### Form **990-EZ**

Department of the Treasury Internal Revenue Service

## Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

2008

OMB No. 1545-1150

Open to Public Inspection

Α	For the	2008 calendar	r year,	r, or tax year beginning	, 2008, and en	ding			, 20
<b>B</b> Check if applicable:		applicable:	Please	C Name of organization			D Employe	r iden	tification number
	Address of	Address change use IRS					1		
	Name cha	hange label or print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite					E Telepho	na nur	mher
	Initial retu							ilo ilui	IIIDOI
Ц	Termination	on s	See Specific	,			( )		
Н	Amended	return II	nstruc-				F Group E		
Ш	Applicatio	on pending ti	ions.				Number		
	<ul> <li>Section</li> </ul>		-	zations and 4947(a)(1) nonexempt charitable tru	usts must attach	G Acco	unting meth	od:	Cash Accrual
			a con	mpleted Schedule A (Form 990 or 990-EZ).		Other	(specify)		
						H Chec	k ▶ □ if	the or	ganization is <b>not</b>
I	Websit	te: ▶							edule B (Form 990,
J	Organiz	zation type (ch	eck or	only one) — □ 501(c) ( ) <b>⊲</b> (insert no.) □ 494	17(a)(1) or	990-E	Z, or 990-P	F).	,
				ion is not a section 509(a)(3) supporting organization		nte are nor	mally <b>not</b> me	ore the	an \$25 000 A return is
				nization chooses to file a return, be sure to file a co		pis are noi	inally <b>not</b> me	JI C LITE	an ψ25,000. Α retuin is
_				ine 9 to determine gross receipts; if \$1,000,000 or m		ead of Form	1 990_F7 ▶	<b>\$</b>	
									r Dort I \
Г	art I	Revenue, i	⊏xpe	enses, and Changes in Net Assets or	runa balances	(See the			r Part I.)
	1	Contributions	s, gifts	s, grants, and similar amounts received			· · · ⊢	1	
	2	Program ser		2					
	3	Membership	dues	s and assessments			🗀	3	
	4	Investment i	incom	ne			🗀	4	
	5a	Gross amou	ınt fro	om sale of assets other than inventory	5a				
	b			er basis and sales expenses					
	C			n sale of assets other than inventory (Subtract lin		attach sch	edule) .	ōс	
ne	6			tivities (complete applicable parts of Schedule G). If any am					
Revenue						ICCK HCIC			
ě	а		Gross revenue (not including \$ of contributions reported on line 1) 6a						
ш	١.	reported on		•					
	b	2000 direct experience enter than fundamenty experience						Sc	
	С	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							
	7a	Gross sales	of inv	ventory, less returns and allowances					
	b	<ul> <li>b Less: cost of goods sold</li></ul>							
	С							7c	
	8	Other revenue (describe >						8	
	9	Total reven	ue. A	Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			▶	9	
	10	Grants and	simila	ar amounts paid (attach schedule)			🗀	10	
	11			or for members				11	
es	12			ompensation, and employee benefits				12	
enses	13			and other payments to independent contra				13	
	14			, utilities, and maintenance				14	
EX	15			ions, postage, and shipping			–	15	
	16	Other expen	silvati	/ I				16	
	17			Add lines 10 through 16				17	
								18	
ets	18			t) for the year (Subtract line 17 from line 9).					
Assets	19			nd balances at beginning of year (from line				19	
t A		end-of-year	figure	re reported on prior year's return)			· · ·		
Net	20		ner changes in net assets or fund balances (attach explanation)					20	
	21							21	of Farms 000 57
P	Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.								
			(S	See the instructions for Part II.)		(A) Be	ginning of yea		(B) End of year
22	2 Cash	h, savings, ar	nd inv	vestments				22	
23	3 Land	Land and buildings							
24	• Othe	er assets (des	cribe	e <b>&gt;</b>	)			24	
25		Total assets							
26	6 Tota							26	
27	7 Net	assets or ful	nd ba	be ►alances (line 27 of column (B) must agree w	vith line 21)			27	

Form 990-EZ (2008) Page **2** 

	()					3-
Pa	art III Statement of Program Service Accom	plishments (See the insti	ructions for Part	III.)		Expenses
Wh	nat is the organization's primary exempt purpose? _				(Rec	uired for 501(c)(3)
Des	scribe what was achieved in carrying out the organization	ation's exempt purposes. In	a clear and conc	ise manner	and	(4) organizations 4947(a)(1) trusts;
des	scribe the services provided, the number of persons be	nefited, or other relevant info	rmation for each p	rogram title.	optio	onal for others.)
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
20						
	(Crento \$ ) If this amount incl				28a	
	(Grants \$ ) If this amount incl				20a	
29						
	(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ ⊔	29a	
30						
		udes foreign grants, check			30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount incl	udes foreign grants, check	here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a th				32	
Pa	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	n if not compensate	d. (See the ins	tructio	ons for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit		(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred comper	sation	other allowances
		1	l .	I		

Pai	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
-	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ►			
42a	The books are in care of ► Telephone no. ► (	)		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	AA		
45	Form 990-EZ	44		
45 ——	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		

Page 4 Form 990-EZ (2008) Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 candidates for public office? If "Yes," complete Schedule C, Part I . 47 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 49a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b **b** If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who 50 each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Title and average (c) Compensation (d) Contributions to (e) Expense (a) Name and address of each employee paid more employee benefit plans & hours per week account and than \$100,000 devoted to position deferred compensation other allowances Total number of other employees paid over \$100,000 ► Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000  $\triangleright$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Date Type or print name and title.

Preparer's Identifying Number (See instructions)

Check if

employed ▶

EIN

Phone no. ▶

self-

Date

Preparer's

signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? See instructions

Paid

Preparer's

Use Only

#### Statement 1:

#### Form 990-EZ Part III - Statement of Organization's Primary Exempt Purpose

To further engineering and technical education, scientific investigation, and research in all areas related to the analysis, design, construction, materials, maintenance, rehabilitation and management of concrete pavements.

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Name of the organization

Internal Revenue Service

Inspection Employer identification number

Pa	rt I	Reason	for Public Ch	<b>narity Status</b> (All or	ganizatio	ons mus	t compl	ete this	part.) (se	ee instru	ctions)	
The	org	anization is n	ot a private foun	dation because it is:	(Please c	check onl	y <b>one</b> or	ganizatior	า.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> (Attach Schedule H.)										
4	4 A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> E hospital's name, city, and state:									)(A)(iii). Enter the		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6	П			ernment or governme	ental unit	describe	d in <b>sect</b>	ion 170(l	b)(1)(A)(v	١.		
7		An organizat	ion that normally	y receives a substanti	al part of						the general public	
_			described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)  A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)									
8 9				receives: (1) more th				m contrib	utiono m		in food and avood	
9		receipts from	n activities relate	ed to its exempt func	tions—su	bject to	certain e	xceptions	s, and (2)	no more	than 331/3 % of its	
			support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10		An organizat	tion organized a	nd operated exclusive	elv to test	t for publ	ic safetv	. See <b>se</b> c	tion 509	<b>(a)(4).</b> (se	e instructions)	
11		_	_	and operated exclusiv	-	-	_				·	
				blicly supported orga								
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.										
		$\mathbf{a} \ \square \ Type \ I \qquad \qquad \mathbf{b} \ \square \ Type \ II \qquad \qquad \mathbf{c} \ \square \ Type \ III-Functionally \ integrated \qquad \qquad \mathbf{d} \ \square \ Type \ III-Other$										
e By checking this box, I certify that the organization is not controlled directly or indirectly by c										•		
		persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).										
f		_		a written determinati	on from	the IRS	that it is	а Туре	l, Type II	, or Type	III supporting	
		•	, check this box									
g		Since Augus following pe		the organization acce	epted any	gift or c	ontribution	on from a	iny of the	)		
				r indirectly controls, e				th persor	ns descril	oed in (ii)	Yes No	
		` '		ning body of the sup		ganizatio	n? .				11g(i)	
			y member of a person described in (i) above?									
		(iii) A 35% controlled entity of a person described in (i) or (ii) above?									11g(iii)	
_ <u>h</u>									(-3)	- 41	(-::) A	
(1)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify nization in		s the ion in col.	(vii) Amount of support	
				above or IRC section	governing	document?		of your port?		zed in the		
				(see instructions))	Yes	No	Yes	No	Yes	S.?		
					162	NO	165	NO	163	NO		
Tota	al .											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

	tion A. Public Support		ı		I	1	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1-3						
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.						
	tion B. Total Support						<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re					
	tion C. Computation of Public Su			4 1 (0)		44	0/
14	Public support percentage for 2008 (line	, , ,	,			15	<u>%</u> %
15	Public support percentage from 2007 Sch						
	33\% support test—2008. If the organizand stop here. The organization qualifies	as a publicly s	supported orga	nization			▶ □
b	33\% % support test—2007. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test – 2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here</b> . cly supported or	Explain in Part ganization	IV how the

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any "unusual grants.")						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support					T	T
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	<b>First five years.</b> If the Form 990 is for to organization, check this box and <b>stop</b> leads to the stop of the sto		on's first, secor				
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2008 (lin					15	%
16	Public support percentage from 2007 S	Schedule A, Pa	art IV-A, line 27			16	%
Sec	tion D. Computation of Investmer	nt Income Po	ercentage				
17	Investment income percentage for 2008	3 (line 10c, co	lumn (f) divided	d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20	•	. ,	•		18	%
19a	331/3 % support tests—2008. If the orga				and line 15 is r	nore than 331/s	%, and line
	17 is not more than 331/3 %, check this b						
b	331/3 % support tests—2007. If the organ line 18 is not more than 331/3 %, check this						
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b			
					Sch	edule A (Form 90	00 or 990-EZ) 2008

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)