

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





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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

_	F	0044	ad anding			
A			nd ending	·		tanatan amara
,— B	Check if applicab	C Name of organization		n Fwblo	yer identif	ication number
Ļ	Addr	ess change				
Ļ	Nam	e change CT READY MIXED CONCRETE ASSOC, INC.			<u>-1019</u>	
L	Initia	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	-	one numb	
	Final termi	return/ 912 SILAS DEANE HIGHWAY		<u>86</u>	<u>0-529</u>	-6855
	Amer	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption	n
	Applic	atton pending WETHERSFIELD, CT 06109-3434		Numb	er 📐	
G	Accour	nting Method: X Cash		H Check		if the organization is
1	Websi	te: ► WWW.CTCONSTRUCTION.ORG		not re	quired to a	ttach Schedule B
J	Tax-ex	cempt status (check only one) — 501(c)(3) X 501(c) (6) ◀(insert no.) 4947	7(a)(1) or 527	(Form	990, 990-	EZ, or 990-PF).
ĸ	Form o	of organization: X Corporation Trust Association Other				
L	Add lin	nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	r if total assets (Part I	l,		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$	169,430.
F	Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (see the instru	ctions fo	r Part I)	
_		Check if the organization used Schedule O to respond to any question in this Part I				X
_	1	Contributions, gifts, grants, and similar amounts race ved			1	18,375.
	2	Program service revenue including government des and contracts			2	103,432.
	3				3	23,175.
	4	Investment income Membership dues and assessments MAY 16 2012 SEE SC	HEDULE O		4	268.
	5a					
	Ь	Less: cost or other basis and sales expenses 56				
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	١.	Gross income from gaming (attach Schedule G if greater than				
Revenue	· •	\$15,000) 6a				
Š	· .	Ţj/	butions	1		
æ	ו י	from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)	24,1	80.		
	c	Less; direct expenses from gaming and fundraising events	14,6			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line			6d	9,498.
	7a		, 00,	·	-	
		Less: cost of goods sold 7b				
	b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	l °	Other revenue (describe in Schedule 0)		F	8	
3	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	154,748.
<u>,</u> –	10		HEDULE O		10	1,750.
>		Benefits paid to or for members		 	11	
> _	11	,			12	53,203.
Expenses	12	Salaries, other compensation, and employee benefits			13	3,500.
	13	Professional fees and other payments to independent contractors			14	11,400.
Ĕ	14	Occupancy, rent, utilities, and maintenance		_	15	TT/400.
_ נ	15	Printing, publications, postage, and shipping Other expanses (describe in Schedule O) SEE SC	HEDULE O		16	68,629.
] 5 _	16		ט פרוטרפיוי.			138,482.
	17	Total expenses. Add lines 10 through 16		_▶	17	16,266.
Z 2	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		· -	18	10,200.
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))			40	144,704.
A A	:	(must agree with end-of-year figure reported on prior year's return)		-	19	
Net	20	Other changes in net assets or fund balances (explain in Schedule 0)		_	20	160 070
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	160,970. Form 990-EZ (2014)
	LIA E.	r Danaguark Reduction Act Notice leas the senarate instructions				FORTH 3300 EA (70) 41

432171 12-15-14

_	n 990-EZ (2014) CT READY MIXED CONCRETE A	SSOC, INC.		<u>6-1019/</u>	IO Page 2
P	Balance Sheets (see the instructions for Part II)		antiam im Alaia Davit II		[49]
	Check if the organization used Schedule O to res	pond to any que		(5) 5	<u> </u>
			(A) Beginning of year		nd of year
22	Cash, savings, and investments		145,044.		<u>161,016.</u>
23	Land and buildings			23	
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		672 <u>.</u>	24	673.
25	Total assets		145,716.	25	161,689.
26	Total liabilities (describe in Schedule O) SEE SCHEDULE O		1,012.	26	719.
27			144,704.		160,970.
P	art III Statement of Program Service Accomplishmen	ts (see the insti	ructions for Part III)		penses
نتا	Check if the organization used Schedule O to res			(Required	for section
M/h	at is the organization's primary exempt purpose? SEE SCHEDULE O	polita to ally que			and 501(c)(4)
				others.)	ons; optional for
Des	cribe the organization's program service accomplishments for each of its three largest program s ner, describe the services provided, the number of persons benefited, and other relevant informa	ervices, as measured by e ation for each program title	xpenses in a clear and concise		
_				 	
28	SEE SCHEDULE O			— j	
			.	—	
			· · · · · · · · · · · · · · · · · · ·		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	28a	<u>153,164.</u>
29					
				_	
	(Grants \$) If this amount includes foreign g	rants, check here		29a	
30					
•••				_	
				_	
	(Grants \$) If this amount includes foreign g	rants, check here	>	30a	
0.4	Other program services (describe in Schedule 0)	iants, chock note		1002	-
31		ranta abaalibara		_{31a}	
	(Grants \$) If this amount includes foreign g Total program service expenses (add lines 28a through 31a)	rams, check here		▶ 32	153,164.
32	Lotal program service expenses (200 lines 282 infolion 3 lat				T 2 2 1 T 0 4 .
Ğ	N/ List of Officers Directors Trustees and Key E	mnlovees			
P	art IV List of Officers, Directors, Trustees, and Key E			ee the instructions f	or Part IV)
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que	estion in this Part IV		
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hour	estion in this Part IV	d) Health benefits, contributions to	(e) Estimated
P	art IV List of Officers, Directors, Trustees, and Key E	pond to any que (b) Average hour per week devoted	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hour	estion in this Part IV (c) Reportable to compensation (Forms	d) Health benefits, contributions to employee benefit	(e) Estimated
P	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hour per week devoted position	estion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	990-EZ (2014) CT READY MIXED CONCRETE ASSOC, INC. 06-1019			Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Bart \0.000 Chapter if the organization used Sch. O to respect to any question in the			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	is Par		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1 1		
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N .	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			ĺ
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	ŀ		
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	}		ł
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A	1	}	1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	}		1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	Ά
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on]	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed $ ightharpoonup CT$			
42 a	The organization's books are in care of ► KATHY PORCU Telephone no. ► 1-860-			
	Located at ▶ 912 SILAS DEANE HIGHWAY, WETHERSFIELD, CT ZIP+4 ▶ (<u> </u>	9-3	434
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	-	X_
	If "Yes," enter the name of the foreign country:	i		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40-		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	BT / B		اــــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			Vac	No
	Note that the second se		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1		J.
	Form 990-EZ	44a	 	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			7.7
	of Form 990-EZ	44b	}	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	1	1	
	in Schedule O	44d	 	+
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		Ì	1
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<u> </u>	1
4321	73	Form 9	990-EZ	(2014)
4321 12-1	5-14			

orm 99Q-EZ (2	2014)	CT RI	EADY	MIXED	C	ONCR	ETE	ASSC	DC, I	NC.			06-	101	<u> 197</u>			age 4
																'	Yes	No
				directly, in p	politica	al campa	aign activ	ities on t	ehalf of or	r in oppositi	on to can	didates for p	ublic of	fice?				
		chedule C, P				<u> </u>			 -						4	16		<u>X</u>
		n 501(c)(-			-		47 401	50									
											ete the ta	bles for line	9S 5U 8	and 5	1.			
	Check II	the organiz	ation use	ea Scheau	JIB O	to respo	ond to a	iny ques	suon in th	is Part VI		•	•			٠,	Yes	<u> </u>
Did the or	ran puzatron	ongogo in I	obbygna oc	atuution or h	201/0 0	onation	501/h) o	laation in	offoot dur	una the tow	voor9 If W	es," complet	a Cab	C Dari	. 11 🗀	17	162	INU
		a school as o								-	year n 1	es, complet	e 3011.	u, rai				
-										IR C					<u> </u>	18		
a Did the or							ie relateu	Organiza	311011?							9a		
b If "Yes," w Complete		_					Lamploví	oc (othe	r than offic	are directe	are trueto	es and key ei	mplovo	ac) wh	_	9b		0000
•		ompensation		_	•					.c. 3, uii 6610	, u u s t c t	so allu key el	приоус	(5) WI	IO Gaci	11600	31VGU 1	11016
TIGH \$100		a) Name and				1616 13 11	one, crite		(b) Averag	ie hours	(c)	Reportable	(d) He	salth be	nefits	/a\	Estima	
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Complete	this table	ner employee for the orga e is none, er	nization's	five highest	t comp	oensated	Indepen	dent con	tractors w	ho each rec	eived moi	e than \$100	,000 oi	comp	ensati	on fro	om the	l
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Total num Did the or complete der penalties e, correct, ar	nber of other other of other other other other of other othe	ner independent of the complete Se A y, I declare to the Declaration of the complete Se A y of officer of the complete Se A	nization's inter "None. dress of ea	ich independent in	receive section	ving over on 501(c turn, incl	\$100,00)(3) orga luding ac s based c	on all info	s must atta	ch a ules and sta f which prep	b) Type of	service	est of r		(c) Co	mper	nsation] No
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d Total num Did the or completed der penalties e, correct, ar gn ere	nber of other ganization of Schedul Signature Type or p Print/Ty JANE Firm's n	for the orga e is none, er pusiness add mer independ n complete S e A y, I declare t tet. Declarati orint name and pe preparer T BAR name V dddress	dent contra Schedule A hat I have con of prep title 's name I LLAR ENMAN 3 7 5 E	actors each of Note. All sexamined the arer (other the arer (other the arer the area that are the area	receive section that return that the receive section that return that the retu	ring over on 50 1(c) turn, including the parer's LLC, RT A	\$100,000 (3) organized by the same of the	company on all info	s must atta	ch a ules and sta f which prep	b) Type of	and to the bany knowled	est of rige. Date	PTIII P() 6 - (1)	(c) Co	Yes e and 36:340:	s belief	No.
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SCHEDULE.G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Inspection about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form 990.

OMB No 1545-0047

2014

Open to Public Inspection

Famil Fundratising Activities. Complete if the organization answered "Yes" to Form 980, Part IV, line 17. Form 990 EZ filters are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds through any of the following activities. Check all that apply, I indicate whether the organization raised funds and of government grants I indicate whether the organization are not following activities. Check all that apply, I indicate whether the organization are not following activities. Check all that apply, I indicate whether the organization are not following activities. Check all that apply, I indicate any organization are not following activities. Check all that apply. I indicate any organization are not following activities. Check all that apply, I indicate any organization are not following activities. Check all that apply. I indicate any organization are not following activities. Check all that apply. I indicate any organization are not following activities. Check all that apply. I indicate any organization are not following activities. Check all that apply. I indicate any organization are not	Name of the organization						Employer ider	ntification number
Indicate whether the organization raised funds through any of the fellowing activities. Check all that apply, a Mad solicitations	CT READY	MIXED CONCRETE A	SSO	C,	INC.		06-1019	710
a Mall solicitations e Solicitation of non-government grants b Interest and emals solicitations f Solicitation of government grants f Solicitations g Solicitation of government grants g Special fundraising events g Special fundraising events g Special fundraising events was written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services? Yes No b If Yes, is that been highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) and individual or entity (fundraiser) and individual or entity (fundraiser) with a service of the professional organization or entity (fundraiser) with a service organization or entity (fundraiser) with a service organization or entity (fundraiser) with a service organization organiz		Complete if the organization answer	red "Y	es" to	Form 990, Part IV, II	ne 17	7. Form 990-EZ	filers are not
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Ord short states from activity from activity (iv) Gross receipts from activity (iv) Amount paid to (or retained by) from activity (iv) Gross receipts from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Amount paid to (or retained by) from activity (iv) Gross receipt (iv) from activity (iv) Gross	a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Par b If "Yes," list the ten highest paid indivi	e Solicitat f Solicitat g Special oral agreement with any individual rt VII) or entity in connection with priduals or entities (fundraisers) pursu	ion of lon of the fundration (include the fundration)	non-g gover using o ling or onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser) Yes No	compensated at least \$5,000 by the o	rganization.	(iii)	D. d		(4)	Amount paid	
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.		(ii) Activity	or con	istody trol of		to (c	or retained by) fundraiser	to (or retained by)
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.			Yes	No		_		
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
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Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.				_				
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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.							1	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	Total		<u>. </u>	•				
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014	3 List all states in which the organization	is registered or licensed to solicit	contrib	ution	s or has been notifie	d it is	exempt from re	egistration
HA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014								
HA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014								
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HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014								
HA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2014								
	HA For Panerwork Reduction Act Nation	on see the Instructions for Form	990 or	990-	F7. (Sche	dule G (Form S	990 or 990-F7\ 2014

432081 08-28-14

			(a) Event #1	0-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	
			(a) Event #1	(b) Event #2	NONE	(d) Total events
-			GOLF OUTING		NONE	(add col. (a) through
,			(event type)	(event type)	(total number)	col. (c))
2015	1 (Gross receipts	24,180.			24,180
	2	Less: Contributions				
	2	Gross income (line 1 minus line 2)	24,180.			24,180
7		Gross income (into 1 things line 2)	24,100.			21,100
	4 (Cash prizes				
2	5	Noncash prizes				
לאמווא	6	Rent/facility costs				
מפנו באלים וספות	7 !	Food and beverages				
ا د	8	Entertainment				
		Other direct expenses	14,682.			14,682
ı	i	Direct expense summary. Add lines 4 through				14,682
 >_a	11 rt II	Net income summary. Subtract line 10 from li Gaming. Complete if the organization	ine 3, column (d)	990 Part IV line 19 or	reported more than	9,498
		\$15,000 on Form 990-EZ, line 6a.	answered tes to roun	1990,1 art 14, iii 10 19, 01 1	reported more trian	
,			1			
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
חבאבוו	4	0	(a) Bingo		(c) Other gaming	
anilasau	1	Gross revenue	(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
		Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2		(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ci Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
ci Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		bingo/progressive bingo	Yes%	col. (a) through col. (c
ci Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		col. (a) through col. (c
ci Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo	Yes%	col. (a) through col. (c
ci Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No h 5 in column (d)	Yes%	Yes%	col. (a) through col. (c
Direct Expenses	2 3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d)	Yes% No	Yes%	col. (a) through col. (c
Direct Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities	Yes% No	Yes%	col. (a) through col. (c
a a	2 3 4 5 6 7 8 Enter is the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No	Yes%	col. (a) through col. (c
a a b	2 3 4 5 6 7 8 Enter is the lift "N	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net garning income summary. Subtract line 7 er the state(s) in which the organization conduct organization licensed to conduct garning a lo," explain:	Yes % No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	Yes% No states?	Yes% No	col. (a) through col. (c
o a b	2 3 4 5 6 7 8 Enter is the lif "N	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 er the state(s) in which the organization condine organization licensed to conduct gaming a	Yes% No h 5 in column (d) cts gaming activities ctivities in each of these	bingo/progressive bingo Yes% No states?	Yes% No	col. (a) through col. (c

Sch	edule G (Form 990 or 990-EZ) 2014 CT READY MIXED CONCRETE ASSOC, INC. 06-	<u> 1019710</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party >\$		
c	of "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
		 	
	Director/officer Employee Independent contractor		
17	Mandatory distributions.		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	rotain the state gaming license?	Yes	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	, lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
_			
4320	283 08-28-14 Schedule G (Fo	rm 990 or 99	0-EZ) 2014

Schedule (3 (Form 990 or 990	<u>-EZ)</u> (T READY	MIXED	CONCRETE	<u>ASSOC,</u>	INC.	<u>06-1019710 Page 4</u>
Part IV	Supplement	al Informa	ation (continue	d)				
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization CT READY MIXED CONCRETE ASSOC, INC.	Employer identification number 06-1019710
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	268.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: VARIOUS CHARITIES	
GRANTEE NAME: VARIOUS	
AMOUNT GIVEN:	1,750.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING	1,388.
INSURANCE	832.
LICENSES AND PERMITS	50.
OFFICE EXPENSE	477.
MEETING EXPENSE	1,274.
CERTIFICATION TRAINING PROGRAM	42,592.
ANNUAL MEETING	3,491.
SEMINAR EXPENSE	53.
TRAVEL	3,084.
CONCRETEWORKS REGIONAL CONFERENCE EXPENSES	15,388.
TOTAL TO FORM 990-EZ, LINE 16	68,629.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:	
	F YEAR END OF YEAR
LUA For Banarwork Reduction Act Notice, see the Instructions for Form 990 or 990-F7	chadula () (Earm 990 or 990-E7) (2014)

432211 08-27-14

SCHEDULE Q (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization CT READY MIXED CONCRETE ASSOC, INC.		r identification number L019710
PREPAID EXPENSES	672.	673.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:		
DESCRIPTION BEG	. OF YEAR	END OF YEAR
SALES TAX PAYABLE	1,012.	719.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROM CONCRETE INDUSTRY	OTION OF RI	EADY MIXED
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCO	MPLISHMENT:	5:
CERTIFICATIONS AND MEETINGS		
PROVIDE EDUCATIONAL SEMINARS AND EVENTS TO EDUCATE A	ND	
INFORM MEMBERSHIP AND INFORM MEMBERSHIP ON MATTERS O	<u>F</u>	
INTEREST WITHIN THE READY-MIXED CONCRETE INDUSTRY		
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL	BENEFIT CO	NTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE A	NY FUNDS, 1	DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT	CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY	PREMIUMS,	DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.		

CONNECTICUT READY MIXED CONCRETE ASSOCIATION, INC.

OFFICERS AND DIRECTORS ELECTED AS OF 2014 **OFFICERS**

Kevin Miller President Vice President Secretary Treasurer TJ Oneglia Len Suzio Donald Penepent

DIRECTORS	
Name/Company Darryl Neopalitano Holcim Northeast	Term Expiration 2017
Lauren Forgione The F&F Concrete Company	2017
Donald Penepent Tilcon Connecticut Inc.	2017
Rich Sullivan Lehigh Cement Co.	2017
Kevin Miller Tilcon Connecticut, Inc.	2016
Sue Duffy O&G Industries	2016
Len Suzio The L. Suzio Concrete Co.	2016
Greg Lanouette A.H. Harris	2016
T.J. Oneglia O&G Industries, Inc.	2015
Seymour Adelman Adelman Sand & Gravel	2015
Ric Suzio The L. Suzio Concrete Co., Inc.	2015
Mick Tarsi Manafort Brothers, Inc.	2015