

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning _____, 2011, & ending _____, 20____

▶ **Do not send to the IRS. Keep for your records.**▶ **See Instructions.****2011**Department of the Treasury
Internal Revenue Service

Name of exempt organization

International Society for Concrete Pavements

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.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	55,267
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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 2011 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 **H&R Block**

ERO firm name

to enter my PIN **67454** as my signature**Enter five numbers, but
do not enter all zeros**

on the organization's tax year 2011 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 2011 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 58610**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶

Date ▶

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** (2011)

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

2011

Open to Public
Inspection**A For the 2011 calendar year, or tax year beginning**

, 2011, 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) ►

I Website: ► www.concretepavements.org**H** Check ☒ if the organization is **not** required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

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 or a section 527 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 ► \$ 55,267

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. ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	23,035
	4	Investment income	4	940
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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 exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	31,292	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,267	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	7,843
	14	Occupancy, rent, utilities, and maintenance	14	425
	15	Printing, publications, postage, and shipping	15	156
	16	Other expenses (describe in Schedule O)	16	50,181
17	Total expenses. Add lines 10 through 16	17	58,605	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,338
	19	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)	19	86,527
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	83,189

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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

Check if the organization used Schedule O to respond to any question in this Part III ☒

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

Check if the organization used Schedule O to respond to any question in this Part IV.

Part V Other Information (Note the Schedule A and personal benefit contract 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
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
37b Did the organization file Form 1120-POL for this year?		X
38a 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
38b If "Yes," complete Schedule L, Part II and enter the total amount involved.		
39 Section 501(c)(7) organizations. Enter:		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
40b 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
40c 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		
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e 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
41 List the states with which a copy of this return is filed. 41 NONE		
42a The organization's books are in care of 42a See attachment #2 Telephone no. 42a Located at 42a ZIP + 4 42a		
42b 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)? If "Yes," enter the name of the foreign country: 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ instead of Form 1041 -- Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b 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
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d N/A		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b 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 may need to be completed instead of Form 990-EZ (see instructions)		X

	Yes	No
46 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		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
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
49b If "Yes," was the related organization a section 527 organization?		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 title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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	Treasurer
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ H&R Block	Firm's EIN ▶			
	Firm's address ▶ 412 FRANDOR AVE	Phone no. 517-337-3066			

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

2011

**Open to Public
Inspection**

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

Name of the organization

International Society for Concrete Pavements

Employer Identification number

52-2167454

Part I	Reason for Public Charity Status (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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III--Functionally integrated **d** ☐ Type III--Other

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?

(II) A family member of a person described in (i) above?

(III) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,365	124,655	10,078	20,777		173,875
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	11,300	16,849	1,800			29,949
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 Total. Add lines 1 through 5	29,665	141,504	11,878	20,777		203,824
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	29,665	141,504	11,878			183,047
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						
c Add lines 7a and 7b	29,665	141,504	11,878			183,047
8 Public support. (Subtract line 7c from line 6.)						20,777

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	29,665	141,504	11,878	20,777		203,824
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,150	1,369	408	728		5,655
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,150	1,369	408	728		5,655
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		169	1,431	185		1,785
13 Total support. (Add lines 9, 10c, 11, and 12.)	32,815	143,042	13,717	21,690		211,264
14 First five years. 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 stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	9.83 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.68 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests -- 2011. 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 -- 2010. 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

2011

Open to Public
Inspection

Name of the organization

International Society for Concrete Pavements

Employer identification number

52-2167454

990EZ Part 1 Line 8, Other Revenue : Reimbursement and proceeds sharing
for conference \$8992; delegate registration fees \$800; and
sponsor support \$21,500.

990EZ Part 1 Line 16 Other Expenses : Bank Service Charges \$65
Credit Card Service Fees \$368, Travel Liability Insurance \$2500,
Director Insurance \$1400, Office Supplies \$13, Website Expenses \$170,
Conference Fees \$2364, International Activity Support \$8693,
Annual Meeting \$1449, Board Expenses \$21436, Software \$200, 10th Int'l
Conference \$11523

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.

Client Copy

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection		For calendar year 2011 or tax period beginning , and ending		
Name of Organization International Society for Concrete Pavements				Employer Identification Number 52-2167454
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Mark B Snyder 7085 Highland Creek Dr Bridgeville, PA 15017	President 2.00	0	0	0
Jose T 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 428 s Shaw Lane 3546 Engineering Bldg East Lansing, MI 48824	Secretary Treasurer 5.00	0	0	0
Lev Khanzanovich	Director 1.00	0	0	0
Somayeh Nassiri	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 Ltda 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	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
Jeff Roesler Dept of Civil and Env	Director 1.00	0	0	0

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

Open to Public Inspection		For calendar year 2011 or tax period beginning , and ending		
Name of Organization International Society for Concrete Pavements				Employer Identification Number 52-2167454
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Engineering University of Illinois Urbana, IL 61801 Tim Smith 502-350 rue Sparks Street Ottawa, Ontario, CA Bo Tian Department of Pavement Engineering Xi Tu Cheng Road 8 Beijing, , CH 100088 George Vorobieff PO Box 6096 Frenchs Forest Delivery Facility, New South Wales, AS 2086 Leif Wathne 500 New Jersey Ave NW 7th Floor Washington, DC 20001	Director 1.00 Director 1.00 Director 1.00 Director 1.00	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0

990 BOOKS ARE IN CARE OF

Attachment 2 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning , and ending
Name of Organization International Society for Concrete Pavements	Employer Identification Number 52-2167454
Part V - Line 42a	

Individual Name Neeraj Buch
or
Business Name:

Client Copy

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

Client Copy

2011 DETAIL STATEMENTSInternational Society for Conc
52-2167454

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

Individual.....	7,035
Corporate.....	16,000

TOTAL CARRIED TO 990-EZ PG 1 Line 3.....	23,035
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STATEMENT #2 - Investment Income (990-EZ PG 1 Line 4)

Michigan State University Federal CU.....	940
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TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	940
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STATEMENT #3 - Other revenue (990-EZ PG 1 Line 8)

ASCP Conference expenses reimbursement.....	8,992
Delegate registration fees.....	800
Sponsor Support.....	21,500

TOTAL CARRIED TO 990-EZ PG 1 Line 8.....	31,292
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STATEMENT #4 - Other expenses (EOEZ Pg 1 Line 16)

Bank Service Charges.....	65
Credit Card Service Fees.....	368
International Travel Liability Insurance.....	2,500
Director and Officer Insurance.....	1,400
Office Supplies.....	13
Website Hosting.....	170
Website Content Update	
Conference Fees.....	2,364
International Activity Support.....	8,693
Annual Meeting.....	1,449
Board Expenses.....	21,436
Software.....	200
10th International Conference.....	11,523

TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	50,181
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STATEMENT #5 - End of Year - Cash (990-EZ PG 1 Line 22)

sparten saver.....	2,574
business checking.....	21,888
CD C0.....	10,064
CD C1.....	10,210
CD C2.....	10,306
CD C3.....	27,060
adjustment.....	1,087

TOTAL CARRIED TO 990-EZ PG 1 Line 22.....	83,189
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