

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

OMB No. 1545-1150

**2010****Open to Public Inspection**

**A** For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

**B** Check if applicable:  
☒ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
International Society for Concrete Pavements,  
Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite  
3546 Engineering Bldg  
City or town, state or country, and ZIP + 4  
East Lansing MI 48824

**D** Employer identification number  
52-2167454

**E** Telephone number  
(517) 432-0012

**F** Group Exemption Number. . . . . ►

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

**H** Check ☒ if organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ► www.concretepavements.org

**J** Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☒ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ► \$ 21,690

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I. . . . . ☒

<b>REVENUE</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	20,777
	<b>4</b>	Investment income . . . . .	<b>4</b>	728
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events . . . . .		
	<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>6b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000). . . . .	<b>6b</b>		
<b>6c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>	185	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	<b>9</b>	21,690	
<b>EXPENSES</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	3,163
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	641
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	193
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	16,652
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	<b>17</b>	20,649	
<b>ASSETS</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	1,041
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	85,486
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20. . . . . ►	<b>21</b>	86,527

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990-EZ** (2010)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
<b>35</b> 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, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?		X
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed. ▶ <b>NONE</b>		
<b>42a</b> The organization's books are in care of ▶ <b>See attachment #3</b> Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
<b>b</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)?	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> 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," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

**f** Total number of other employees paid over \$100,000. . . . .

**51** Complete this table for the organization's 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
NONE		

**d** Total number of other independent contractors each receiving over \$100,000. . . . .

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A. . . . . ☐ Yes ☒ No

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 Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**Neeraj Buch** \_\_\_\_\_  
 Type or print name and title Treasurer

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name <b>► HRB Tax Group Inc</b>		<b>05-03-2011</b>		
Firm's address <b>► 412 FRANDOR AVE</b>				
<b>LANSING MI 48912</b>				
				Phone no. <b>517-337-3066</b>

May the IRS discuss this return with the preparer shown above? See instructions. . . . . ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

**Open to Public Inspection**

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

Name of the organization

International Society for Concrete Pavements, Inc

Employer Identification number

52-2167454

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
  - ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
  - ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
  - ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
  - ☐ 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 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
  - ☐ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
  - ☒ 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
  - ☐ 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
  - ☐ 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 

<input type="checkbox"/> a Type I	<input type="checkbox"/> b Type II	<input type="checkbox"/> c Type III--Functionally integrated	<input type="checkbox"/> d Type III--Other
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  - ☐ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - ☐ f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. ....
  - ☐ g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<table border="1" style="display: inline-table;"><tr><td style="width: 50px;"></td><td style="width: 50px; text-align: center;">Yes</td><td style="width: 50px; text-align: center;">No</td></tr></table>		Yes	No
	Yes	No		
(ii) A family member of a person described in (i) above? .....	<table border="1" style="display: inline-table;"><tr><td style="width: 50px;"></td><td style="width: 50px; text-align: center;">Yes</td><td style="width: 50px; text-align: center;">No</td></tr></table>		Yes	No
	Yes	No		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<table border="1" style="display: inline-table;"><tr><td style="width: 50px;"></td><td style="width: 50px; text-align: center;">Yes</td><td style="width: 50px; text-align: center;">No</td></tr></table>		Yes	No
	Yes	No		
  - ☐ h Provide the following information about the supported organization(s).
 

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[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15,817	18,365	124,655	10,078	20,777	189,692
<b>2</b> 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 .....		11,300	16,849	1,800		29,949
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	15,817	29,665	141,504	11,878	20,777	219,641
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	15,817	29,665	141,504	11,878		198,864
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....	15,817	29,665	141,504	11,878		198,864
<b>8 Public support.</b> (Subtract line 7c from line 6.)						20,777

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....	15,817	29,665	141,504	11,878	20,777	219,641
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,408	3,150	1,369	408	728	9,063
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975, .....						
<b>c</b> Add lines 10a and 10b .....	3,408	3,150	1,369	408	728	9,063
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....			169	1,431	185	1,785
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	19,225	32,815	143,042	13,717	21,690	230,489
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	9.01 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	96.35 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	3.93 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....	<b>18</b>	3.15 %

**19a 33 1/3 % support tests -- 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3 % support tests -- 2009.** 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 not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

International Society for Concrete Pavements, Inc

Employer identification number

52-2167454

990EZ Part 1 Line 8, Other Revenue : Reimbursement to ISCP by members for  
2010 conference expenses.

990EZ Part 1 Line 16 Other Expenses : Bank Service Charges \$30  
Credit Card Service Fees \$386, Travel Liability Insurance \$2500,  
Director Insurance \$1400, Office Supplies \$22, Website Expenses \$145,  
Conference Fees \$2229, International Activity Support \$850,  
Annual Meeting \$1915, Board Expenses \$3930.

990EZ Part III : Statement of Organizations Primary Exempt Purpose  
The mission of the ISCP is to further engineering and technical  
education, scientific investigation, and research in all areas related to  
analysis, design, construction, materials, maintenance, rehabilitation  
and management of concrete pavements.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending .
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Name of Organization International Society for Concrete Pavements, Inc	Employer Identification Number 52-2167454
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**Part III - Statement of Program Service Accomplishments**

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

None this calendar year



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2010 or tax period beginning , and ending		
Name of Organization International Society for Concrete Pavements, Inc			Employer Identification Number 52-2167454	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Mark Snyder 7085 Highland Creek Dr Bridgeville, PA 15017	President 2.00	0	0	750
Jose Balbo Av Prof Almeida Prado Traressa2 83 EPUS PTR Sao Paulo, Caxingui, BR SP CEP 05508 90	Vice President 1.00	0	0	0
Neeraj Buch 3546 Engineering Bldg East Lansing, MI 48824	Secretary Treasurer 5.00	0	0	750
Dan Zollinger Texas A and M University Dept of Civil and Env Engineering College Station, TX 77840	Past President 1.00	0	0	750
Jamshid Armaghani 5408 NW 67th Street Gainesville, FL 32653-3925	Director 1.00	0	0	0
Anna Carin Brink PO Box 13888 Pietermaritzburg, , SF 3202	Director 1.00	0	0	0
Juan Pablo Covarrubias Litoral Ingenieria Itda Av Suecia 84 Oficina 103 Providencia, , CI	Director 1.00	0	0	0
James Grove 2711 South Loop Drive Suite 4502 Ames, IA 50010	Director 1.00	0	0	0
Jake Hiller 201F Dillman Hall Houghton, MI 49931	Director 1.00	0	0	0
Erwin Kohler Foresta Orienta 11840 casa 7 Las Condes, Santiago, CI 762069	Director 1.00	0	0	0
Bryan Perrie Portland Park Old Pretoria Road Halway House 1685 PO Box 168 Midrand, Gauteng, SF	Director 1.00	0	0	0
Luc Rens Bld du Souverain Vorstiaan 68 Brussels, , BE 1170	Director 1.00	0	0	0

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection		For calendar year 2010 or tax period beginning , and ending .		
Name of Organization International Society for Concrete Pavements, Inc				Employer Identification Number 52-2167454
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
Jeff Roesler Dept of Civil and Env Engineering University of Illinois Urbana, IL 61801	Director 1.00	0	0	0
Tim Smith 502-350 rue Sparks Street Ottawa, Ontario, CA	Director 1.00	0	0	0
Bo Tian Department of Pavement Engineering Xi Tu Cheng Road 8 Bejing, , CH 100088	Director 1.00	0	0	0
Stephan Vilaret Am Laerchengrund 8 Hoppegarten, , GM 15366	Director 1.00	0	0	0
George Vorobieff PO Box 6096 Frenchs Forest Delivery Facility, New South Wales, AS 2086	Director 1.00	0	0	0
Leif Wathne 500 New Jersey Ave NW 7th Floor Washington, DC 20001	Director 1.00	0	0	750

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization International Society for Concrete Pavements, Inc		Employer Identification Number 52-2167454
Part V - Line 42a		

Individual Name ..... Neeraj Buch  
or  
Business Name:

Street Address ..... Michigan State University  
2546 Engineering Building

U.S. Address:

Zip code 48824 City East Lansing State MI  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (517) 432-0012

Fax Number ..... (517) 432-1827

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, &amp; ending \_\_\_\_\_, 20\_\_\_\_

▶ **Do not send to the IRS. Keep for your records.**▶ **See Instructions.****2010**

Name of exempt organization

International Society for Concrete Pavements, Inc

Employer identification number

52-2167454

Name and title of officer

Neeraj Buch Treasurer**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> <u>21,690</u>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on Investment Income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize HRB Tax Group Inc to enter my PIN 67454 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

389062 58732

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Mary C Buch Date ▶ 05-03-2011

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see the Instructions.

Form **8879-EO** (2010)

## 2010 DETAIL STATEMENTS

International Society for Conc  
52-2167454

Page 1

### STATEMENT #1 - Membership Dues & Assessments (990-EZ PG 1 Line 3)

Individual.....	8,110
Corporate.....	12,667

TOTAL CARRIED TO 990-EZ PG 1 Line 3.....	20,777
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### STATEMENT #2 - Investment Income (990-EZ PG 1 Line 4)

PNCBank.....	42
Michian State University Federal CU.....	686

TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	728
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### STATEMENT #3 - End of Year - Cash (990-EZ PG 1 Line 22)

sparten saver.....	20,040
business checking.....	9,754
CD C0.....	10,036
CD C1.....	10,096
CD C2.....	10,124
CD C3.....	26,477

TOTAL CARRIED TO 990-EZ PG 1 Line 22.....	86,527
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### STATEMENT #4 - ( )

Reimbursement to ISCP by Members for 2010	
annual meeting expenses.....	185

TOTAL CARRIED TO .....	185
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### STATEMENT #5 - ( )

Bank Service Charges.....	30
Credit Card Service Fees.....	386
International Travel Liability Insurance.....	2,500
Director and Officer Insurance.....	1,400
Office Supplies.....	22
Website Hosting.....	95
Website Content Update.....	50
Conference Fees.....	2,229
Intenational Activity Support.....	850
Annual Meeting.....	1,915
Board Expenses.....	3,930
Adjustment.....	3,245

TOTAL CARRIED TO .....	16,652
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# 2010 DETAIL STATEMENTS

International Society for Conc  
52-2167454

Page 2

STATEMENT #6 - (#1 )

Travel Expenses..... 750

TOTAL CARRIED TO #1..... 750