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SCANNED JUL 1 1 2012

Form 99

Department of the Treasury

Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A I</u>	For the	e 2009 cale	endar year, or tax year beginning and endit	ng			
В	Check if applicabl		C Name of organization		D Employer identi	fication number	
Г	Addre	Liabal ar I	NEW JERSEY ASPHALT PAVEMENT ASSOC.				
	Name chang	type	Doing Business As		21-(0666754	
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telephone numb	er	
	Termir ated	n- Specific Instruc-	500 HORIZON CENTER DRIVE 520)	732-	-738- <u>5664</u>	
Z	Amene	ded tions	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u>581,011.</u>	
	Applic	· L	HAMILTON, NJ 08691		H(a) Is this a group		
	pendir	F Nam	e and address of principal officer KEVIN MONACO		for affiliates?	Yes X No	
			E AS C ABOVE		H(b) Are all affiliates in	ncluded? Yes No	
			s. X 501(c) (6) ◀ (insert no) 4947(a)(1) or 527		1	a list. (see instructions)	
			W.NJAPA.COM		H(c) Group exempti		
				L Year (of formation: 1933	M State of legal domicile: NJ	
P	art I	Summa				221/22 20	
ė	1	-	cribe the organization's mission or most significant activities: TRADE C	RGA	NIZATION FO	DRMED TO	
Governance			TE THE HOT MIX ASPHALT INDUSTRY.				
ē	1 -		box In the organization discontinued its operations or disposed o	t more			
ő	1		voting members of the governing body (Part VI, line 1a)		3		
	1		independent voting members of the governing body (Part VI, line 1b)		4		
ties			per of employees (Part V, line 2a)		5	0.5	
Activities &	1		per of volunteers (estimate if necessary)		6		
Ą	7a	Notal gross	s unrelated business revenue from Part VIII, column (C), line 12	٦	7 <u>2</u>		
	Ь	Net unrelat	ted business taxable income from Form 990 T, line 34 CEIVED		Prior Year	Current Year	
iue	1		ons and grants (Part VIII, line 1h)		Filor (ear	25,342.	
			ervice revenue (Part VIII, line 2g)			522,044.	
Revenue		•	(Cont.)(III. column (A) Imag 2 (cl. 3774)			5,367.	
æ			nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 149			11,745.	
			nue - add lines 8 through 11 (must equal Part VIII, column (A); line-12)	ַן		564,498.	
			I similar amounts paid (Part IX, column (A), lines 1-3)			28,000.	
	1		aid to or for members (Part IX, column (A), line 4)				
s	1	-	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		205,710.		
Expenses	16a		al fundraising fees (Part IX, column (A), line 11e)				
þe	b		raising expenses (Part IX, column (D), line 25)				
ũ	17		enses (Part IX, column (A), lines 11a-11d, 11f-24f)			335,963.	
		•	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)			569,673.	
	19		ess expenses Subtract line 18 from line 12			<5,175.>	
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year	
sets	20	Total asset	s (Part X, line 16)		510,348	515,492.	
ASP DE	21	Total liabilit	ties (Part X, line 26)		758		
컐	22		or fund balances. Subtract line 21 from line 20		509,590	504,417.	
P	art II		ure Block				
		Under penalt and complete	ies of perjury, i declare that I have examined this return, including accompanying schedules and state a Declaration of preparer (other than officer) is based on all information of which preparer has any kno	ements, a owledge	and to the best of my knowle	dge and belief, it is true, correct,	
		54	Va 1)M ~		1		
Sig	n	Sugna Sugna	nture of officer		Date /		
Hei	e	Signa	Mana Mana		la / 1	9/12/2.	
Type or print name and title							
		1	Date	Che	eck if Prepa	erer's identifying number	
Pai	đ	Preparer's signature	The & Ludlow 5/29/12	self	(see	nstructions)	
Pre	parer's	Firm's name		EIII	ployed ► L EIN ►		
Use	Only	yours if self-employe	KUMIZKIN & COMPANI, DDF		EIN		
2 P+4 HAMILTON, NJ 08690-3513 Phone no. ► (609)890-9189							
Ma [*]	v the IF		this return with the preparer shown above? (see instructions)		T HONG HO.	X Yes No	

Form **990** (2009)

932002 02-04-10

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		•	
٠	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x	
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	'		
8	•	8		x
_	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		X
	If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11		11	X	·
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		_21	
•				
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
•				
_	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 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 in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated financial statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ı		
12	Schedule D, Parts XI, XII, and XIII.	12	X	
404	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	- 12		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-10	-	
10	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10	-	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		**	
10	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
ZU	See the organization operate one or more morphales in Too, complete contents in		000	2000)

Form **990** (2009)

Part IV Checklist of Required Schedules (continued)

•		T	V	Na
04	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		ļ	
	Schedule J	23	х	
04-				
24a	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 25	24a		х
_	Part to the second of the second based of the second of th	24b		
b	D. I. I	240		-
С		24c		
	any tax-exempt bonds?	24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24U		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
D	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	OFL	ļ	
	Schedule L, Part I	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		 ^
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	0.7		X
	Schedule L, Part III	27		<u> </u>
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).	000		X
a	Market Control of the	28a 28b		X
b	·	200		
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	28c		X
~~	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions rin res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		A
30	•	30		X
04	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	_A_
31		31		X
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	3,		42
32		32		X
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	_ <u>^</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
04	Was the organization related to any tax-exempt or taxable entity?	33		1
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
05	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		
35	If "Yes," complete Schedule R, Part V, line 2	35		x
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35	-	<u> </u>
36	If "Yes," complete Schedule R, Part V, line 2	36		
07		30		
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	27		X
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37	 	A
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Mote. All Forth and mark are required to complete achievane o		990	10000

NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e **7**f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against

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12a

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

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

amounts due or received from them.)

Form 990 (2009) NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	25		Yes	No
1a				
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		X
_	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_	1	v
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	v	
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_	\ .	
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:		١,,	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	· · · · · · · · · · · · · · · · · · ·	10a		<u> </u>
b				
	and branches to ensure their operations are consistent with those of the organization?	10b	37	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A			,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b			.	
	to conflicts?	12b	X	
С			.	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		.	
a	The organization's CEO, Executive Director, or top management official	15a	X	
þ	Other officers or key employees of the organization	15b		<u> </u>
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	i		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		v
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	406		
500	exempt status with respect to such arrangements?	16b	!	
	List the states with which a copy of this Form 990 is required to be filed NONE			
17	·	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available Check all that apply.	101		
	Own website Another's website X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd fina	noial	
19		iu iiiia	ii iCidi	
~	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion -		
20	ASSOCIATION - 732-738-5664	aon. 📂		
	RARITAN PLAZA II, FIELDCREST AVE., EDISON, NJ 08837			
	TENTIAM LUMBA II, IIBBOOKBDI AVB., BDIDON, NO 00001	Form	990 (20091

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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, and 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.

(A) Name and Title	(B) Average		(C)					(D) Reportable	(E) Reportable	(F) Estimated
Name and Tide	hours per week	<u> </u>	neck		that	арр		compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(88-27 1035-181130)	organization and related organizations
STEVEN C. KURTZ	1 00									
PRESIDENT	1.00	X		X		 	1	0.	0.	0.
VINCENT GALLO	1 00	,,		37					•	•
VICE PRESIDENT	1.00	X	-	X		<u> </u>	-	0.	0.	0.
THOMAS EARLE	1 00			7.					•	•
TREASURER	1.00	X		X		├		0.	0.	0.
ROBERT BROWN	1 00	,,		,,					_	^
SECRETARY	1.00	X		X	_	<u> </u>	⊢	0.	0.	0.
JOE BIGGICA	0.50	.,				į			0	•
MEMBER	0.50	X		_	<u> </u>	⊢	┝	0.	0.	0.
SCOTT BRAEN	0.50								0	•
MEMBER	0.50	X	<u> </u>		-	 		0.	0.	0.
MIKE CONTI	0.50	.	ŀ			l		0.	0.	^
MEMBER	0.50	X				-	⊢	0.	0.	0.
FRANK DEL GUERCIO	0.50	X						0.	0.	0.
MEMBER	0.30	Λ				\vdash		0.		<u></u>
JOE DEVINE	0.50	X						0.	0.	0.
MEMBER	0.50	Δ								<u> </u>
JOE DIFIORE	0.50	\mathbf{x}						0.	0.	0.
MEMBER MICHAEL GOOCH	1 0.30	A				 	┢	0.	<u> </u>	<u> </u>
MEMBER	0.50	x						0.	0.	0.
LAWRENCE HESSE						ļ	 			
MEMBER	0.50	x						0.	0.	0.
DEAN HOLCOMBE										
MEMBER	0.50	X						0.	0.	0.
DAVID L JOHNSON										
MEMBER	0.50	X						0.	0.	0.
TIM LARSON										
MEMBER	0.50	X						0.	0.	0.
SCOTT LAUDONE										
MEMBER	0.50	X						0.	0.	0.
SLAVIC MOKIENKO										
MEMBER	0.50	X		L			L	0.	0.	0.

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Form **990** (2009)

Part VII Section A. Officers, Directors, 1	rustees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours	(C) Position (check all that apply)					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	o	oth mpen from rganiz and re ganiz	isati the zatic late	on d
TIM MURRAY MEMBER	0.50	x						0.	0				0
JIM PONTARI MEMBER	0.50							0.	0				0
RICHARD RAFFO MEMBER	0.50				-			0.	0				0
CHRISTOPHER STAVOLA	0.50							0.	0				0
MEMBER MICHAEL CRISCOLA	0.50							0.	0				0
MEMBER VALENTINO DELLA PELLO, JR.	0.50							0.	0				0
MEMBER CHRIS GUSTY	0.50							0.	0				0
MEMBER JEFFREY MEEKER	0.50							0.	0			·	0
ASSOCIATE MEMBER BRIAN TOBIN	20.00	<u> </u>		x		x		69,735.	69,735			9.4	
EXECUTIVE DIRECTOR	20.00			A		<u> </u>		05,755.	05,755	1	<u> </u>	<u> </u>	<u>: U</u>
1b Total		J		I	l			69,735.	69,735	•	13,	94	6
2 Total number of individuals (including bu compensation from the organization	t not limited to th	nose	liste	ed al	bove	e) wl	no r	received more than \$100),000 in reportable				(
3 Did the organization list any former office	er director or tru	istee	ke	v em	nolor	VAA	or h	highest compensated er	molovee on		Ye	s	No
line 1a? If "Yes," complete Schedule J fo	r such individual					-			•	3	┿	\downarrow	X
4 For any individual listed on line 1a, is the and related organizations greater than \$	•								the organization	4	x		
5 Did any person listed on line 1a receive of the organization? If "Yes," complete Sch.	or accrue compe	nsat	ion f						ices rendered to	5			х
Section B. Independent Contractors													_
Complete this table for your five highest the organization. NONE	compensated in	depe	ende	nt c	onti	racto	ors t	that received more than	\$100,000 of compe	nsatior	ı fron) 	
(A) Name and busine	ss address							(B) Description of s	services	Comp	(C) ensa	tion	
						•							
							-						
2 Total number of independent contractors	s (including but r	not lu	mite	d to	the	ال مع	ster	d above) who received m	nore than				

Form **990** (2009)

0

\$100,000 in compensation from the organization

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	ete columns (B), (C), and (C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	22,000.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	6,000.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	76,708.			
3	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	86,754.			
' 3	Pension plan contributions (include section 401(k)	30,,31			
	and section 403(b) employer contributions)	8,138.			
<u>.</u>	Other employee benefits	22,205.			
9	Payroll taxes	11,905.		 	
•	Fees for services (non-employees):	<u> </u>			
1					
а	Management	63,000.			
b	Legal	9,600.	· · · · · · · · · · · · · · · · · · ·		
C	Accounting	9,000.			
d	. –				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	00 107			
9	[-	22,187.			
2	Advertising and promotion	7 005			
3	Office expenses	7,895.	· · · · · · · · · · · · · · · · · · ·		
4	Information technology .				
5	Royalties	04 604			
6	Occupancy	21,621.	 		
7	Travel	11,602.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	126,778.			
0	Interest				
1	Payments to affiliates .				
2	Depreciation, depletion, and amortization	2,062.			
3	Insurance	6,028.			
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	THOOME MAY EVERHOR	506.			
b	A DITED MT GTAG	13,517.			
c	CDECTAL DDO TECHO	13,373.			
d	MISCELLANEOUS	9,848.			
e	INDIRECT FUNDRAISING EX	9,643.			
f	All other expenses	18,303.			<u></u>
5	Total functional expenses. Add lines 1 through 24f	569,673.			
<u>-</u> 3	Joint costs. Check here I If following		···		··-
-	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form **990** (2009)

			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	44,617.	1	52,654
	2	Savings and temporary cash investments	440,480.	2	447,995
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,156.	4	5,901
	5	Receivables from current and former officers, directors, trustees, key	<u> </u>		•
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	-	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	7,248.	9	1,530
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 43,355.			
	ь	25 042	8,686.	10c	7,412
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	•	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,161.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	510,348.	16	<u>515,492</u>
	17	Accounts payable and accrued expenses	480.	17	8,628
	18	Grants payable		18	
	19	Deferred revenue	 	19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	278.	25	2,447
	26	Total liabilities. Add lines 17 through 25	758.	26	11,075
		Organizations that follow SFAS 117, check here X and complete			
ès		lines 27 through 29, and lines 33 and 34.	500 F00		504 445
auc	27	Unrestricted net assets	509,590.		504,417
g Q	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117, check here			
S O		complete lines 30 through 34.			
%		Capital stock or trust principal, or current funds		30	
Ž	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
į	32	Retained earnings, endowment, accumulated income, or other funds	E00 F00	32	FO4 445
-	33	Total net assets or fund balances	509,590. 510.348	33	504,417
		Total liabilities and not assets/fund balances	A	. 24	

515,492. Form **990** (2009)

Total liabilities and net assets/fund balances

510,348. 34

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

Form 990 (2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

• Section 501(c)(3) organizations. Complete Parts I-A and B Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	, or (6) organiza	tions: Complete Part III					
Name of organization				i	mployer identification number		
	NEW JER	SEY ASPHALT PAVI	EMENT ASSOC.		21-0666754		
Part I-A Comple	ete if the org	ganization is exempt und	der section 501(c	or is a section 52	7 organization.		
1 Provide a description	on of the organiz	zation's direct and indirect politi	cal campaign activities	ın Part IV.			
2 Political expenditure	es				≻ \$		
3 Volunteer hours							
					·		
		<u>janization is exempt un</u>					
	-	incurred by the organization un			\$		
	-	incurred by organization manag		5 I	> \$		
•		n 4955 tax, did it file Form 4720) for this year?		Yes No		
4a Was a correction m					└── Yes └── No		
b If "Yes," describe in	Part IV.			· · · · · · · · · · · · · · · · · · ·	044-1/01		
Part I-C Comple	ete if the org	ganization is exempt un	der section 501(c)				
1 Enter the amount d	rectly expende	d by the filing organization for se	ection 527 exempt fund	ction activities	> \$		
2 Enter the amount of	f the filing organ	ization's funds contributed to o	ther organizations for s	section 527			
exempt function ac	tivities			;	> \$		
3 Total exempt function	on expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL				
line 17b				ı	\$		
4 Did the filing organi	zation file Form	1120-POL for this year?			Yes No		
-		mployer identification number (E	-	-	• •		
-		the amount paid from the filing o					
	•	ivered to a separate political org		eparate segregated fund	or a political action committee		
(PAC) If additional	space is needed	d, provide information in Part IV.					
(a) Name	,	(b) Address	(c) EIN	(d) Amount paid fro	1 ' '		
				filing organization			
				funds. If none, enter	delivered to a separate		
		i			political organization.		
					If none, enter -0		

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Part II-A Complete if the orgoing to be completed in the orgonic transfer of the complete in the complete	janization is exer	ASPHALT PA	VEMENT ASSO n 501(c)(3) and file	C. 21-0 ed Form 5768)66675 4 Page 2	
	tion belongs to an affi	lated group	·			
Limi	tion checked box A ar ts on Lobbying Exper ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals	
Total lobbying expenditures to inflib Total lobbying expenditures to inflib Total lobbying expenditures (add lib d Other exempt purpose expenditure Total exempt purpose expenditure	uence a legislative boo ines 1a and 1b) es es (add lines 1c and 1c	ly (direct lobbying)				
f Lobbying nontaxable amount Ent			1 [
If the amount on line 1e, column (a) o	` '	bying nontaxable am the amount on line 1e	11			
Not over \$500,000 Over \$500,000 but not over \$1,000		0 plus 15% of the exc	()			
Over \$1,000,000 but not over \$1,500		0 plus 10% of the exc				
Over \$1,500,000 but not over \$		0 plus 5% of the exce	1			
Over \$17,000,000	\$1,000,0		333 0401 41,000,000.			
Over \$17,000,000	Ψ1,000,	500.				
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero j If there is an amount other than ze	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h)					
, ,	ations that made a s	ection 501(h) election	n do not have to comp es 2a through 2f on pa			
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))					<u> </u>	
c Total lobbying expenditures						
d Creesests mentavable amount						
d Grassroots nontaxable amount e Grassroots ceiling amount					<u> </u>	
(150% of line 2d, column (e))						
(10070 of mile 2d, coldinit (o))	· · · · · · · · · · · · · · · · · · ·					
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
(election under section 501(h)).

		(a)		(b)		
		Yes	No	Amo		
1	During the year, did the filing organization attempt to influence foreign, national, state or					
•	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
ď	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?		†			
e	Grants to other organizations for lobbying purposes?	-	<u> </u>			
1	Direct contact with legislators, their staffs, government officials, or a legislative body?					
9						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities? If "Yes," describe in Part IV					
_1	Total Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	on F01/o	\(F\) == ==	-tion		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on sur(c)(5), or se	ction		
	33.40,407			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1		x	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	х		
_	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3	<u> </u>	Х	
<u>3</u> Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c		ction		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, li	ine 3 is a	nswered		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b	·		
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess		•		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Par						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an	nd Part ILB	line 1. Also	complete	this nart	
	bete this part to provide the descriptions required for hart PA, line 1, hart PB, line 4, hart PB, line 3, all by additional information.	id rait in b,	, III 10 11. AISC	, complete	tins part	
or ar	ny additional information.					
			·			
			·			
			,			

Schedule C (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

	NEW JERSEY ASPHALT		21-0666754
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	9 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of	· · · · · · · · · · · · · · · · · · ·	•
	impermissible private benefit?	or definer duvisor, or for any earlier purpose	Yes No
Par		ranization answered "Ves" to Form 990. F	
	Purpose(s) of conservation easements held by the organization		CTC 14, 1110 7
1	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		ified historic structure
		Preservation of a cert	med historic structure
_	Preservation of open space	6 - d	-f
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	<u> </u>
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	. • \$
	Assets included in Form 990, Part X	·	> \$
-	·		

Schedule D (Form 990) 2009

chedule D (Form 990) 2009 NEW JERSEY	асриатл ра	VEMENT ASSOC.	21	L-0666754 Page
Part VII Investments - Other Securities. Se	e Form 990. Part X.	line 12		<u> </u>
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuest or end-of-year ma	
inancial derivatives				
losely-held equity interests			,	
ther				
				· · · · · · · · · · · · · · · · · · ·
	<u> </u>			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X,	line 13		
(a) Description of investment type	(b) Book value	Co	(c) Method of valu st or end-of-year ma	
				-
			· · · · · · · · · · · · · · · · · · ·	
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				(h) Dook volve
(a)	Description			(b) Book value
	•			
				
				-
atal (Column (b) must equal Form 000. Bort V and (B) in	0.15.)			
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,	e 13.) line 25.			1
(a) Description of liability		(b) Amount		
			_	

Federal income taxes 2,447. PREPAID DEPOSITS

2,447. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's financial statements that reports the organization's financial statements. uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666/54 Page 5 Part XIV Supplemental Information (continued)
AND PENALTIES IN OPERATING EXPENSES. THE ASSOCIATION HAS NOT RECOGNIZED
ANY AMOUNTS FOR INTEREST AND PENALTIES ACCRUED AT DECEMBER 31, 2009 AND
2008, RESPECTIVELY.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
ROUNDING: 2.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES: -16513.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES: 16513.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2009

Open To Public Inspection

Employer identification number Name of the organization NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or __ Yes __ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization or control of contributions? listed in col (i) Yes No **Total** 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing Schedule G (Form 990 or 990-EZ) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

932082 02-03-10

Schedule G (Form 990 or 990-EZ) 2009 NEW JERSEY ASPHALT PAVEMENT ASSOC	21-06	6675	4 Pa	age 3
			Yes	
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a %	,		
b An outside facility	13b %	<u>, </u>	!	
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	renue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ ar	nd the amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party.				İ
Name				
Address >				
16 Gaming manager information:				
Name				
Gaming manager compensation > \$				1
Description of services provided ▶				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to)			
retain the state gaming license?		17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

2 Employer identification number 21-0666754 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of (if) Method Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. FMV, appraisal, other) Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 22,000 cash grant NEW JERSEY ASPHALT PAVEMENT ASSOC. (c) IRC section if applicable 501(c)(6) 53-0231198 General Information on Grants and Assistance critena used to award the grants or assistance? FUND C/O NATIONAL ASPHALT PAVEMENT 1 (a) Name and address of organization INDUSTRY ENVIRONMENTAL SURVIVAL ASSOC - 5100 FORBES BOULEVARD or government Name of the organization LANHAM MD 20706 Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part

Schedule I (Form 990) 2009

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. NEW JERSEY ASPHALT PAVEMENT ASSOC. Schedule I (Form 990) 2009 PartIII

Page 2

21-0666754

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	•	000 9	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	le the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: SCHOLARSHI	д	SISTANCE T	ASSISTANCE TO INDIVIDUALS	ALS IS	
MONITORED THROUGH THE REQUIREMENT OF THOSE INDIVIDUALS TO SIGN A	OF THOSE	INDIVIDUA	LS TO SIGN	А	
SCHOLARSHIP FUNDS AGREEMENT. THIS	AGR	NT REQUIRE	EEMENT REQUIRES THE INDIVIDUALS	VIDUALS TO	
APPLY THE FUNDS SOLEY TO COSTS INCURRED IN CONNECTION WITH MATRICULATION AT	URRED IN	CONNECTIO	N WITH MAT	RICULATION AT	
THE EDUCATIONAL INSTITUTION STATED	IN THEIR	A APPLICATION.		PERMISSIBLE COSTS	
ARE DEFINED AS TUITION, ROOM AND BO	BOARD, THE	3 PURCHASE	OR RENTAL	OF BOOKS AND	
SUPPLIES, AND STUDENT FEES.					

GRANTS TO THE INDUSTRY ENVIRONMENTAL SURVIVAL FUND ARE MONITORED THROUGH 932102 02-02-10

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization

NEW JERSEY ASPHALT PAVEMENT ASSOC.

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

Employer identification number

Schedule J (Form 990) 2009

21-0666754

Part I **Questions Regarding Compensation** No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Schedule J (Form 990) 2009

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	· (D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
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	(ii)							

Schedule J (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Department of the Treasury

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service | Name of the organization

NEW JERSEY ASPHALT PAVEMENT ASSOC.

Employer identification number 21-0666754

FORM 990, PART VI, SECTION A, LINE 6: ALL CLASSES OF MEMBERSHIP EITHER
ELECT OR APPOINT REPRESENTATIVES TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERSHIP IN THE ASSOCIATION FALLS
INTO 5 CATEGORIES AS FOLLOWS: HOT MIX ASPHALT PRODUCERS, HOT MIX ASPHALT
PRODUCER-CONTRACTORS, INSTALLATION CONTRACTORS, ASPHALT CEMENT SUPPLIERS,
AND ASSOCIATE MEMBERS. THE HMA PRODUCERS APPOINT ONE PERSON FROM THEIR
ORGANIZATION TO REPRESENT THEM ON THE BOARD. HMA PRODUCERS WITH SEVEN OR
MORE PLANTS HAVE THE OPTION OF TWO VOTING MEMBERS ON THE BOARD IF THEY SO
CHOOSE. ALL MEMBERS IN THE INSTALLATION AND ASSOCIATE MEMBER CATEGORIES
VOTE FOR THEIR CATEGORIES REPRESENTATIVE(S) ON THE BOARD. THE ASPHALT
CEMENT SUPPLIERS BOARD REPRESENTATIVE IS DECIDED ON AN APHABETICAL, ANNUAL
ROTATING BASIS.

FORM 990, PART VI, SECTION A, LINE 8B: ALTHOUGH THE EXECUTIVE COMMITTEE IS

PERMITTED TO ACT WITH THE FULL AUTHORITY OF THE BOARD OF DIRECTORS BETWEEN

BOARD MEETINGS, THEIR MEETINGS WERE NOT CONTEMPORANEOUSLY DOCUMENTED DURING

2009. THE ORGANIZATION IS AWARE OF THIS ISSUE AND PLANS TO BEGIN

DOCUMENTING THE EXECUTIVE COMMITTEE'S MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, FORM 990 IS

EMAILED TO BOARD MEMBERS FOR REVIEW, REQUESTING THEIR COMMENTS, QUESTIONS

AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND

CONSISTENTLY MONITORS AND ENFORCES ITS' CONFLICT OF INTEREST POLICY BY

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

Schedule O (Form 990) 2009

932211

922-03-10

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

NEW JERSEY ASPHALT PAVEMENT ASSOC.

Employer identification number 21-0666754

REQUIRING ALL COVERED PERSONS TO PROMPTLY AND FULLY DISCLOSE ALL MATERIAL
FACTS OF EVERY ACTUAL OR POTENTIAL CONFLICT OF INTEREST (1) EXISTING AT THE
TIME HE/SHE BECOMES A COVERED PERSON (2) THAT ARISES WHILE HE/SHE IS A
COVERED PERSON, AT THE TIME SUCH ACTUAL OR POTENTIAL CONFLICTS ARISES; AND
(3) ANNUALLY THROUGH THE ANNUAL CONFLICT OF INTEREST QUESTIONAIRE.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEES OF THE
ORGANIZATION AND THE RELATED ORGANIZATION, ASSOCIATED GENERAL CONTRACTORS
OF NEW JERSEY, MEET ANNUALLY TO DETERMINE ALL STAFF MEMBER SALARIES
INCLUDING THE EXECUTIVE DIRECTOR. SALARIES ARE AT THE DISCRETION OF THE
TWO ASSOCIATIONS. THIS PROCESS INCLUDES A COMPARISON OF THE EXECUTIVE
DIRECTOR'S SALARY TO OTHER PEOPLE'S SALARIES USING A COMPENSATION STUDY
PREPARED BY PAS. 990S WITH RELEVANT INFORMATION ONLINE PROVIDED GENERAL
COMPARISONS TO THOSE IN SIMILAR POSITIONS AT CONSTRUTION ASSOCIATIONS IN
THE STATE OF NEW JERSEY. THERE WERE NO OTHER OFFICERS OR KEY EMPLOYEES
THEREFORE 15B IS ANSWERED "NO".
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT
ACCOUNTANT HAS NOT CHANGED DURING THE YEAR.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

Inspection **Employer identification number**

NEW JERSEY ASPHALT PAVEMENT ASSOC.	21-0666754
FORM 990, CHANGES MADE ON AMENDED RETURN	
PAGE ONE OF THE MAIN FORM WAS CHANGED TO REFLECT THE PRINC	IPAL OFFICER
AS OF THE DATE THE AMENDED RETURN WAS FILED. THE AMENDED	RETURN
INCLUDES A SCHEDULE C, WHICH WAS INADVERTENTLY OMITTED FOR	M THE ORIGNAL
FILING. IN ADDITION, A PARAGRAPH CONCERNING THE WRITTEN D	OCUMENT
RETENTION POLICY WAS DELETED FROM SCHEDULE O. THIS PARAGR	APH WAS NOT
APPLICABLE IN 2009.	
	
WAR THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE T	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 21-0666754

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

NEW JERSEY ASPHALT PAVEMENT ASSOC.

Direct controlling End-of-year assets <u>e</u> Total income ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part

(a)	(q)	(0)	(b)	(e)	(j)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
ASSOCIATED GENERAL CONTRACTORS - 21-0397864					
RARITAN CENTER PLAZA II, FIELDCREST AVE	PROMOTE CONSTRUCTION AND				
EDISON, NJ 08837	RECONSTRUCTION OF HIGHWAYS	NEW JERSEY	501 (C) (6)		N/A
CONSTRUCTION INDUSTRY ADVANCED PROGRAM OF NJ					
- 22-2164550, 91 FIELDCREST AVENUE, RARITAN	PROMOTE THE NJ CONSTRUCTION				
PLAZA II. EDISON, NJ 08837	INDUSTRY	NEW JERSEY	501 (C) (6)		N/A
	7				

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

932161 02-04-10

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Schedule R (Form 990) 2009

21-0666754 Page 2

Schedule R (Form 990) 2009 NEW JERSEY ASPHALT PAVEMENT ASSOC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Ŷ Share of total income Yes Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) <u>©</u> (d)
(d)
(l) Direct controlling entity 33 Primary activity <u>e</u> Legal domicile (state or foreign country) <u>છ</u> Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>(a)</u> 932162 07-21-10 Part IV

Schedule R (Form 990) 2009 NEW JERSEY ASPHALT PAVEMENT ASSOC.

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	transactions with one or more related organizations listed in Parts II-IV?		,		
a Receipt of (i) interest (ii) annuties (iii) rovalties or (iv) rent from a controlled entity			Ta .	-	×
		•	\$		>
		: : :	2		4
c Gift, grant, or capital contribution from other organization(s)	:	:	2	×	
d Loans or loan guarantees to or for other organization(s)			19		×
			4		×
	:	: : : : : : : : : : : : : : : : : : : :	2	 	:
			:	\dagger	>
t Sale of assets to other organization(s)	:		=	+	4
g Purchase of assets from other organization(s)	•		1g .		×
h Exchange of assets			ŧ		×
			¥		×
i Lease of facilities, equipment, or other assets from other organization(s)			F		×
b Derformance of contracts or mambachin or fundamental colorisations for other occamisation(s)			: 2		×
			£ 7	1	*
	:		= ,	>	4
m snaring of facilities, equipment, mailing lists, or other assets	:	:	٤	4	
n Shanng of paid employees	•		Ę	×	
Reimbursement paid to other organization for expenses		•	9	×	1
p Reimbursement paid by other organization for expenses		:	d d		×
q Other transfer of cash or property to other organization(s)			5		×
r Other transfer of cash or property from other organization(s)			11	-	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	its line, including covered relationships and tra	ansaction thresholds.			
(a) Name of other organization(s)		(b) Transaction	(c) Amount involved	volved	-
(1)					
ξ					
(3)					
(4)					
(6)					
(9)					
932163 02-04-10		Schedul	Schedule R (Form 990) 2009	990) 2	2009

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Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) (b)	(q)	9	(6)	(e)	ε	(D)	(2)
Name, address, and EIN	Primary activity	nicile	Are all partners	Share		Code V-UBI	
of entity		_	section 501(c)(3) organizations?		ate iions?	of Schedule K-1	
		(Cump)	Yes	ļ	Yes	(con mos)	Yes
			_				
						_	
						:	

932164 02-04-10

					Page
If you are filing for an Additional (Not Automatic) 3				2000	
ote. Only complete Part II if you have already been g If you are filing for an Automatic 3-Month Extension			u Form	5000.	
Part II Additional (Not Automatic) 3-			copies r	eeded).	· -
Name of exempt organization		the state of the s	1		ation number
ype or				-,	
rint NEW JERSEY ASPHALT PAV	EMENT ASSO	:	2	1-06667	54
Number, street, and room or suite no. If a	PO box, see instruc	tions.			
e date for 500 HORIZON CENTER DRI	VE, NO. 52	0			
turn See City, town or post office, state, and ZIP co	ode For a foreign add	ress, see instructions.			
HAMILTON, NJ 08691					
ter the Return code for the return that this applicati	on is for (file a separa	te application for each return)			0 1
pplication	Return	Application			Return
For	Code	Is For			Code
orm 990	01				
orm 990-BL	02	Form 1041-A			08
orm 990-EZ	03	Form 4720			09
rm 990-PF	04	Form 5227			10
rm 990-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
rm 990-T (trust other than above)	06	Form 8870			12
OP! Do not complete Part II if you were not alrea	dy granted an autor	<u>natic 3-month extension on a previo</u>	usly file	<u>d Form 8868</u>	·
The books are in the care of ASSOCIATION -	RARITAN PLAZA I	I, FIELDCREST AVE, EDISON, N	<u> </u>	3837	
Telephone No. ► <u>732-738-5664</u>		FAX No. ▶			_
If the organization does not have an office or place	of business in the Ur	nted States, check this box			▶ □
If this is for a Group Return, enter the organization'	s four digit Group Exe	emption Number (GEN) If t	his is foi	the whole are	
· ·	. —			_	
x 🕨 🔲 . If it is for part of the group, check this t	oox 🕨 🔲 and atta	ch a list with the names and EINs of a		_	
x . If it is for part of the group, check this to I request an additional 3-month extension of time	e until NOVEM	BER 15, 2010.		_	
I request an additional 3-month extension of time. For calendar year 2009, or other tax year be	oox ▶ ☐ and atta e until NOVEM ginning	BER 15, 2010.	II memb	ers the extens	
I request an additional 3-month extension of time. For calendar year 2009, or other tax year be. If the tax year entered in line 5 is for less than 12	oox ▶ ☐ and atta e until NOVEM ginning	BER 15, 2010.		ers the extens	
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I request an additional 3-month extension of time. For calendar year 2009, or other tax year be. If the tax year entered in line 5 is for less than 12. Change in accounting period. State in detail why you need the extension.	e until NOVEM ginning months, check reas	BER 15, 2010. , and ending on: Initial return	II memb	ers the extens	sion is for
I request an additional 3-month extension of time. For calendar year 2009, or other tax year be lift the tax year entered in line 5 is for less than 12. Change in accounting period. State in detail why you need the extension ADDITIONAL TIME IS NEEDE	and atta e until NOVEM ginning months, check reas TO GATHE	BER 15, 2010. , and ending on: Initial return	II memb	ers the extens	
I request an additional 3-month extension of time. For calendar year 2009, or other tax year be. If the tax year entered in line 5 is for less than 12. Change in accounting period. State in detail why you need the extension.	and atta e until NOVEM ginning months, check reas TO GATHE	BER 15, 2010. , and ending on: Initial return	II memb	ers the extens	sion is for
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