DLN: 93493179002029 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization AMERICAN CONCRETE INSTITUTE D Employer identification number B Check if applicable ☐ Address change 38-0296490 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 38800 COUNTRY CLUB DRIVE ☐ Application pending (248) 848-3778 City or town, state or province, country, and ZIP or foreign postal code FARMINGTON HILLS, MI $\,$ 48331 $\,$ G Gross receipts \$ 19,087,776 Name and address of principal officer H(a) Is this a group return for RONALD BURG ☐Yes ☑No subordinates? 38800 COUNTRY CLUB DRIVE H(b) Are all subordinates FARMINGTON HILLS, MI 48331 ☐ Yes ☐No ıncluded? Tax-exempt status ☐ 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CONCRETE ORG L Year of formation 1960 M State of legal domicile MI Summary 1 Briefly describe the organization's mission or most significant activities TO DEVELOP, DISSEMINATE AND ADVANCE THE ADOPTION OF ITS CONSENSUS-BASED KNOWLEDGE ON CONCRETE AND ITS USES TO UTILIZE CONCRETE TO ITS FULLEST POTENTIAL BY OPERATING THE NATIONAL HEADQUARTERS OF THIS SCIENTIFIC & EDUCATIONAL SOCIETY TO ENCOURAGE THE EXCHANGE OF IDEAS AND NEW TECHNOLOGY AFFECTING THE CONCRETE INDUSTRY THE ORGANIZATION ALSO EDITS AND PUBLISHES THE BI-MONTHLY JOURNALS, MONTHLY CONCRETE INTERNATIONAL, AND OTHER SPECIFIC PUBLICATIONS Activities & Governance IN THE CONCRETE FIELD Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 150 6 3,600 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 337,813 7b Net unrelated business taxable income from Form 990-T, line 34 -12,476**Prior Year Current Year** 947,520 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 11,943,043 12,584,215 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,933,798 1,481,261 4,597,841 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,526,425 19,350,786 18,663,317 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 1,392,600 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 9,763,017 9,463,668 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,078,501 7,295,927 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 15,841,518 18,152,195 Revenue less expenses Subtract line 18 from line 12 3,509,268 511,122 d Balances Beginning of Current Year End of Year 49,177,013 47,507,917 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 7,873,233 8,523,968 22 Net assets or fund balances Subtract line 21 from line 20 41,303,780 38,983,949 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-06-24 Date Signature of officer Sign Here RONALD BURG EXECUTIVE VICE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check \square if 2019-06-24 P00589677 Paid self-employed ► REHMANN ROBSON LLC Firm's EIN > 38-3635706 Preparer **Use Only** Firm's address ► 1500 W BIG BEAVER RD 2ND FLR Phone no (248) 952-5000 TROY, MI 48084 May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page 2					
Pa	rt III Statement	of Program Service	e Accomplish	ments							
	Check if Sche	dule O contains a respo	onse or note to ar	ny line in this Part III .		🗹					
1	Briefly describe the o	organization's mission									
CONC	CRETE TO ITS FULLEST DURAGE THE EXCHANG	FPOTENTIAL BY OPERA SE OF IDEAS AND NEW	TING THE NATION TECHNOLOGY AF	NAL HEADQUARTERS OF FECTING THE CONCRETE	THIS SCIENTIFIC & EDUC INDUSTRY THE ORGANI						
2	Did the organization	Did the organization undertake any significant program services during the year which were not listed on									
	the prior Form 990 o	r 990-EZ?				☐ Yes 🗹 No					
	If "Yes," describe the	ese new services on Sch	nedule O								
3	Did the organization	cease conducting, or m	ake significant cl	nanges in how it conducts	, any program						
	services?					. 🗌 Yes 🗹 No					
	If "Yes," describe the	ese changes on Schedu	e O								
4	Section 501(c)(3) an		ons are required t	o report the amount of gi	gest program services, as rants and allocations to otl						
4a	(Code) (Expenses \$	204,402	ıncludıng grants of \$) (Revenue \$	5,011,308)					
	See Additional Data										
4b	(Code) (Expenses \$	1,854,715	ıncludıng grants of \$) (Revenue \$	3,088,712)					
	See Additional Data					_					
4c	(Code) (Expenses \$	2,304,557	ıncludıng grants of \$) (Revenue \$	6,006,939)					
	See Additional Data										
	(Code) (Expenses \$	9,229,934	ıncludıng grants of \$	1,392,600) (Revenue \$	2,737,284)					
	CONVENTIONS COMMIT	TTEE MEETINGS ARE HELD	TO DEVELOP TECH			GN AND TECHNOLOGY THERE ARE OVER 30 SEMINARS,					
4d	Other program service	ces (Describe in Schedi	ıle O)								
	(Expenses \$	9,229,934 incl	uding grants of \$	1,392,600) (Revenue \$	2,737,284)					
	Total program serv		13,593,60								

Form 990 (2018) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 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? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🥦 🔒 🔒 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο

14a Yes

14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b Yes valued at \$100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🕏 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο

16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Nο 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

Νo **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

No

Form **990** (2018)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

column (A), line 2⁷ If "Yes," complete Schedule I, Parts I and III

Par	tiV Checklist of Required Schedules (continued)			
			Yes	No
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	Yes	
24a	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
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		No
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 "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	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	Yes	
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		No
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		No
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	Yes	

Page 4

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

19

20

• • • • • • • • • • • • • • • • • • • •	330 <u>(</u> 2	.020)			raye
Par	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	nse to i	lines 🗹
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 19			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 18			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did th	ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by			
а	The g	overning body?	8a	Yes	
		committee with authority to act on behalf of the governing body?	8 b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se		B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u> </u>	
				Yes	No
10a	Did th	ne organization have local chapters, branches, or affiliates?	10a	Yes	
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	Were	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
c		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
•	Schea	dule O how this was done	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b		No
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure	<u>'</u>		
17	List th	ne States with which a copy of this Form 990 is required to be filed▶ MI			
18	only)	on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year

Part VII

DIRECTOR

DIRECTOR

(17) FRANCES T GRIFFITH

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 .

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

1a 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, or 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 (B) (C) (D) (E)

Check this box in heither the organization no	ally related of	garnzat	1011 C	эппр	70113	accu c	ally v	tarrent officer, and	etor, or tradice	
(A) Name and Title	(B) Average hours per week (list any hours	perso	an one	ne bo both	ot che ox, u :h an	eck me unless n office rustee)	er	compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DAVID A LANGE PRESIDENT	1 00	x		х				0	0	0
(2) RONALD BURG EXECUTIVE VICE PRESIDENT	40 00	×		×				383,462	0	41,608
(3) JEFFREY W COLEMAN VICE PRESIDENT	1 00	x						0	0	0
(4) RANDALL W POSTON VICE PRESIDENT	1 00	×						0	0	0
(5) KHALED AWAD PAST PRESIDENT	1 00	x						0	0	0
(6) MICHAEL J PAUL DIRECTOR	1 00	x						0	0	0
(7) MICHELLE L WILSON DIRECTOR	1 00	x						0	0	0
(8) MARK A CHEEK DIRECTOR	1 00 0 00	x						0	0	0
(9) HEATHER J BROWN DIRECTOR	1 00	X						0	0	0
(10) HR TREY HAMILTON III DIRECTOR	0 00	X						0	0	0
(11) R DOUG HOOTON DIRECTOR	0 00	Х						0	0	0
(12) JOE HUG DIRECTOR	0 00	X						0	0	0
(13) WILLIAM M KLORMAN DIRECTOR	0 00	X						0	0	0
(14) NEVEN KRSTULOVIC-OPARA DIRECTOR	1 00 0 00	X						0	0	0
(15) TRACY D MARCOTTE DIRECTOR	1 00 0 00	x						0	0	0
(16) ANTONIO NANNI	1 00	,							0	

0.00 1 00

0 00

Х

0

0

0

(A)

(B)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	ox, ι n of or/t	t ch unle ficei rust	randa :ee)	son	(D) Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-		Estima Estima amount o compena from arganizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)		relat organiza	ed
(18) SHARON L WOOD	1 00	×						C		0		0
PAST PRESIDENT DIRECTOR	0 00									_		
(19) MICHAEL J SCHNEIDER	1 00	×								0		0
PAST PRESIDENT DIRECTOR	1 00									4		
(20) DONNA HALSTEAD	40 00			×				193,448	3	0		30,466
MANAGING DIRECTOR- FINANCE & ADMIN	1 00							,		1		
(21) THEODORE NEFF	40 00					l x		250,060		0		14,246
PTI EXECUTIVE DIRECTOR	0 00							250,000				
(22) JOHN GLUMB	40 00					l x		233,420		0		45,671
SR MANAGING DIRECTOR - OPERATIONS	0 00					_ ^		255,420	1	<u> </u>		+5,071
(23) MICHAEL THOLEN	40 00					l x		194,775		0		18,657
MANAGING DIRECTOR -ENGR & PROF DEV	0 00	••••				^		194,//	'	1		16,037
(24) JOHN NEHASIL	40 00					×		100 570		0		40.277
MANAGING DIRECTOR - CERTIFICATION	0 00	••••				^		188,570	<u>'</u>	٩		40,377
(25) KIMBERLY KAYLER	40 00					,,		407.675				10.000
PRESIDENT AOE	0 00	••••				×		187,673	·]	0		18,839
1b Sub-Total					1	•						
c Total from continuation sheets to Part V	/II, Section A .				j	•						
d Total (add lines 1b and 1c)				ı	j	•		1,631,408	0			209,864
Total number of individuals (including but of reportable compensation from the orga-		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$100	0,000			
											Yes	No
3 Did the organization list any former offic	er, director or t	rustee,	key e	empl	loye	e, or h	nghe	est compensated e	mployee on			
line 1a ⁷ If "Yes," complete Schedule J for									· ·	3		No
For any individual listed on line 1a, is the organization and related organizations grandividual												
		•		•	•	•	•		_	4	Yes	
Did any person listed on line 1a receive of services rendered to the organization? If '	•						_	-		5		No
Section B. Independent Contractors	·											

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

compensation from the organization ▶ 0

(C)

(D)

(E)

(B)

Description of services

(C)

Compensation

Form 990 (2018)

		Statement of	Povonuo									Page 9
Part	VIII			a respo	onse or note to any	line in this	Part VIII					🗆
		5.133.1.1.23.101		<u> </u>	3.33 0.1 110.00 0.0 0.1 1	(A) Total rev		Rela ex fur	(B) ated or empt action	b	(C) nrelated usiness evenue	(D) Revenue excluded from tax under sections
	12	Federated campaig	ns	1a				rev	/enue			512 - 514
nts ints		b Membership dues		1b								
3ra nou	١,	: Fundraising events		1c								
ts, (١,	d Related organizatio	ns	1d								
<u> </u>	١,	Government grants (co	ontributions)	1e	<u> </u>							
ns,	1	F All other contributions										
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts n above	ot included	1f								
년 된 등	,	Noncash contribution	ons included									
nd n		in lines 1a - 1f \$ h Total. Add lines 1a	16		_							
<u> </u>		ii Total. Add lines Ta	-11	•								
<u> 1</u>	٦-	CERTIFICATION INCOM	F		Business	Code	6,00	06,939	6,006	,939		
۲. ۲. ۳. ۳.		MEMBERSHIP DUES				511120		88,712	3,088			
æ		CONVENTION INCOME				900099	•	17,854	2,047			
Š	_	EDUCATIONAL SEMINAR	25			900099		58,927	658	,927		
₹		CONCRETE INTERNATION				611710	40	9,430		,617	337,8	313
ran	e					900099	37	2,353	372	,353		
Program Service Revenue	f	All other program se	rvice revenue	84,215		2,000	3,2	,555				
	g	Total. Add lines 2a-2	2f		>	• 1,215		1				
		Investment income (i similar amounts) .	ncluding divid		interest, and other		1,481,261					1,481,261
	4	Income from investm			ond proceeds 🕨							
	5	Royalties			•							
	e -	Cross ronts	(ı) Rea	l	(II) Personal	-						
	oa	Gross rents										
	b	Less rental expenses										
	c	Rental income or				1						
		(loss) Net rental income o	(1)			Ц.						
	ď	i Net rental Income o	(i) Securit		(II) Other	<u> </u>						
	7a	Gross amount	(1) 500411		(ii) Stills	1						
		from sales of assets other than inventory										
		Less cost or				1						
	D	other basis and sales expenses										
	c	Gain or (loss)				1						
		Net gain or (loss)			•	<u>]</u>						
ی ا	8a	Gross income from f (not including \$		ents of								
듄		contributions reporte See Part IV, line 18	ed on line 1c)	_]							
ě	h	Less direct expense		a b		1						
Other Revenue		Net income or (loss)			ents •	ı						
o t	9a	Gross income from g See Part IV, line 19		es								
		See Fartiv, inte 19		а								
	b	Less direct expense	s	Ь]						
		Net income or (loss)		activit	ies >							
	10a	Gross sales of invent returns and allowand										
				а								
		Less cost of goods s		b]	4,597,841		4,597,841			
	C	Net income or (loss) Miscellaneous		invent	tory ► Business Code		4,397,041		4,557,641			
	11					†						
	b)										
	c											
		1 7 11										
		All other revenue . Total. Add lines 11a			•							
		Total revenue. See										
		. otal levellue. See	znaci actions	• •	• • • •		18,663,317		16,844,243		337,813	1,481,261

Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense:
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,392,600	1,392,600		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	648,984		648,984	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	5,955,265	3,976,257	1,979,008	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	2,148,575	1,353,384	795,191	
L 0 Payroll taxes	710,844	434,169	276,675	
L1 Fees for services (non-employees)				
a Management				
b Legal	18,793	11,463	7,330	
c Accounting	39,235	23,933	15,302	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	170,542	104,027	66,515	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	636,157	636,157		
.2 Advertising and promotion	907,825	761,207	146,618	
.3 Office expenses	804,179	721,146	83,033	
.4 Information technology	272,392	221,779	50,613	
.5 Royalties				
.6 Occupancy				
L 7 Travel	550,167	493,006	57,161	
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	
L9 Conferences, conventions, and meetings	1,670,102	1,603,694	66,408	
20 Interest			,	
1 Payments to affiliates	201,529	201,529		
2 Depreciation, depletion, and amortization	296,386	260,351	36,035	
23 Insurance	88,904	54,229	34,675	
24 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)			5,4,5,5	
a UBI TAX	5,047		5,047	
b REPAIRS & MAINTENANCE	481,949	340,633	141,316	
c TRAINING & EDUCATION	371,090	333,403	37,687	
d CREDIT CARD AND BANK FE	256,285	250,935	5,350	
e All other expenses	525,345	419,706	105,639	
25 Total functional expenses. Add lines 1 through 24e	18,152,195	13,593,608	4,558,587	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form 990 (2018)

		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		485,120	1	1,739,828
	2	Savings and temporary cash investments	[37,242	2	1,739,571
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[2,197,823	4	2,376,646
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualit	ted employees Complete		5	
ets	7	section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L	tions of section 501(c)(9) (see instructions) Complete		6	
Assets	8	Inventories for sale or use		840,285	8	1,079,297
	9	Prepaid expenses and deferred charges		765,653	9	911,844
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,134,059			
	ь	Less accumulated depreciation	10b 6,316,563	4,930,223	10 c	4,817,496
	11	Investments—publicly traded securities .		38,877,969	11	34,643,235
	12	Investments—other securities See Part IV, line	11	838,751	12	0
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets	[14	
	15	Other assets See Part IV, line 11	[203,947	15	200,000
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	49,177,013	16	47,507,917
	17	Accounts payable and accrued expenses		2,234,934	17	3,309,133
	18	Grants payable			18	
	19	Deferred revenue		2,144,802	19	2,335,200
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ap jap		persons Complete Part II of Schedule L			22	
Lia	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	

Other liabilities (including federal income tax, payables to related third parties, 3,493,497 25 2,879,635 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 7.873.233 8.523.968 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 41,096,049 27 38,778,733 27 28 Temporarily restricted net assets 207,731 28 205,216 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 41,303,780 33 38,983,949 33 34 49,177,013 34 47,507,917 Total liabilities and net assets/fund balances Form **990** (2018)

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 38-0296490

Name: AMERICAN CONCRETE INSTITUTE

Form 990 (2018)

Form 990, Part III, Line 4a:

PUBLICATIONS AND PERIODICALS DISSEMINATE TECHNICAL INFORMATION ON CONCRETE DESIGN AND CONSTRUCTION

Form 990, Part III, Line 4b: MEMBER SERVICES INCLUDING PROVIDING PLAQUES, CERTIFICATES, PINS, DECALS AND MANUAL OF CONCRETE PRACTICE TO MEMBERS AND AWARD SCHOLARSHIPS AND GRANTS TO STUDENTS

Form 990, Part III, Line 4c: CERTIFICATION CERTIFICATION OF LABORATORY, FIELD TECHNICIANS, INSPECTORS, ADHESIVE ANCHOR INSTALLERS, FINISHERS AND OTHER CERTIFICATION PROGRAMS TO IMPROVE THE QUALITY OF CONCRETE CONSTRUCTION CERTIFIED INDIVIDUALS ARE GENERALLY NOT ACI MEMBERS

CHEDU Form 990 90EZ)		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018			
epartment of t ternal Revenu	e Service		► Go to	www.irs.gov/Form	9 <u>90</u> for the late	est information	Inspection				
	e organizat NCRETE INSTI						Employer identification number				
Part I	Reason 1	or Public (Charity Stat	us (All organization	s must comple	ete this part.) S	38-0296490 See instructions.				
				e it is (For lines 1 thro							
1 🗆	A church, c	onvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).				
2 <u> </u>	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))					
3 □	A hospital c	r a cooperati	ve hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).				
	A medical range name, city,		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	inter the hospital's			
	_	tion operated iv). (Comple		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170			
_			•	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).				
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described ir			
³ □	A communi	y trust descr	ıbed ın sectio ı	170(b)(1)(A)(vi)	(Complete Part I	Ι)					
				escribed in 170(b)(1) ee instructions Enter				lege or university or			
	from activit investment	es related to income and i	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross			
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).				
ш	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a				
	Type I. A so	upporting org	janization oper	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by				
ш	managemei	nt of the supp		pervised or controlled in ation vested in the sare and C.							
		-	_	supporting organizatio	•	•	, -	ated with, its			
	Type III n functionally	on-function	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga				
		•	•	ved a written determir	•		pe I, Type II, Type II	I functionally			
	-		on-functionally organizations	integrated supporting	organization	,					
				apported organization(s)						
(i) Na	Provide the following information about t (i) Name of supported organization (ii) EII							(vi) Amount of other support (se instructions)			
					Yes No						
A-1											
otal				 nstructions for	Cat No 1128!	<u> </u>	 Schedule A (Form 9	22 222 57\ 224			

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	-			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	(Complete only if you					to qualify under	Part II. If
	the organization fails t						
Se	ection A. Public Support	•					
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,615	14,691		947,520		976,826
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 Gross receipts from activities that	13,184,129	15,621,108	15,312,957	16,160,800	17,268,702	77,547,696
4	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	13,198,744	15,635,799	15,312,957	17,108,320	17,268,702	78,524,522
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			217,965	214,872	581,615	1,014,452
С	Add lines 7a and 7b			217,965	214,872	581,615	1,014,452
8	Public support. (Subtract line 7c from line 6)						77,510,070
Se	ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	13,198,744	15,635,799	15,312,957	17,108,320	17,268,702	78,524,522
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	994,345	781,845	886,378	3,094,289	1,481,261	7,238,118
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	994,345	781,845	886,378	3,094,289	1,481,261	7,238,118
11	Net income from unrelated business activities not included in line 10b, whether or not the				39,257		39,257
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is 1	14,193,089	16,417,644	16,199,335	20,241,866	18,749,963	85,801,897
14	•	or the organization	ra mac, second, th	na, iourni, or illu	itan year as a sec	don sor(c)(s) org	• □
· ·	check this box and stop here ection C. Computation of Public	Support Perce	ntage				
	Public support percentage for 2018 (I			column (f))		15	90 340 0/-
16	Public support percentage from 2017			(1))		15	90 340 %

Section D. Computation of Investment Income Percentage

17

20

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

8 440 %

▶□

8 000 % ▶ ☑

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

17 18

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Schedule A (Form 990 or 990-EZ) 2018 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 За Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)								
	cupper unity or gamma units (community)		Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>					
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the		\vdash						
u	governing body of a supported organization?								
h	b A family member of a person described in (a) above?								
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11b							
	ection B. Type I Supporting Organizations	110							
	ection b. Type I Supporting Organizations		Yes	No					
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or								
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	\sqcup						
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting								
	organization								
S	ection C. Type II Supporting Organizations								
			Yes	No					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1							
_	,, , , , , , , , , , , , , , , , , , , ,			<u> </u>					
	ection D. All Type III Supporting Organizations		Yes	No					
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	j							
		1	\vdash						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)								
		2							
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3							
S	ection E. Type III Functionally-Integrated Supporting Organizations								
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)							
	The organization satisfied the Activities Test Complete line 2 below	-							
	b								
	c	ınstru	ctions)						
2	Activities Test Answer (a) and (b) below.		Yes	No					
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a							
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b							
3	Parent of Supported Organizations Answer (a) and (b) below.		\vdash						
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a							
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26							

m\ a	
/I) See	
ıgh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Schedule A (Form 990 or 990-F7) 2018

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income	(A) Prior Year	(B) C (o	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions)

1

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

4

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

temporary reduction (see instructions)

instructions)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

5

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2 3 4

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

6

(A) Prior Year

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

Additional Data

Software ID:

Software Version: **EIN:** 38-0296490

Name: AMERICAN CONCRETE INSTITUTE

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section F. lines 2, 5, and 6. Also complete this part for any additional information. (See

instructions)
Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493179002029OMB No 1545-0047

2018

Open to Public Inspection

	ERICAN CONCRETE INSTITUTE					"	-mp	noyer identification number
								296490
Pa	ort I Organizations Maintaining Donor Advi	sed Funds or Oth	er	S	imilar Fund:	s or /	Acc	ounts.
	Complete if the organization answered "Ye	es" on Form 990, Pa (a) Donor a						(b)Funds and other accounts
	Total number at end of year	(a) Donor a	iuvi	15€	a runus	-		(b) Funds and other accounts
	Total number at end of year					+		
	Aggregate value of contributions to (during year)					-		
	Aggregate value of grants from (during year)							
•	Aggregate value at end of year					<u> </u>		
; ;	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do	clusive legal control?						☐ Yes ☐ No
	charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	for	ar	y other purpos	se con	ferr	ring impermissible
Рa	rt II Conservation Easements. Complete if the					orm 9	990	, Part IV, line 7.
•	Purpose(s) of conservation easements held by the orga	nızatıon (check all tha	ıt aı	pp	ly)			
	Preservation of land for public use (e g , recreation	n or education) L	Ш	F	reservation of	an his	stor	ically important land area
	Protection of natural habitat	[F	reservation of	a cert	tifie	d historic structure
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a	qualified conservation	n co	ont	ribution in the	form	of a	conservation
	easement on the last day of the tax year							Held at the End of the Year
а	Total number of conservation easements					2	а	
b	Total acreage restricted by conservation easements					2	b	
c	Number of conservation easements on a certified histori	ıc structure ıncluded ıı	ո (a	а)		2	c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 7/25/06, an	d n	ot	on a historic	2	d	
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguis	hed	d,	or terminated	by the	org	ganization during the
Ļ	Number of states where property subject to conservation	on easement is located	 					_
;	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		g, ir	nsp	ection, handlii	ng of v	viola	ations, Yes No
•	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of viola	atio	ns	, and enforcing	g cons	erva	ation easements during the year
,	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations	s, a	nd	enforcing cons	servat	ion	easements during the year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(ii)^2$	above satisfy the rec	luire	en	nents of section	n 170((h)(·	····· — —
		convenien essemblis			overue and an	no===	. c+-	☐ Yes ☐ No
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organ						
ar	Organizations Maintaining Collections Complete if the organization answered "Ye					ther	Siı	milar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, edu	cat	tıoı	n, or research	ın furt		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items							
((i) Revenue included on Form 990, Part VIII, line 1							▶ \$
	ii)Assets included in Form 990, Part X							▶ \$
2	If the organization received or held works of art, histori					inancı	al g	·
_	following amounts required to be reported under SFAS	116 (ASC 958) relatin	g to	o t	nese items			▶ ¢
а	Revenue included on Form 990, Part VIII, line 1							▶ \$
b	Assets included in Form 990, Part X							▶ \$

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal T	reasu	ires, or	Other	Similar A	Assets (d	ontin	ued)	
3		ig the organization's acq is (check all that apply)	uisition, accession	n, and other	records,	check a	any of	the fo	llowing t	hat are a	sıgnıfıcant	use of its	colle	ction	
а		Public exhibition				d		Loan	or excha	ange prog	rams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	e generations												
4		ride a description of the XIII	organızatıon's col	lections and	explain h	ow the	y furtl	ner the	e organız	ation's ex	empt purp	oose in			
5		ng the year, did the orga ets to be sold to raise fur									ılar	☐ Ye	s	□ N	D
Pai	rt IV	Escrow and Cust Complete if the org			" on Forn	n 990	Part	TV lı	ne 9 o	r renorte	d an amo	ount on F	orm	990	Part
		X, line 21.	gamzation answ	rered res	011 1 011	11 330	, raic	10, 11	110 5, 01	теропсе	a an ame	June on 1	01111		
1a		ne organization an agent uded on Form 990, Part)		an or other	intermedia	ary for	contri	bution	s or othe	er assets i	not	☐ Ye	s	□ No	D
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	lowina	table					Amount			-
c		inning balance	inche in Fure XIII	and comple	te the fon	ioming	Cabic		l	1c		7			_
d	_	itions during the year							l	1d					_
е		ributions during the year	r							1e					_
f		ing balance							l	1f					_
2-		the organization include		000 Da	+ V l.m. 7	11 6			ا - ا- ا- ا		د بداید.		_	□ No	_
2a													S	⊔ No	О
		es," explain the arrange													
- 6	rt V	Endowment Fund	as. Complete if	(a)Curren							(d)Three y		(a)Fo	ur year	s back
1a	Beain	ning of year balance .		(a)Curren	it year	(D)PI	rior yea	' 	(C) I WO Y	ears Dack	(d) Three y	ears Dack	(e)ro	ui yeai:	S Dack
	-	ibutions						+							
		ivestment earnings, gair	ns and losses					\dashv							
		s or scholarships						\dashv							
	Other	expenditures for facilities													
f	Admır	nistrative expenses .													
g	End o	f year balance													
2	Prov	ride the estimated percei	ntage of the curre	ent year end	balance ((line 1c	, colu	mn (a))) held a	s		•			
а		rd designated or quasi-e		•		_									
ь	Pern	nanent endowment 🕨													
С	Tem	porarily restricted endov	wment ▶												
_	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	0%										
3а		there endowment funds	not in the posses	sion of the	organizatio	on that	are h	eld an	d admını	stered fo	r the		Г	Yes	No
	(i) t	unrelated organizations										3a	a(i)		
	(ii)	related organizations .										3a	(ii)		
b		'es" on 3a(II), are the rel	-		•			? .				. 3	3b		
4	Des	cribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds								
Pa	rt VI					- 000	_	T) ('		C	000				
	Desc	Complete if the ord	ganization answ (a) Cost or oth		" on Forn (b) Cost of						m 990, P			ok value	<u> </u>
	Desc	ription of property	(investme		(5) (03)	s. odiel	Jusis (1	ound)	(0) Acc	amaiatea u	- Colditoll	<u> </u>	4, 500	value	
1a	Land						1,00	09,209						1	,009,209
b	Buıldı	ngs					4,6	13,302			2,623,814	1		1	,989,488
c	Lease	hold improvements					1,37	72,520			374,958	3			997,562
	Eaun						2.40	19 752			2 291 003	2			118 749

702,488 4,817,496

1,026,788

1,729,276

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) .

Part VII Investments—Other Securities. Complete if the or See Form 990, Part X, line 12.	rganızatıon an	swered "Yes" on		
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
(1) Financial derivatives				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form			orm 990, Part X, line 13.	
(a) Description of investment	(b) Book valu	ıe Cost	(c) Method of valuation or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answered 'Yes	▶ s' on Form 990,	Part IV, line 11d S		
(1) (a) Description			(b) Book value	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•	
Part X Other Liabilities. Complete if the organization answ See Form 990, Part X, line 25.			v, line lie or lif.	
1. (a) Description of liability (1) Federal income taxes	(b)	Book value		
POSTRETIREMENT BENEFIT OBLIGATION (2)		2,879,635		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	2,879,635		
2. Liability for uncertain tax positions In Part XIII, provide the text of the organization's liability for uncertain tax positions under FIN 48 (ASC 740)				✓

Schedule D (Form 990) 2018

Pai	<u></u>	e venue per Audited Financial Staten Jization answered 'Yes' on Form 990, Pa		_	Return	
1		support per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	investments	2a			
b	Donated services and use of facili	nties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	ed on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12) .		5	
Par	t XII Reconciliation of Ex	penses per Audited Financial State	ments	With Expenses pe	r Return.	
1		uzation answered 'Yes' on Form 990, Pa			1	
2	Amounts included on line 1 but n				1	
		, ,	ء ا	I		
a	Donated services and use of facili		2a 2b		_	
b	Prior year adjustments		F		_	
С.	Other losses		2c		_	
d	Other (Describe in Part XIII)		2d		\dashv \Box	
e	Add lines 2a through 2d				2e	
3					3	
4	· ·	Part IX, line 25, but not on line 1:	1.	I		
a	•	ed on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII)		4b		⊣ .	
С					4c	
5		4c. (This must equal Form 990, Part I, line 1	8).		5	
	t XIII Supplemental Info					
		Part II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provide			art V, line 4, Pa	rt X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					
		+				

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 38-0296490

Name: AMERICAN CONCRETE INSTITUTE

Supplemental Information

Return Reference

Explanation

THE ORGANIZATION HAS ANALYZED ITS INCOME TAX POSITIONS FOR 2015 THROUGH 2018, THE YEARS WH
ICH REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2018 THE ORGANIZATION HAS CONCLUDED
THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN THE ORGANIZ
ATION'S CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOU
NT OF UNRECOGNIZED TAX BENEFITS ("UTB") (E G TAX DEDUCTIONS, EXCLUSIONS, OR CREDITS CLAIM
ED OR EXPECTED TO BE CLAIMED) TO SIGNIFICANTLY INCREASE IN THE NEXT 12 MONTHS THE ORGANIZ
ATION DOES NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES RELATED TO UTBS AT DECE
MBER 31, 2018 AND 2017, AND IT IS NOT AWARE OF ANY CLAIMS FOR SUCH AMOUNTS BY FEDERAL OR S
TATE INCOME TAX AUTHORITIES

efil	e GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLN	DLN: 93493179002029			
	IEDULE F Stat	ement of	Activities	Outside the Un	ited States	OMB No 1545-0047			
	m 990) ► Com _l	olete if the orgai	nization answered " ► Attach	Yes" to Form 990, Part IV, to Form 990. Instructions and the latest	line 14b, 15, or 16.	2018 Open to Public			
-	ment of the Treasurv il Revenue Service					Inspection			
	e of the organization ICAN CONCRETE INSTITUTE				Employer ide	ntification number			
/	TOTAL CONCRETE INSTITUTE				38-0296490				
Pa	General Information Form 990, Part IV, line		s Outside the I	United States. Compl	ete if the organization	answered "Yes" to			
1	For grantmakers. Does the o	rganization m	aıntaın records to	substantiate the amour	nt of its grants and				
	other assistance, the grantees	eligibility for	the grants or assı	stance, and the selectio	n criteria used				
	to award the grants or assista	nce?				☐ Yes ☐ No			
2	For grantmakers. Describe in outside the United States	Part V the or	ganızatıon's proce	edures for monitoring th	e use of its grants and o	ther assistance			
3	Activites per Region (The follow	ing Part I, line 3	3 table can be dupl	icated if additional space	s needed)				
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region			
	MIDDLE EAST AND NORTH AFRICA		1 0	PROGRAM ŠERVICES	ADVANCE THE DEVELOPMENT, DISSEMINATION, AND ADOPTION OF ACI CONSENSUS-BASED KNOWLEDGE ON CONCRETE AND ITS USES IN THE REGION INCREASE THE AWARENESS OF REGIONAL CONCRETE DESIGN AND CONSTRUCTION PRACTICES	71,186			
(2)									
(3)									
(4)									
(5)									
b	Sub-total Total from continuation sheets to		1 0			71,186			
	Part I Totals (add lines 3a and 3b)		1 0			71,186			

(3)							
(4)							
	•		•	•	•	•	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

(16)

(17) (18) Page 3

Schedule F (Form 990) 2018

Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
(1)									
(2)									
(3)									

(4) (5)

(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				

(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Colporations (See Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		∐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	✓ Yes	□No

scneaule F (Forn	n 990) 2018	Page				
Pro am me	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provid any additional information (see instructions).					
Re	eturnReference	Explanation				

Schedule F (Form 990) 2018

efile GRAPHIC print - DO I	NOT PROCESS	As Filed Data -					DLI	N: 934931790	02029
Note: To capture the full co	ontent of this do	ocument, please sel	lect landscape mode	: (11" x 8.5") whe	n printing.				
Schedule I Grants and Other Assistance to Organizations							OMB No 1545-0047		
(Form 990)	(Grants and Other Assistance to Organizations, Governments and Individuals in the United States						2018	
	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service			Attach to Form v.irs.gov/Form990 for	990.	•			Open to Public Inspection	
Name of the organization							mployer identific	atıon number	
AMERICAN CONCRETE INSTITUTE						:	38-0296490		
Part I General Informa	ation on Grants	and Assistance				<u> </u>			
Does the organization main the selection criteria used to						e, and		✓ Yes	
2 Describe in Part IV the orga	ınızatıon's procedur	es for monitoring the use	e of grant funds in the Un	ited States					
		estic Organizations an can be duplicated if addi		nts. Complete if the o	rganızatıon answered "Yes'	on Form	990, Part IV, line	21, for any recip	ient
(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)		escription of sh assistance	(h) Purpose o or assistance	f grant
(1) ACI FOUNDATION 38800 COUNTRY CLUB DRIVE FARMINGTON HILLS, MI 48331	38-2986800	501C3	1,392,600					RESEARCH GRA	
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ▶		1
3 Enter total number of other	organizations listed	d in the line 1 table					•		0
For Paperwork Reduction Act Notice	e. see the Instruction	ns for Form 990.		Cat No 50055	jP		Sch	edule I (Form 990) 2018

(7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference THE FOUNDATION IS A CONTROLLED ENTITY OF THE ORGANIZATION AS SUCH, THE ORGANIZATION HAS FULL KNOWLEDGE OF HOW THE FOUNDATION DISTRIBUTES THE FUNDS GIVEN TO THEM BY THE ORGANIZATION THE FOUNDATION HAS PROTOCOLS AND PROCEDURES FOR REQUESTS AND DISTRIBUTION OF

PART I, LINE 2 FUNDS GIVEN TO THEM BY THE ORGANIZATION

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	9317	79002	2029
Sch	edule J	Comp	ensat	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers, D						
				ated Employees vered "Yes" on Form 990, Part IV,	. line 23.	20	18	ζ .
		•	▶ Attach	to Form 990.				
	tment of the Treasurval Revenue Service	Go to <u>www.irs.gov/For</u>	<u>rn1990</u> tor	instructions and the latest inform	nation.		to Pul ectio	
	me of the organiza				Employer identificat	ion nu	ımber	
AIME	RICAN CONCRETE II	NSTITUTE			38-0296490			
Pa	rt I Questi	ons Regarding Compensation		•				
							Yes	No
1a		piate box(es) if the organization provection A, line 1a Complete Part III to						
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of persoi				
		ification and gross-up payments	H	Health or social club dues or initiation				
	□ Discretion	ary spending account	ш	Personal services (e g , maid, chauf	reur, cher)			
b		es in line 1a are checked, did the org Il of the expenses described above? I			nent or reimbursement	1b	Yes	
2	Did the organiza	tion require substantiation prior to re es, officers, including the CEO/Execut	imbursing	or allowing expenses incurred by all	. 1?	2	Yes	
	directors, truste	es, officers, including the CEO/Execut	ive Directo	r, regarding the items checked in line	e la?			
3		f any, of the following the filing organ			ne			
		EO/Executive Director Check all that d organization to establish compensat			n Part III			
	_	•						
		tion committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	7	Approval by the board or compensa	tion committee			
_		-						
4	related organiza	did any person listed on Form 990, P tion	art VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-control pa	vment?			4a	Yes	
b		receive payment from, a supplement	•	ified retirement plan?		4b		No
c	Participate in, o	receive payment from, an equity-bas	sed comper	nsation arrangement?		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and prov	ide the app	olicable amounts for each item in Part	III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizatione	must complete lines 5-9				
5		d on Form 990, Part VII, Section A, li		-				
	compensation co	ontingent on the revenues of						
а	The organization	7				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		d on Form 990, Part VII, Section A, li ontingent on the net earnings of	ne 1a, did	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III		Min	ı.			
7	payments not de	d on Form 990, Part VII, Section A, li escribed in lines 5 and 67 If "Yes," des	scribe in Pa	rt III	a	7		No
8	subject to the in	nts reported on Form 990, Part VII, pa itial contract exception described in R			escribe			
	ın Part III					8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the	rebuttable	presumption procedure described in	Regulations section	9		
For D		ction Act Notice, see the Instructi	one for Ec	orm 990	50053T Schedule 1		, 000)	2018

Part II 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 on 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 column (D) and (E) amounts for that individual

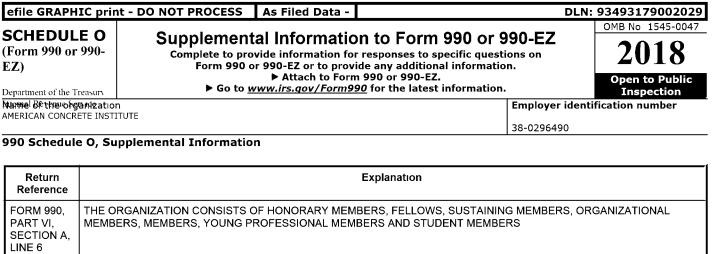
Note. The sum of column	s (B)	ot list any individuals that)(ı)-(ııı) for each listed ind	: are not listed on Form 9 dividual must equal the to	90, Part VII Stal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 RONALD BURG EXECUTIVE VICE PRESIDENT	(i)	343,262	35,000	5,200	27,500	14,108	425,070	0
	(ii)	0	0	0	0	0	0	0
2 DONNA HALSTEAD MANAGING DIRECTOR-	(i)	188,118	5,330	0	24,455	6,011	223,914	0
FINANCE & ADMIN	(ii)	0	0	0	0	0	0	0
3 THEODORE NEFF PTI EXECUTIVE DIRECTOR	(i)	157,700	92,360	0	0	14,246	264,306	0
	(ii)	0	0	0	0	0	0	0
4 JOHN GLUMB SR MANAGING DIRECTOR -	(i)	223,060	10,360	0	28,498	17,173	279,091	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
5 MICHAEL THOLEN MANAGING DIRECTOR	(i)	190,775	4,000	0	16,216	2,441	213,432	0
-ENGR & PROF DEV	(ii)	0	0	0	0	0	0	0
6 JOHN NEHASIL MANAGING DIRECTOR -	(i)	180,290	8,280	0	23,438	16,939	228,947	0
CERTIFICATION	(ii)	0	0	0	0	0	0	0
7 KIMBERLY KAYLER PRESIDENT AOE	(i)	180,000	7,673	0	12,600	6,239	206,512	0
THE SIDE IN THE L	(ii)	0	0	0	0	0	0	0
		<u> </u>					<u>Sch</u> edule	J (Form 990) 2018

Schedule J (Form 990) 2018 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation THEODORE NEFF RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$92,360 PART I. LINE 4A PART I. LINE 1A - FRINGE OR EXPENSE TRAVEL FOR COMPANIONS REFERS TO THE TRAVEL OF SPOUSES AND IS INCLUDED IN THE W-2 OF THE INDIVIDUALS WHOSE SPOUSES HAVE ACCOMPANIED

Schedule J (Form 990) 2018

EXPLANATION

ITHEM ON BUSINESS TRAVEL



Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL MEMBERS IN ANY CLASSIFICATION SHALL HAVE ALL RIGHTS AND PRIVILEGES OF MEMBERSHIP AS DE TERMINED BY THE BOARD OF DIRECTORS AND AS PROVIDED BY THE BYLAWS, EXCEPT THAT A YOUNG PROF ESSIONAL OR STUDENT MEMBER SHALL NEITHER VOTE NOR HOLD OFFICE THE STATUS OF A STUDENT MEM BER SHALL CHANGE AUTOMATICALLY TO THAT OF A YOUNG PROFESSIONAL MEMBER OR MEMBER, DEPENDING ON AGE, ON THE FIRST ANNIVERSARY OF MEMBERSHIP AFTER CEASING TO BE A REGISTERED STUDENT THE STATUS OF A YOUNG PROFESSIONAL MEMBER SHALL BE CHANGED TO THAT OF MEMBER ON THE FIRST MEMBERSHIP ANNIVERSARY AFTER REACHING 28 YEARS OF AGE

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE 990 IS RECEIVED AND REVIEWED BY THE EXECUTIVE COMMITTEE AT THE SUMMER EXECUTIVE COMMIT
TEE MEETING AFTER ANY CONCERNS PRESENTED BY THE EXECUTIVE COMMITTEE ARE ADDRESSED, THE EX

Return Explanation
Reference

FORM 990, BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY ALL DIRECTORS
PART VI, ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST AND TO NOTIFY THE BOARD OF ANY CONFLIC
SECTION B, TS THAT MAY ARISE THROUGHOUT THE YEAR
LINE 12C

Return Explanation
Reference

FORM 990,

THE EXECUTIVE COMMITTEE, COMPRISED OF INDEPENDENT PERSONS, MEETS TO REVIEW THE PERFORMANCE
PART VI,
OF TOP MANAGEMENT ANNUALLY THE EXECUTIVE COMMITTEE REVIEWS COMPARISON DATA FROM SIMILAR
SECTION B,
ORGANIZATIONS AS REPORTED BY AVAILABLE PUBLIC DOCUMENTS A RECORD OF THE MEETING AND DECIS
LINE 15A

ION BY THE EXECUTIVE COMMITTEE IS RETAINED BY THE ORGANIZATION

Return Explanation
Reference

FORM 990, ALL INFORMATION IS AVAILABLE UPON REQUEST FORM 990 IS ALSO POSTED ANNUALLY ON GUIDESTAR'S
PART VI, WEBSITE THE 990 WITH AUDITED FINANCIAL STATEMENTS IS PUBLIC INFORMATION THROUGH THE MICH
SECTION C. IGAN ATTORNEY GENERAL'S OFFICE

990 Schedule O, Supplemental Information

LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation

Reference	
FORM 990, PART XI.	THE PROCESS FOR SELECTING AND OVERSEEING THE WORK OF THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493179002029 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2018 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number AMERICAN CONCRETE INSTITUTE 38-0296490

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity Part II 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. (d) (b) (c) (g) Public charity status Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)ACI FOUNDATION SUPPORT ΜI 501(C)(3) LINE 12A, I IACI 38800 COUNTRY CLUB DRIVE FARMINGTON HILLS, MI 48331 38-2986800

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin income(rel: unrelate excluded f tax und sections 5 514)	ated, total ind d, rom er	of Share of	Disprop	tions? a	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	ging o	(k) ercenta wnersh
								res	NO		ies	NO	
												+	
IV Identification of Related Organizated because it had one or more related or	i tions Taxable as a C rganizations treated as	Corporation a corporation	or Trus on or trus	t Complete st during th	ıf the org e tax yea	anızatıon a r.	inswered "Yes	" on F	orm 99	0, Part IV,	line :	34	
(-)													
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign	Direct o	(d) controlling T ntity (C	(e) Type of entity Corp, S corp, or trust)	(f) Share of total Income	Share	(g) of end-of year ssets	f- Percei owne	ntage	(13)	contr entity
Name, address, and EIN of related organization CING ORGANIZATIONAL EXCELLENCE FKA CREATIVE		Le don (state c cou	egal nicile	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total	Share a	of end-of year	f- Percei owne	ntage rship	(13)	ion 51 contr entity
Name, address, and EIN of related organization CING ORGANIZATIONAL EXCELLENCE FKA CREATIVE IATION MANAGEMENT COUNTRY CLUB DR IGTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 51 contr entity
Name, address, and EIN of related organization ING ORGANIZATIONAL EXCELLENCE FKA CREATIVE ATION MANAGEMENT OUNTRY CLUB DR GTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5: conti entity
Name, address, and EIN of related organization ING ORGANIZATIONAL EXCELLENCE FKA CREATIVE ATION MANAGEMENT OUNTRY CLUB DR GTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5: conti entity
Name, address, and EIN of related organization EING ORGANIZATIONAL EXCELLENCE FKA CREATIVE ATION MANAGEMENT COUNTRY CLUB DR GTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5 cont entity
Name, address, and EIN of related organization EING ORGANIZATIONAL EXCELLENCE FKA CREATIVE ATION MANAGEMENT COUNTRY CLUB DR GTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5: conti entity
Name, address, and EIN of related organization CING ORGANIZATIONAL EXCELLENCE FKA CREATIVE ATION MANAGEMENT COUNTRY CLUB DR GTON HILLS, MI 48331	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5: conti entity
Name, address, and EIN of	Primary activity	Le don (state c cou	egal nicile or foreign ntry)	Direct o	ontrolling T	ype of entity corp, S corp,	Share of total Income	Share a	of end-of year issets	f- Percei owne	ntage rship	(13)	ion 5 cont entity

Scriedlie k (Form 390) 2018		Pa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
n. Reimbursement haud to related organization(s) for expenses	1n	<u> </u>	No

h Purchase of assets from related organization(s)		1h		No
i Exchange of assets with related organization(s)		1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	•	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)		1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)		11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	•	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n '	Yes	
o Sharing of paid employees with related organization(s)		10	Yes	
p Reimbursement paid to related organization(s) for expenses		1p	-	No
F		<u> </u>		

•					1 - 1	1
q	Reimbursement paid by related organization(s) for expenses				1q Yes	
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered re	elationships and tra	nsaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involve	d
(1) AC	I FOUNDATION	В	1,392,600	ACTUAL		
(2) AD	VANCING ORGANIZATIONAL EXCELLENCE	Q	464,199	ACTUAL		
(3) AC	I FOUNDATION	Q	78,741	ACTUAL		

Schedule R (Form 990) 2018

Part VI 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	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		Are all partners section		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
	ı									Schedul	e R (Form	199	0) 2018			

