c)?	le presumption procedure described in Regulations	9		

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

Schedule J (Form 990) 2013

Page 2

READY MIXED CONCRETE RESEARCH Schedule J (Form 990) 2013

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

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

Note. The sum of columns (B)(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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(ui) Other reportable compensation	and ouner deferred compensation		(d)-(l)(d)sillilis	deferred in prior (a)-(i)(a)-(
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ВАА			1EEA4102L 0//08/13	20.03			Schedule	Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization READY MIXED CONCRETE RESEARCH

Supplemental Information to Form 990 or 990-EZ

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

> Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection .

Employer identification number

52-1680963

AND EDUCATION FOUNDATION, FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS OPTIMIZING CONCRETE MIXTURES FOR PERFORMANCE AND SUSTAINABILITY: THIS PROJECT WILL PROVIDE GUIDELINES ON HOW MUCH CEMENTITIOUS CONTENT IS NEEDED TO ACHIEVE GIVEN STRENGTH AND POTENTIAL DURABILITY PROPERTIES IN A CONCRETE MIXTURE. MANY SPECIFICATIONS (DOT, COMMERCIAL) IMPOSE MINIMUM CEMENTITIOUS CONTENT REQUIREMENTS THAT MAY BE IN EXCESS OF THAT REQUIRED, LEADING TO INCREASED COSTS AND INCREASED CARBON LOADING ON THE ENVIRONMENT. THIS PROJECT, WHICH WILL TAKE PLACE AT THE NATIONAL READY MIXED CONCRETE ASSOCIATION'S LABORATORY, WILL INCLUDE THE PREPARATION OF A NUMBER OF SIMILAR CONCRETE MIXTURES WITH VARYING CEMENTITIOUS CONTENTS AND TYPES AND MEASURING ENGINEERING PROPERTIES OVER TIME. THIS PROJECT IS ONE ASPECT OF A LARGER PROJECT FUNDED BY THE FEDERAL HIGHWAY ADMINISTRATION AND TAKING PLACE AT THE NATIONAL CONCRETE PAVEMENT TECHNOLOGY CENTER AT IOWA STATE UNIVERSITY. THE RESULTS FROM THIS PROJECT WILL BE PRESENTED AT MEETINGS OF THE AMERICAN CONCRETE INSTITUTE, THE TRANSPORTATION RESEARCH BOARD, THE NATIONAL CONCRETE CONSORTIUM AND AT OTHER MEETINGS THAT MAY INFLUENCE SPECIFIERS. THE FEDERAL HIGHWAY ADMINISTRATION'S SUPPORT OF THIS PROJECT WILL ALSO HELP ENSURE THAT STATE DOT SPECIFIERS ARE MADE AWARE OF THE RESEARCH RESULTS AND SUBSEQUENT RECOMMENDATIONS. 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

READI MIXED CONCRETE RESEARCH	52-1680963
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS	
AND COUNTY ENGINEERS WHO SEEM TO BE OBSERVING THE PROBLEM THE M	OST. TRAINING HAS
BEEN HELD IN IOWA, INDIANA, MICHIGAN, MINNESOTA, NEW YORK, SOUTH	DAKOTA AND
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	
REFINEMENT OF AN EROSION DESIGN TOOL FOR LOW VOLUME CONCRETE RO	ADS_AND_PARKING_LOTS:
THE TEXAS TRANSPORTATION INSTITUTE (TTI) LOCATED AT TEXAS A&M U	NIVERSITY, WILL
UNDERTAKE TO DEVELOP AN EROSION DESIGN TOOL FOR LOW VOLUME CONC	RETE ROADS AND
PARKING LOTS. AN AREA OF CONCRETE PAVEMENT FAILURE - LOSS OF SUPPO	ORT DUE TO EROSION -

Name of the organization READY MIXED CONCRETE RESEARCH Employer identification number 52-1680963 AND EDUCATION FOUNDATION, INC. FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION IS VERY DIFFICULT TO IDENTIFY UNTIL THE POINT OF NON-REPAIR AND IS THE SINGLE-MOST CAUSE OF PREMATURE PAVEMENT FAILURE, PARTICULARLY WITH LOW VOLUME CONCRETE PAVEMENT. THE TOOL WILL ASSIST PAVEMENT DESIGN ENGINEERS AND IMPLEMENTERS OF DESIGN METHODS WITH ASSESSING POTENTIAL PAVEMENT DESIGN FAILURES DUE TO EROSION. THE TOOL WILL INCLUDE AN INTERACTIVE DESIGN PROCESS TO FACILITATE ASSESSMENT FOR THE NEED OF AN AGGREGATE BASE UNDER A CONCRETE PAVEMENT. THE SPREADSHEET WILL BE CONFIGURED TO ADDRESS A VARIETY OF INPUTS CONSISTING OF TRAFFIC, DESIGN AND MATERIALS CHARACTERISTICS INCLUDING THE DESIGN POSITION OF THE WHEEL LOAD TO ALLOW EROSION DETERMINATIONS ALONG THE JOINT OR AT THE LONGITUDINAL EDGE.A FINAL REPORT DETAILING PERTINENT DATA COLLECTED AND THE ANALYSIS CARRIED OUT WILL ALSO BE PREPARED. 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 PROVIDING GUIDANCE TO CONCRETE PRODUCERS ON DESIGNING FOR A MINIMUM LEVEL OF PERFORMANCE TO REDUCE THE RISK OF FAILING THE PERFORMANCE CRITERIA. DEVELOPING PERFORMANCE-BASED ALTERNATIVE CRITERIA TO CURRENT PRESCRIPTIVE LIMITATIONS IN THE ACI 318 BUILDING CODE WILL PROVIDE A SIGNIFICANT BOOST TO ADVANCEMENT OF THE P2P INITIATIVE. IT WILL ALLOW FOR AN INCREASED USE OF PERFORMANCE SPECIFICATIONS WHILE ELIMINATING RESTRICTIONS ON MINIMUM CEMENTITIOUS CONTENTS/TYPES, MAXIMUM W/CM RATIOS AND REQUIRED SUPPLEMENTARY CEMENTITIOUS MATERIAL QUANTITIES. THE DATA FROM THIS STUDY WILL 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 REQUIREMENTS.

ivam	AND EDUCATION FOUNDATION, INC.	52-1680963
	FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	
	THE STUDY WILL ALSO SUPPORT PERFORMANCE- BASED ALTERNATIVES TO	THE AMERICAN
	ASSOCIATION OF STATE HIGHWAY TRANSPORTATION OFFICIALS (AASHTO)	LOAD AND RESISTANCE
	FACTOR DESIGN (LRFD) BRIDGE SPECIFICATIONS. PERFORMANCE-BASED C	ONCRETE REQUIREMENTS
	WILL ALLOW FOR INNOVATION AND WILL ESTABLISH BETTER SCIENCEBASE	D PRINCIPLES OF
	MEASURABLE CONCRETE PROPERTIES TO PROVIDE ENHANCED DURABILITY A	ND PROLONGED SERVICE
	LIFE OF CONCRETE STRUCTURES. THE STUDY HAS NOW BEEN ROLLED INTO	A LARGER \$1.4
	MILLION STUDY IN COOPERATION WITH THE FEDERAL HIGHWAY ADMINISTR	ATION (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	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	H THE INTERNAL
	REVENUE SERVICE.	
	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):	
	2013 REPORTABLE COMPENSATION FOR MS. GARBINI INCLUDED A 2013 BC	NUS OF \$31,602 WHICH
- -	WAS EARNED AND PAID IN 2013.	
- -	JENNIFER LEFEVRE	

Name of the organization READY MIXED CONCRETE RESEARCH	Employer identification number
AND EDUCATION FOUNDATION, INC.	52-1680963
FORM 990, PART VII - COMPENSATION EXPLANATION (CONTINUED)	
FORM 990, PART VII, SECTION A, COLUMN (D):	
2013 REPORTABLE COMPENSATION FOR MS. LEFEVRE INCLUDED A	2013 BONUS OF \$1,500 WHICH
WAS EARNED AND PAID IN 2013.	·
	- -

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

* Attach to Form 990. * See separate instructions.

Related Organizations and Unrelated Partnerships

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer Identification numbe

52-1680963

提訊 Identification of Disregarded Entities Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

(d) (d) (e) (e) (f applicable) of disregarded entity (or foreign country) (a) (d) (e) (e) (f applicable) of disregarded entity (f applicable) (f applicable) of disregarded entity (f applicable) of disregarded entity (f applicable) (f applicab					Partill Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.
(a) Name, address, and EIN (if applicat		I 1			Partill Identification of Related Ta

(g) Sec 512(b)(13) controlled entity? ŝ × Yes (f)
Direct controlling
entity N/A (e)
Public charity status
(if section 501(c)(3)) (**d)** Exempt Code section 501(C)(6) (c) Legal domicile (state or foreign country) Ð ASSOCIATION (b) Primary activity TRADE (a) Name, address, and EIN of related organization - <u>900 SPRING STREET</u> - <u>SILVER SPRING, MD 20910</u> - 53-0116046 **⊗**¦ €¦ ල¦

Schedule **R** (Form 990) 2013

TEEA5001L 06/26/13

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

52-1680963

Readily Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. READY MIXED CONCRETE RESEARCH Schedule **R** (Form 990) 2013

Schedule R (Form 990) 2013 (i) Sec 512(b)(13) controlled entity? (k) Percentage ownership Š Yes (i) General or managing partner? Ŷ (h) Percentage ownership Yes **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? £ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total Income (d)
Direct
controlling
entity TEEA5002L 06/27/13 Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) (a) Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Partilly BAA Ξ¦ 3 ତ୍ର $\mathbf{\epsilon}'$ 8 <u>କ୍ର</u>

Schedule R (Form 990) 2013 READY MIXED CONCRETE RESEARCH

[EarthV] Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

New Campute for I stay of the Goldway Stakedule. New Campute for I stay of the Goldway Stakedule. New Campute for I stay of the Goldway Stakedule. New Campute for I stay of the Goldway Stakedule. New Campute for I stay of the Goldway Stakedule. New Campute for I stay of the Goldway Stakedule. New Campute for Campute for I stay of the Goldway Stakedule. New Campute for Goldway Stakedule. New Camput		Į.	Schodula D (Form 000) 2015		OTENIO CONTRACTOR
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IV of this schedule. The following transactions with one or more related organizations listed in Parts II-IV? Torm a controlled entity The following transactions with one or more related organization(s) The following transaction (s) The following transaction threshed organization(s) The following transaction threshed The following transaction th			60,000.FM	N	
Vo of this schedule. Vost and schedule. Vost this schedule. Vost this schedule. Vost this schedule. Vost this schedule. Vost and schedule. V	ermining olved	(d) nod of det mount inv		(b) Transaction type (a-s)	(a) Name of related organization
Vos this schedule. Vos thi			ind transaction thresholds.	g covered relationships a	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including
Vost schedule. Vost	×	18			Other transfer of cash or property from related organization(s)
trom a controlled entity (s) (s) (g) (g) (g) (g) (g) (g)	×	11			r Other transfer of cash or property to related organization(s)
the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations with one or more related organization (s) If the following transactions with one or more related organization (s) If the following transactions with one or more related organization (s) If the following transaction (s)	3	1 q			related organization(s) for expenses
the following transactions with one or more related organizations listed in Parts II-IV? 1 a b b b b b b b b b b b b b b b b b b	×	_			related organization(s) for expenses
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t from a controlled entity t	×	E			ss or membership or fundraising solicitations by related organization(s)
t from a controlled entity to fine a controlled entity to from 1 from a controlled entity to from a controlled entity	×	=			Performance of services or membership or fundraising solicitations for related organization(s)
Yes The following transactions with one or more related organizations listed in Parts II-IV? If from a controlled entity In (s) In	×	- -			k Lease of facilities, equipment, or other assets from related organization(s)
Yes or IV of this schedule. The following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions listed in Parts II-IV. If the following transaction in Parts II-IV. If	_	. <u></u>		:	יייי פווופן מססכנט וט יפומנכט טוקמייונמניטיונט
the following transactions with one or more related organizations listed in Parts II-IV? I from a controlled entity I from a controlled enti	~	=			h related organization(s)
the following transactions with one or more related organizations listed in Parts II-IV? I the following transactions with one or more related organizations listed in Parts II-IV? I the from a controlled entity I the first included entity I the	×	٦			Purchase of assets from related organization(s)
Yes the following transactions with one or more related organizations listed in Parts II-IV? 1	×	1g			Sale of assets to related organization(s)
Yes The following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? If the following transactions with one or more related organizations listed in Parts II-IV? In (s)	×	11			Dividends from related organization(s)
very of this schedule. The following transactions with one or more related organizations listed in Parts II-IV? I from a controlled entity I from 5) In (s)	# * * * * * * *				
very of this schedule. The following transactions with one or more related organizations listed in Parts II-IV? I from a controlled entity I controlled e	×	1e			Loans or loan guarantees by related organization(s)
Yes following transactions with one or more related organizations listed in Parts II-IV? 1 a n a controlled entity 1.1	X	1 d			d Loans or loan guarantees to or for related organization(s)
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responsible to this schedule. The following transactions with one or more related organizations listed in Parts II-IV? Trom a controlled entity Ta	×	1 p			ntribution to related organization(s)
of this schedule. following transactions with one or more related organizations listed in Parts II-IV?	×	- Ja			annuities (iii) royalties or (iv) rent from a controlled entity
of this schedule.	2 75.		•	tions listed in Parts II-IV	he organization engage in any of the following transactions with one or more related organiz
	-	×			iny entity is listed in Parts II, III, or IV of this schedule.

[Partivies] Unrelated Organizations Taxable as a Partnership Complete If the organization answered 'Yes' on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	Predominant income	Are all partners section	Share of total income	(g) Share of end-of-year	(h) Disproportionate	Code V-UBI	General or managing		(k) Percentage ownership
		codinay	lated, excluded from tax under	organizations?	-		allocations	K-1 Form (1065)		<u> </u>	
			section 512-514)	Yes No			Yes No		Yes	No	
<u>(1)</u>											
	•						_				
	•										
(2)											
	•										
	•						. ,				
(3)											
(4)											
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(9)											
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<u>6</u>											
(8)											
	.										
ВАА			TEE	TEEA5004L 06/27/13	/13			Schedule R		Form 99	(Form 990) 2013

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue		►Information about Form 886	8 and its in	structions is at www.irs.gov/form8868.		
If you are	e filing for an A	Automatic 3-Month Extension, comp	lete only P	art I and check this box	<u> </u>	► X
If you are	e filing for an A	Additional (Not Automatic) 3-Month	Extension,	complete only Part II (on page 2 of this f	orm).	<u></u>
Do not comp	olete Part II un	less you have already been granted	an automa	itic 3-month extention on a previously file	d Form 8868 .	
corporation r request an ex Associated V	equired to file xtension of tin Vith Certain Pe	Form 990-T), or an additional (not a ne to file any of the forms listed in P	automatic) (art I or Par st be sent t	a 3-month automatic extension of time to 3-month extension of time. You can elect t II with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits.	ronically file Fori rmation Return f	m 8868 to or Transfers
Part I	Automatic	3-Month Extension of Time. O	nly subm	nit original (no copies needed).		
A corporation	required to f	lle Form 990-T and requesting an au	ıtomatıc 6-r	month extension - check this box and co	mplete Part I on	ly ► 🗀
All other corp income tax re		uding 1120-C filers), partnerships, R	PEMICs, and	d trusts must use Form 7004 to request a Enter filer's identif		
	Name of exempt	organization or other filer, see instructions		Enter mer 3 identifi		ion number (EIN) or
Type or print	AND EDUC	XED CONCRETE RESEARCH ATION FOUNDATION, INC.			52-1680963	
File by the due date for	Number, street,	and room or suite number. If a P O box, see in	structions		Social security num	oer (SSN)
filing your return See		NG STREET st office, state, and ZIP code For a foreign add	ress see instr	uctions		
instructions	' '	PRING, MD 20910				
Application	turn code for t	he return that this application is for	Return	Application		01 Return
Is For	5 000 57		Code	Is For		Code
Form 990 or	Form 990-EZ		01 02	Form 990-T (corporation) Form 1041-A		07
Form 4720 (II			03	Form 4720 (other than individual)	- 10	09
Form 990-PF			04	Form 5227		10
Form 990-T ((section 401(a)	or 408(a) trust)	05	Form 6069		11
Form 990-T ((trust other tha	n above)	06	Form 8870		12
Telephon If the org If this is to check thing the exter Telephon	ne No. • (24) lanization does for a Group Re s box • lanicon is for. st an automat 8/15	, 20 14 _, to file the exempt organ	Fax No ness in the ligit Group neck this bo	. ► <u>(301) 565-8200</u> United States, check this box Exemption Number (GEN) . If	this is for the whee and EINs of	
► X ► 2 If the ta	calendar yea tax year begi	nning , 20 , 20 d in line 1 is for less than 12 months	, and endir	ng, 20 ason	al return	
		or Forms 990-BL, 990-PF, 990-T, 47 s. See instructions	20, or 6069), enter the tentative tax, less any	3a \$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

tax payments made. Include any prior year overpayment allowed as a credit

0.

0.

3Ь\$

Form 990

Continuation Sheet for Form 990

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler Identification number

52-1680963

READY MIXED CONCRETE RESEARCH

Partivill Continuation: Officers, Directors, Trustees, Key Employees, and
Highest Compensated Employees

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average			(checl	k all 1	hat app	ly)	Reportable	Reportable	Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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 EXECUTIVE DIR.	0			х			-	0.	221,615.	21,673
JENNIFER LEFEVRE PROGRAM DIRECTOR	$-\frac{0}{40}$					х		0.	109,804.	17,013
				_						
									_	
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	1		_							
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			_							
		†								

2013

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC. 52-1680963

PART II, LINE 10 - OTHER INCOME	PART	II. LII	NE 10) - OT	HER I	INCOME
---------------------------------	------	---------	-------	--------	-------	---------------

NATURE AND SOURCE	<u> </u>	13	2012	2011	2010	 2009
OTHER INCOME SPECIAL EVENTS			\$	6,559. 40,190.	\$ 21,390.	\$ 100.
	TOTAL \$	0. \$	0. \$	46,749.	\$ 21,390.	\$ 100.

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 4

READY MIXED CONCRETE RESEARCH AND EDUCATION FOUNDATION, INC.

52-1680963

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

TRANSFER TEMPORARILY NET ASSETS TO UNRESTRICTED TRANSFER TEMPORARILY NET ASSETS TO UNRESTRICTED

\$ -13,308,332. 13,308,332. 0.

TOTAL \$

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

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
Texas A & M Transportation Institute 400 Harvey Mitchell Pkwy South Suite 300 College Station, TX 77845	74-2270624	115	\$ 23,000	\$	FMV	N/A	Development of Erosion Design Tool
lowa State University 2711 South Loop Drive, Suite 4700 Ames, IA 50010-8664	42-6004224	115	\$ 25,000	\$	FMV	N/A	Training on Cement Base Paving Product
NRMCA 900 Spring Street Silver Spring, MD 20910	53-0116046	501(c)(6)	\$ 17,000	\$	FMV	N/A	Performance Alternatives to ACi318 Building Code
NRMCA 900 Spring Street Silver Spring, MD 20910	53-0116046	501(c)(6)	\$ 45,000	\$	FMV	N/A	Optimizing Concrete Mixture
MIT 77 Massachusetts Avenue Cembridge, MA 02139	04-2103594	501(c)(3)	\$ 1,000,000	\$	FMV	N/A	Concrete Sustanability Research
Other Grants <\$5,000	N/A	N/A	\$ 1,000	· 89	FMV	N/A	