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Earm 990

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)

2010

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

Open to Public Inspection

A	For th	e 2010 calendar year, or tax year beginning	and ending			
В	Check if	C Name of organization		D Employer identifi	cation number	
	applicab	10				
	Addre	NEW JERSEY ASPHALT PAVEMENT ASSOC.				
È	Name	Down Burney As		7 21-0	666754	
Ē	Initial	At the second state of the DO beautiful and delivered to street addresses	Room/suite			
F	Termi	·	520		586-1188	
Ē	ated Amen	ded Characteristics and 7/D A		G Gross receipts \$	574,565.	
ř	Appli			H(a) Is this a group re		
_	ltion pendi	F Name and address of principal officer KEVIN MONACO		for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates inc		
	Taylor		a)(1) or 52	-	list. (see instructions)	
		te: WWW.NJAPA.COM	۵)(۱) ۱۰ ـــــــ ٥٤	H(c) Group exemptio	•	
		forganization: X Corporation Trust Association Other	I Voo		A State of legal domicile: NJ	
	art I	Summary	IL TEA	I UI IUI III III III II II II II II II I	A State of legal dofficie. IND	
•			ADE ODG	ANTENDED EO	DMED MO	
å	1	Briefly describe the organization's mission or most significant activities TR		ANIZATION FO	RMED TO	
& Governance		PROMOTE THE HOT MIX ASPHALT (HMA) INDUS				
ē	2	Check this box If the organization discontinued its operations or d	disposed of moi	1 . 1	l e	
é	3	Number of voting members of the governing body (Part VI, line 1a)		3	25	
∘ ত	4	Number of independent voting members of the governing body (Part VI, line	1b)	4	25	
ies	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	8	
₹.	6	Total number of volunteers (estimate if necessary)		6	25	
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.	
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.	
		Contributions and grants (Part VIII, line 1b)		Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		25,342.	139,413.	
Revenue	9	Program service revenue (Part VIII, line 2g)	. ⊗ ∟	522,044.	404,700.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) JUN 2 6 20	012 Q L	5,367.	3,254.	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,745.	12,955.	
_	12	Total revenue · add lines 8 through 11 (must equal Part VIII, cojumn (A), line-	12)	<u>564,498</u> .	560,322.	
	13	Grants and similar amounts paid (Part IX, column (A) lines 3)	<u> </u>	28,000.	27,400.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	5-10)	205,710.	213,228.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ĝ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.			
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		335,963.	268,043.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		569,673.	508,671.	
	19	Revenue less expenses. Subtract line 18 from line 12		<5,175.		
5	3		В	eginning of Current Year	End of Year	
Sign	20	Total assets (Part X, line 16)	_	515,492.	561,122.	
Net Assets or	21	Total liabilities (Part X, line 26)		11,075.	5,054.	
Set	22	Net assets or fund balances. Subtract line 21 from line 20	-	504,417.	556,068.	
P	art II	Signature Block		<u> </u>	3307000.	
_		lities of perjury, I declare that I have examined this return, including accompanying schi	edules and states	ments, and to the hest of m	v knowledge and helief it is	
		, and complete. Declaration of preparet (bther than officer) is based on all information			y knowledge and boller, it is	
1100	, 00116	complete. Gestaration of prepayingst than onicery is based on an information	or which propare	in has any knowledge.	5/2012	
e:-		Signature of officer	1	Date		
Sig		KEVIN MONACO EXECUTIVE DIC	roctor	6/15	har	
He	re	Type or print name and title	(0) (1	4//)	/	
Date Chark DIN						
Da:	_	Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name	h.,_	5/29/12 if self-employe		
Pai		BROCE B HODEOW CIA	2~0	 _	<u> </u>	
	parer	Firm's name KLATZKIN & COMPANY, LLP		Firm's EIN	<u> </u>	
U\$6	Only	Firm's address 1670 WHITEHORSE HAM SQ RD		, n	COO\OOC 0100	
		HAMILTON, NJ 08690-3513		Phone no. (609)890-9189	
Мą	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	
0320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instr	uctions.		Form 990 (2010)	

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)?	1	}	
	If "Yes," complete Schedule A	1_		X
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)]
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	(s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	٠,,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			- v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_		_
8	Schedule D, Part III	8		x
9	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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>		<u> </u>
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b		X
С	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	11c		X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<u>12b</u>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a		14a_		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	445		
15	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
13	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	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,"			
	complete Schedule G, Part III	19_		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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X

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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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Pa	Statements Regarding Other IRS Fillings and Tax Compliance			
<u></u>	' Check if Schedule O contains a response to any question in this Part V			<u> </u>
			Yes	No
1a			,	
b	Billian and the horizontal design of the second des			1
С		4-		
2-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c		
Za	filed for the calendar year ending with or within the year covered by this return 2a 8	t l		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	1
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1	.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	,	Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,]	ļ
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,]	,	ļ
	to file Form 8282?	_7c		
d	•			I
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			ı
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		,	
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a		
10	Section 501(c)(7) organizations. Enter	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	.		ı
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	. [ĺ	ı
11	Section 501(c)(12) organizations. Enter:	.		
а	Gross income from members or shareholders	.		
-	Gross income from other sources (Do not net amounts due or paid to other sources against	Î	-	ı
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	7		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form '	990 (2010)

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	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee msaacaons.			
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management			Γ	
		. 05		Yes	No
1a		la 25			
b			1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other	_		3.5
_	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			.
	of officers, directors or trustees, or key employees to a management company or other person?	was filed?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets Does the organization have members or stockholders?	·	6	x	
6		ore of the	-	Α_	
7a		odis Oi tile	70	x	
.	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other person		7a 7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du		-70_		
0	by the following:	ing the year	1		
_	The governing body?		8a	х	
a b	Each committee with authority to act on behalf of the governing body?	•	8b	Λ	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	ad at the	- 35		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ou at the	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code)			
	The state of this session a requests information about pendies not required by the internal flavor	100 0000.7		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such cha	apters, affiliates.	1,55		
_	and branches to ensure their operations are consistent with those of the organization?		10b		
11a		the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	\mathbf{x}	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
	to conflicts?	•	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s," descnbe			
	ın Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval b	y independent	i		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization .		15b		_X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a		<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	te its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organia	tation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50	J1(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply				
46	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conf	lict of interest policy, ar	nd fina	ncial	
00	statements available to the public	da ###-	►		
20	State the name, physical address, and telephone number of the person who possesses the books and a SCOCTARTON _ 600-596-1199	ecords of the organizat	iou. 🕨	· —	
	ASSOCIATION - 609-586-1188 500 HORIZON CENTER DRIVE, SUITE 520, HAMILTON, NJ (08691			
	JOU HORIZON CENTER DRIVE, BULLE JZU, RAMILLION, NO (7007±	Form	990 (20101
			i Oilli		-U 1U1

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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) Position						(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per	(c	(check all that apply)				ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule O)	ual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
STEVEN C. KURTZ								_	_	_	
PRESIDENT	1.00	X		X	_			0.	0.	0.	
VINCENT GALLO]		ļ]		_	_	
VICE PRESIDENT	1.00	X	<u> </u>	X				0.	0.	0,	
THOMAS EARLE											
TREASURER	1.00	X	<u> </u>	Х	_	.		0.	0.	0.	
ROBERT BROWN				i							
SECRETARY	1.00	X	├-	Х	ļ			0.	0.	0.	
JOE BIGGICA						l					
MEMBER	0.50	X	╄	_		-	_	0.	0.	0.	
SCOTT BRAEN	2 50					1					
MEMBER	0.50	X	\vdash				_	0.	0.	0.	
MIKE CONTI	0.50										
MEMBER	0.50	X	├-		_	-		0.	0.	0.	
MIKE HERRING	0.50								_	^	
MEMBER	0.50	X	├	-	 		-	0.	0.	0.	
BRUCE HAAS	0.50	~						0.	0.	^	
MEMBER	0.30	^	-		_		\vdash		U.	0.	
JOE DIFIORE	0.50	v						0.	0.	0.	
MEMBER COOCH		^	├-			 		<u> </u>	0.		
MICHAEL GOOCH MEMBER	0.50	X						0.	0.	0.	
LAWRENCE HESSE	0.30	412	\vdash								
MEMBER	0.50	x						0.	0.	0.	
DEAN HOLCOMBE			一					<u></u>			
MEMBER	0.50	X	1			ĺ		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	Х			L			0.	0.	0,	
SLAVIC MOKIENKO											
MEMBER	0.50	X						0.	0.	0.	

(A) Name and business address	(B) Description of services	(C) Compensation
2.12 23011000 8441000	222	- Compondutor
		
		<u> </u>
Total number of independent contractors (including but not limited to the	se listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

\$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.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) (A) Total expenses (B) Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses **expenses** expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 18,500 Grants and other assistance to individuals in 8,900 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 29,612 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 56,134 persons described in section 4958(c)(3)(B) 83,442 Other salaries and wages Pension plan contributions (include section 401(k) 8,108 and section 403(b) employer contributions) 20,777 Other employee benefits ... 15,155 Payroll taxes Fees for services (non-employees): Management 58,000 **b** Legal 10,085 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 8,766 Advertising and promotion 12 7,337. Office expenses 13 14 Information technology Royalties 15 22,474. Occupancy 16 9,423. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 106,693. 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 2,896. 22 Depreciation, depletion, and amortization ... 5,646. 23 Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) 8,890. INDIRECT FUNDRAISING EX 5,520 MISCELLANEOUS <u>5,</u>393. DIRECTORY ADVERTISING 4,970. d ADVERTISING 4,708. EQUIPMENT AND MAINTENAN 7,242 All other expenses 508,671 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here 🕨 📙 if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

032010 12-21-10

•	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			52,654.	1	63,204.
ı	2	Savings and temporary cash investments			447,995.	2	448,548.
	3	Pledges and grants receivable, net		441,000	3	440/540.	
	4	Accounts receivable, net		5,901.	4	6,849.	
ł	5	Receivables from current and former officers, di	trustees key	373011		0,015.	
	3	employees, and highest compensated employee					
		of Schedule L	00. 00.	inploto / are ii		5	
	6	Receivables from other disqualified persons (as					
}		4958(f)(1)), persons described in section 4958(c)	ı				
		employers and sponsoring organizations of sect					
- 1		employees' beneficiary organizations (see instru		6			
2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges			1,530.	9	7,464.
H		Land, buildings, and equipment, cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	73,896.			
-	b	Less accumulated depreciation	10b	38,839.	7,412.	10c	35,057.
	11	Investments - publicly traded securities		11			
-	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
- 1	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	(4)	515,492.	16	561,122.
	17	Accounts payable and accrued expenses	8,628.	17	3,469.		
	18	Grants payable		_	·	18	
- 1	19	Deferred revenue .		<u> </u>		19	
	20	Tax-exempt bond liabilities .				20	· · · · · · · · · · · · · · · · · · ·
ß	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabiliues	22	Payables to current and former officers, director	s, trust	ees, key employees,			
<u> </u>		highest compensated employees, and disqualification	ed pers	sons. Complete Part II			
د		of Schedule L .		<u> </u>		22	
	23	Secured mortgages and notes payable to unrela	ated the	rd parties		23	
- }	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D		_	2,447.	25	1,585.
	26_	Total liabilities. Add lines 17 through 25			<u>11,075.</u>	26	<u>5,054.</u>
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
ß		lines 27 through 29, and lines 33 and 34.			504 445		FF6 060
1	27	Unrestricted net assets		_	504,417.	27	_556,068.
ğ	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets		_ ,		29	·····
[Organizations that do not follow SFAS 117, cl	heck h	ere 🕨 📖 and		l	
5		complete lines 30 through 34.			-		
100	30	Capital stock or trust principal, or current funds		<u>}</u>		30	
	31	Paid-in or capital surplus, or land, building, or eq				31	
ž	~~		COMA	or other tillnas		30	
Net Assets of Fully Datafices	32 33	Retained earnings, endowment, accumulated in Total net assets or fund balances	COITIO,	F	504,417.	33	_556,068.

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

2010

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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • 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
- 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), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization			Emp	loyer identification number
	NEW JER	SEY ASPHALT PAVE	MENT ASSOC.		21-0666754
Pa	art I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 of	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	ation's direct and indirect politic	al campaign activities		
Pa	art I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	ler section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶ \$	
3	If the organization incurred a section		Yes No		
_	Was a correction made?				Yes No
	If "Yes," describe in Part IV		er coation 501/a	avocat costian FO4	(-)(0)
		ganization is exempt und		· - · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expended				
2	Enter the amount of the filing organ	ization's funds contributed to other	her organizations for s		
_	exempt function activities			▶\$	
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here a	ind on Form 1120-POL		
	line 17b	4400 DOL for the comp		. ▶\$	
	Did the filing organization file Form	·	NN of all continu 597 a		Yes No
5	Enter the names, addresses and er made payments. For each organiza	• •	•	•	• •
	contributions received that were pr	· · · · · · · · · · · · · · · · · · ·			•
	political action committee (PAC). If	· •		-	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) = "1	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization
			ľ		If none, enter -0-
					
		ĺ	l l	I	1

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule € (Form 990 or 990-EZ) 2010	NEW JERSEY	ASPHALT PA	AVEMENT ASSOC	21-	0666754 Page 2
Part II-A Complete if the org		npt under section	on 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501(h)).				
	on belongs to an affi	•			
B Check Lifthe filing organizat	on checked box A ar	nd "limited control" pi	rovisions apply.		
	s on Lobbying Exper itures" means amou	nditures ints paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lir	es 1a and 1b)	•			
d Other exempt purpose expenditure	s				
 Total exempt purpose expenditures 	(add lines 1c and 1c	I)	1		
f Lobbying nontaxable amount. Ente	r the amount from the	e following table in bo	oth columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable ar	nount is:		
Not over \$500,000	20% of	the amount on line 1)		
Over \$500,000 but not over \$1,000	,000 \$100,00	0 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ent			-		
h Subtract line 1g from line 1a. If zero			-	····	
i Subtract line 1f from line 1c. If zero	•				J
j If there is an amount other than zer		line 1i, did the organi	zation file Form 4720		
reporting section 4911 tax for this y					Yes No
(0		eraging Period Unde		lata all of the five	
			on do not have to comp les 2a through 2f on pa		
			ear Averaging Period	50,	
	LODDYING Exper	Taltales Dalling 4-14	Sai Averaging renod		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					-
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(150% Of lifte 2d, Coldifit (e))					+
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule © (Form 990 or 990 EZ) 2010 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)).

		1			
			a)	(t	o)
		Yes	No	Amo	ount
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)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
i	Total Add lines 1c through 1i				
2 a					
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				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	x	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		. 3		Х
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	rt III-A, li	ne 3 is aı	nswered	
	"Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	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 ex	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					
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; al	nd Part II-B.	line 1ı. Also	. complete	this part
	ny additional information.			,	
	,				
		·			
	,				
			_	-	
		<u> </u>			
_		 _			
	_		_		

SCHEDULE D

(Farm 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.

2010
Open to Public Inspection

Name of the organization **Employer identification number** NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 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) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2010

	dule D (Form 990) 2010 NEW JER	SEY ASPHAL						66754		
	Using the organization's acquisition, access									
3*		ion, and other record	is, check any or the	Hollowing that	l ale a sig	milicani t	ise oi its	COHECTION	lems	
_	(check all that apply): Public exhibition	_	. Diagnaray	change progra						
a	=	· ·		mange progra	1115					
b	Scholarly research	€	Other							
¢	Preservation for future generations		t attacked	ub	1		5			
4										
5	During the year, did the organization solicit of				er sımılar a	assets		٦	—	
Da	to be sold to raise funds rather than to be m							_ Yes	No_	
Pal	t IV Escrow and Custodial Arran		ete if the organization	on answered "	Yes" to F	orm 990,	Part IV, I	line 9, or		
—–	reported an amount on Form 990, Pa	 -		 -						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as:	sets not II	ncluded	_	7		
	on Form 990, Part X?		•					」Yes	L No	
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table.							
						-		Amount		
C	Beginning balance					1c				
þ	Additions during the year .					1d				
ė	Distributions during the year					1e				
f	Ending balance		•			1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No	
ь	If "Yes," explain the arrangement in Part XIV	·								
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	rm 990, Part I	V, line 10).				
		(a) Current year	(b) Prior year	(c) Two years	s back (d	d) Three ye	ears back	(e) Four ye	ars back	
1a	Beginning of year balance									
ь	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships	<u> </u>								
	Other expenditures for facilities									
C	and programs				ľ					
f	Administrative expenses			 						
	·									
g	End of year balance	r and balance hold s	 `~	·				L		
2	Provide the estimated percentage of the year	r end balance neid a								
a	Board designated or quasi-endowment		%							
Ь	Permanent endowment	%								
C		%			1.6					
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neid a	ina aaministei	rea for the	e organiza	ation	Γ		
	by:								es No	
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
Ь	If "Yes" to 3a(ii), are the related organizations							_3b		
4_	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ient. See Form 990), Part X, line 10.							
	Description of investment	(a) Cost or o	, , ,	or other		cumulated	d	(d) Book v	alue	
		basis (investr	ment) basis	(other)	depr	eciation				
1a	Land						_			
b	Buildings									
С	Leasehold improvements									
d	Equipment		7	3,896.		38,83	9.	35	057.	
_е	Other _									
_	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (B) line	10(c))				35	057.	

Schedule D (Form 990) 2010

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

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

FIN 48 (ASC 740

	dule D (Form 990) 2010 NEW JERSEY ASPHALT PAVEMENT	C AS	SOC	<u>:</u>				<u>666754</u>	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted F	inan	cial Sta	atem	ents		
1.	Total revenue (Form 990, Part VIII, column (A), line 12)				1				<u>,322.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)				2				<u>,671.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3			51	<u>,651.</u>
4	Net unrealized gains (losses) on investments				4				
5	Donated services and use of facilities				5				
6	Investment expenses				6				
7	Prior period adjustments				7				
8	Other (Describe in Part XIV.)				8				
9	Total adjustments (net). Add lines 4 through 8				9				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19			10			51	,651.
	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	/ith F	Rever		r Ref	turn		/
1	Total revenue, gains, and other support per audited financial statements						1	574	,565.
	, ,							<u></u>	, 505.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۔ ا	1				- 1		
a	Net unrealized gains on investments	2a				\dashv	1		
b	Donated services and use of facilities	2b	ļ			i	- 1		
C	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIV)	2d	<u> </u>		. 	_			
е	Add lines 2a through 2d					<u> </u>	2e		0.
3	Subtract line 2e from line 1					L	3	<u>574</u>	,565.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIV)	4b		<1	4,24	3.⊳	- 1		
	Add lines 4a and 4b					\neg ,	4c	<14	,243.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			•	•		5		,322.
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Nith	Expe	nses p				<u>, , , , , , , , , , , , , , , , , , , </u>
	Total expenses and losses per audited financial statements					$\overline{}$	1		,914.
1	·				•	· -	-		, <u>) 14.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	٦	1						
а	Donated services and use of facilities	2a	 -						
b	Prior year adjustments .	2b	-			_	ŀ		
C	Other losses	2c	├ ──						
d	Other (Describe in Part XIV.)	2d	L.,_	<u> </u>	4,24	<u>3 .</u>	i		
е	Add lines 2a through 2d					. 1	2e		,243.
3	Subtract line 2e from line 1						3	<u>508</u>	<u>,671.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		_						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-						
b	Other (Describe in Part XIV)	4b				\neg			
	Add lines 4a and 4b					\neg ,	4c		0.
5				• •			5	508	.671.
	t XIV Supplemental Information						<u> </u>		, 0 , 1 .
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III.	lines 1	10.000	1 / Do	rt IV Juno		and Oh	Part V. line	4 Post
									4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also compl				-			torrnation	
PAR	RT X, LINE 2: THE ASSOCIATION'S FEDERAL EXP	SMPT	AIN	ט ע	NKELL	ATE.	<u>U</u>		
D***	TINGS THOOMS DESCRIPTION SOON 2007 2010 ADD GIT	. TEC			3233473		T 0 1 T	D37 M111	_
RO?	SINESS INCOME RETURNS FOR 2007-2010 ARE SUF	SU EC	T 1	OE	XAMII	NAT.	TON	BY THI	<u> </u>
IRS	S, GENERALLY FOR THREE YEARS AFTER THEY WER	RE F	ILE	D.	THE	ST.	ATU?	re of	
<u>LIN</u>	<u> MITATIONS DOES NOT APPLY TO UNFILED RETURNS</u>	<u>. </u>	THE	AS	SOCI2	ATI	ON F	BELIEVI	ES
THA	AT ALL REQUIRED RETURNS HAVE BEEN FILED.								
IN	THE EVENT IT WOULD BE REQUIRED, THE ASSOCI	ТТА	ON	WOIT	LD RI	ഭവവ	CNT	Æ.	
	THE ZIERY IT HOUSE BE MEGOTIME, THE ADDOCT		<u></u>	<i>,,,,,,</i>	<u> </u>		<u> </u>		
TATO	EREST ACCRUED RELATED TO UNRECOGNIZED TAX	איםם	ਸੂਸ਼ਾ	ጥሮ	יד זאַד	ישיתו	ם ביים	r EXPE	JCF
<u> </u>	ENEST ACCROED REDAILED TO UNKECOGNIZED TAX	ממם	<u> 1 1 1 1 </u>	TD.	T-74 TT				
032054						So	nedule	e D (Form 9	90) 2010
12-20-	10								

Schedule D (Form 990) 2010 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Page ! 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 XII, LINE 4B - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES -14,243
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EVENT EXPENSES 14,243

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(F.orm 990 or 990-EZ)

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.

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization Employer identification number 21-0666754 NEW JERSEY ASPHALT PAVEMENT ASSOC. 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 b Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations C d 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 or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No **Total** 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

032081 01-13-11

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

Schedule G (Form 990 or 990-EZ) 2010

			(a) Event #1	EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	Jio grouter triair 40,000.
			HALL OF FAME	l ' '	NONE	(d) Total events (add col (a) through
e			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	32,585.			32,585.
	2	Less ⁻ Charitable contributions	18,342.			18,342.
	3_	Gross income (line 1 minus line 2)	14,243.		.	14,243.
	4	Cash prizes				
Ses	5	Noncash prizes	185.			185.
zypens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	13,560.			13,560.
	8	Entertainment				
	9	Other direct expenses	498.			498.
	10	Direct expense summary. Add lines 4 through	gh 9 in column (d)		>	(14,243)
_	11	Net income summary. Combine line 3, colur	nn (d), and line 10		> _	0.
Pa	rt I	II Gaming. Complete if the organization	n answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 Re	1	Gross revenue				
sesu	2	Cash prizes				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes %	Yes %	
	7	Direct expense summary Add lines 2 through	gh 5 in column (d)			(
	8	Net gaming income summary. Combine line	1, column d, and line 7			
9	Ent	er the state(s) in which the organization oper	ates gamıng actıvities			
		he organization licensed to operate gaming a				L Yes L No
þ	If "	No," explain.				
						····
					0	
102	we	re any of the organization's gaming licenses			ear?	└─ Yes └─ No
	16 111	Vac " avalain:				
	lf "`	Yes," explain:				

		Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes	∟ No
12. Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	L No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility .	13a	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name >		
Numb P		
Address >		
Address >		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
and the amount		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
Address >		
16 Gaming manager information:		
Name		
Hand P		
Company manager companyation N. C		
Gaming manager compensation \$		
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?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) a	nd (v) an	d Part III
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
lines 9, 90, 100, 150, 150, 16, and 170, as applicable. Also complete this part to provide any additional information	200 HISTIC	Ctions
		· ····

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Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

OMB No 1545-0047	2010	Open to Public	Inspection
Ö	-	ဝ <u>ိ</u>	_

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service		Сощ	Complete if the organization answered "Ves" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" to For ► Attach to Form 990.	' to Form 990, Par n 990.	t IV, line 21 or 22.		Oper	Open to Public Inspection
Name of the organization	noi							Employer identification number	ation number
1 1000000 1 1000	NEW JERSEY ASPHAI	Y ASPHALT	PAVEMENT	ASSOC.				21-0	21-0666754
		DOI BISISSE DI							
1 Does the organi:	Does the organization maintain records to substantiate the amount of the	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to a	critena used to award the grants or assistance? Decembe in Day IV the occapitation's procedures for monitoring the use of areat funds in the Hatel	stance?	· ··	fonds in the Linder	· ·				2
art II	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	Governments and	d Organizations in the	United States. Co	omplete if the orga	anization answered "Y	res" to Form 990, Part	t IV, line 21, for any	
recipient ti	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check this	s box if no one recipien	it received more th	an \$5,000 Part II	can be duplicated if a	additional space is net	eded	□
1 (a) Name and ac or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ance
INDUSTRY ENVIRONMENTAL SURVIVAL FUND C/O NATIONAL ASPHALT PAVEM ASSOC - 5100 FORBES BOULEVARD - LANHAM, MD 20706	INDUSTRY ENVIRONMENTAL SURVIVAL FUND C/O NATIONAL ASPHALT PAVEMENT ASSOC - 5100 FORBES BOULEVARD - LANHAM, MD 20706	53-0231198	501(0)(6)	18,500,	0				
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	and government o	rganizations		:	· · ·	:		1.
1 -	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2010)	rm 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. NEW JERSEY ASPHALT PAVEMENT ASSOC. Schedule | (Form 990) (2010)
Part III Grants and Othe

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	80	8,900,	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	

SCHEDULE I, PART I, LINE 2: SCHOLARSHIP ASSISTANCE TO INDIVIDUALS IS

MONITORED THROUGH THE REQUIREMENT OF THOSE INDIVIDUALS TO SIGN A

THIS AGREEMENT REQUIRES THE INDIVIDUALS TO SCHOLARSHIP FUND AGREEMENT. APPLY THE FUNDS SOLEY TO COSTS INCURRED IN CONNECTION WITH MATRICULATION AT

PERMISSIBLE COSTS THE EDUCATIONAL INSTITUTION STATED IN THEIR APPLICATION. ARE DEFINED AS TUITION, ROOM AND BOARD, THE PURCHASE OR RENTAL OF BOOKS AND

SUPPLIES, AND STUDENT FEES.

GRANTS TO THE INDUSTRY ENVIRONMENTAL SURVIVAL FUND ARE MONITORED THROUGH

032102 01-13-11

THE REVIEW OF THE FUND'S FINANCIAL STATEMENTS AT NATIONAL ASPHALT PAVEMENT ASSOCIATION'S ANNUAL, MIDYEAR, AND EXECUTIVE COMMITTEE MEETINGS. THE ORGANIZATION'S EXECUTIVE DIRECTOR ATTENDS THE ANNUAL MEETING IN ORDER TO	Schedule F(Form 990) 2010 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Page Part IV Supplemental Information
ORGANIZATION'S EXECUTIVE DIRECTOR ATTENDS THE ANNUAL MEETING IN ORDER TO	
	ASSOCIATION'S ANNUAL, MIDYEAR, AND EXECUTIVE COMMITTEE MEETINGS. THE
STAY INFORMED OF THESE MATTERS AS WELL AS MANY OTHERS.	ORGANIZATION'S EXECUTIVE DIRECTOR ATTENDS THE ANNUAL MEETING IN ORDER TO
	STAY INFORMED OF THESE MATTERS AS WELL AS MANY OTHERS.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization Employer identification number NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved by board or (a) Name of interested (b) Loan to or from (g) Written (e) In (c) Original principal (d) Balance due the organization? amount default? person and purpose agreement? committee? From Yes Yes To No No Yes No **Total** Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and (c) Amount and type of (a) Name of interested person the organization assistance ERIN GUSTY DAUGHTER OF SCHOLARSHIP COMMIT SCHOLARSHIP JOSEPH VINCENT BIGGICA SON OF BOARD MEMBER SCHOLARSHIP 1,250. CATHERINE LAUDONE DAUGHTER OF BOARD MEMBER SCHOLARSHIP 850.

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2010

NEW JERSEY ASPHALT PAVEMENT ASSOC.

Part IV Business Transactions Involving Interes	tad Persons				Page 2
					
	n 990, Part IV, line 28a, 2 ship between interested and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				Yes	No
			 	 	
			 -		
		·			<u> </u>
				<u> </u>	
				-	
art V Supplemental Information			L		l
		a an Cabadula I. (aaa			
Complete this part to provide additional information f	or responses to question	s on Schedule L (see	instructions)		
CH L, PART III, GRANTS OR ASSIST	ANCE BENEFIT	TING THTERE	STED PERSON	ıs ·	
on by limit lily on his or his bill					
A) NAME OF PERSON: ERIN GUSTY		<u></u>			
B) RELATIONSHIP BETWEEN INTEREST	ED PERSON AND	D ORGANIZAT	CION:		
	WEWDED				
AUGHTER OF SCHOLARSHIP COMMITTEE	MEMBER	·			
					
	 				
			_		
					
	- 				
		 			-
		-			
					_
					
					_
	- 		<u> </u>		

032132 12-21-10

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.

2010
Open to Public Inspection

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

2010. 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 Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization NEW JERSEY ASPHALT PAVEMENT ASSOC.	Employer identification number 21-0666754
REQUIRING ALL COVERED PERSONS TO PROMPTLY AND FULLY DISCL	OSE 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 WHIL	E HE/SHE IS A
COVERED PERSON, AT THE TIME SUCH ACTUAL OR POTENTIAL CONF	LICTS ARISES; AND
(3) ANNUALLY THROUGH THE ANNUAL CONFLICT OF INTEREST QUES	TIONAIRE.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COM	MITTEES OF THE
ORGANIZATION MEET ANNUALLY TO DETERMINE ALL STAFF MEMBER	SALARIES INCLUDING
THE EXECUTIVE DIRECTOR. SALARIES ARE AT THE DISCRETION O	F THE ASSOCIATION.
THIS PROCESS INCLUDES A COMPARISON OF THE EXECUTIVE DIREC	TOR'S SALARY TO
OTHER PEOPLE'S SALARIES USING A COMPENSATION STUDY PREPAR	ED BY PAS. 990S
WITH RELEVANT INFORMATION ONLINE PROVIDED GENERAL COMPARI	SONS TO THOSE IN
SIMILAR POSITIONS AT CONSTRUTION ASSOCIATIONS IN THE STAT	E OF NEW JERSEY.
THERE WERE NO OTHER OFFICERS OR KEY EMPLOYEES THEREFORE 1	5B IS ANSWERED
"NO".	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING THE IND	EPENDENT
ACCOUNTANT HAS NOT CHANGED DURING THE YEAR.	
FORM 990, CHANGES MADE ON AMENDED RETURN	
PAGE ONE OF THE MAIN FORM WAS CHANGED TO REFLECT THE PRIN	CIPAL OFFICER
AS OF THE DATE THE AMENDED RETURN WAS FILED. THE AMENDED	RETURN

Schedule Ó (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization NEW JERSEY ASPHALT PAVEMENT ASSOC.	Employer identification number 21-0666754
INCLUDES A SCHEDULE C, WHICH WAS INADVERTENTLY OMITTED FR	OM THE
ORIGINAL FILING. IN ADDITION, CHANGES WERE MADE TO PAGE	9 OF THE MAIN
FORM TO PROPERLY REFLECT THE EXECUTIVE DIRECTORS' POSITIO	NS AND TO
REPORT THEIR COMPENSATION IN THE PROPER COLUMNS. SCHEDULE	J WAS NOT
INCLUDED IN THE AMENDED RETURN, SINCE IT IS NO LONGER REQ	UIRED BASED ON
THE CHANGES TO PAGE 9 OF THE MAIN FORM. FINALLY, A PARAGR	APH CONCERNING
THE WRITTEN DOCUMENT RETENTION POLICY WAS DELETED FROM SC	HEDULE O.
THIS PARAGRAPH WAS NOT APPLICABLE IN 2010.	

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

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2010 Open to Public · Inspection

OMB No 1545-0047 6

Open to Pub Inspection Inspection num

> NEW JERSEY ASPHALT PAVEMENT ASSOC. Name of the organization

Employer identification number 21-0666754

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

	(a) Name, address, and EIN of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	tions (Complete if the organization ar	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	art IV, line 34 becaus	se it had one or	more related tax-exe	прt
	(a)	(q)	(0)	(p)	(e)	(t)	(6)

(a)	(q)	(c)	(p)	(e)	£	(6)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)
of related organization		foreign country)	section	status (if section	entrty	entity?
				501(c)(3))		Yes
ASSOCIATED GENERAL CONTRACTORS - 21-0397864						
RARITAN CENTER PLAZA II, FIELDCREST AVE	PROMOTE CONSTRUCTION AND					
EDISON NJ 08837	RECONSTRUCTION OF HIGHWAYS NEW JERSEY	NEW JERSEY	501 (C) (6)	Z	N/A	×
CONSTRUCTION INDUSTRY ADVANCED PROGRAM OF NJ						-
- 22-2164550, 91 FIELDCREST AVENUE, RARITAN PROMOTE THE NJ	PROMOTE THE NJ					
PLAZA II, EDISON, NJ 08837	CONSTRUCTION INDUSTRY	NEW JERSEY	501 (C) (6)	Z	//A	×

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

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Schedule R (Form 990) 2010

21-0666754 Page 2.

Schedule R (Form 990) 2010 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

		•						
(i) (k) General or Percentage managing ownership		ore related	(h) Percentage ownership					Schedule R (Form 990) 2010
(j) General or managing partner?		ne or mo) e of Fyear ets					R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		scause it had or	(g) Share of end-of-year assets					Schedule
(h) Disproportion- ate allocations? Yes No K		IV, line 34 be	(f) Share of total income					
Share of Diend-of-year att		to Form 990, Part	(e) Type of entity (C corp, S corp, or trust)					
(f) Share of total income		Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(d) Direct controlling entity					
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		ne organizati	(c) Legal domicile (state or foreign country)					
		omplete if th						38
(d) Direct controlling entity			(b) Primary activity					
(c) Legal domicile (state or foreign country)		as a Corpo						
(b) Primary activity		ganizations Taxable rporation or trust dun	<u>Z</u> c					
(a) Name, address, and EIN of related organization		Part IV Identification of Related Organizations Taxable as a Corporation or organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization					032162 12-21-10
		تق.	ļ] }	832

Schedule R (Form 990) 2010 NEW JERSEY ASPHALT PAVEMENT ASSOC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	S
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity	:				19	×
b Gift, grant, or capital contribution to other organization(s)			:		4	×
(s)		:	:		1c X	
				:	10	×
	: : · .				16	×
f Sale of assets to other organization(s)	:			:	=	×
g Purchase of assets from other organization(s)					19	×
h Exchange of assets				: .	두	×
i Lease of facilities, equipment, or other assets to other organization(s)	:				;=	×
i Lease of facilities, equipment, or other assets from other organization(s)					 	×
	ther organization(s)	•	•		*	×
Performance of services or membership or fundraising solicitations by of	ization(s)		:		=	×
m Sharing of facilities, equipment, mailing lists, or other assets			:		1m X	
n Shanna of paid employees					t X	
		•	•	•		
o Reimbursement paid to other organization for expenses	:				ot X	
p Reimbursement paid by other organization for expenses			:		1	×
						_
 q Other transfer of cash or property to other organization(s) 					19	×
r Other transfer of cash or property from other organization(s)				•	+	×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	nation on who must complete this line, including covered relationships and transaction thresholds.	relationships and	d transaction thresholds.		
(a) Name of other organization	(b) Transaction	(c) Amount involved		(d) Method of determina	p	
	type (a-r)			amount involved		
(2)						
;						
(3)						
(4)			-		1	
					41	
(9)						
032163 12-21-10	39			Schec	Schedule R (Form 990) 2010) 201(

21-0666754

Page 4

Schedule R (Form 990) 2010 NEW JERSEY ASPHALT PAVEMENT ASSOC.

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.

The state of the s							
(a)	9		ලි			(6)	E
Name, address, and EIN of entrty	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	1.
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Schedule R (Form 990) 2010

Schedule R (Form	990) 2010	NEW	JERSEY	ASPHAL	T PAVE	MENT Z	ASSOC.	21-066675	4 Page 5
Part VII Supp							tala adula Dita		
Comp	olete this part to p	rovide addi	tional informati	ion for respo	nses to ques	stions on S	cnedule H (se	e instructions).	
SCHEDULE I	R	··							
CHANGE IN	RELATED	ORGANI	ZATION						
DURING 20:	10 THE OR	GANI ZA	ATION EN	DED IT	'S REL	ATION	SHIP WI	TH ASSOCIATED	
GENERAL CO	ONTRACTOR	S OF 1	NEW JERS	EY. T	HE ORG	ANIZA'	TION HI	RED THEIR OWN	
EXECUTIVE	DIRECTOR	TAHT	DEVOTED	100%	OF HIS	TIME	TO THE	ORGANIZATION.	
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Form 990 (2010) NEW JERSI	EY ASPH	AL'	ן י	ZAS	/EI	MEI	T.	ASSOC.	21-066	6754
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	rees_(continued)	
(A) Name and title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional frustee	c all 1	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RIAN TOBIN EXECUTIVE DIRECTOR-BEGINNING OF YEAR	20.00			x				50,190.	50,190.	11,888
ROBERT SAUBER	20100	_						30,2300	00,2300	
EXECUTIVE DIRECTOR- END OF YEAR	40.00	<u> </u>		Х		-		54,224.	0.	5,000
						ļ 				
										<u> </u>
otal to Part VII, Section A, line 1c								104,414.	50,190.	16,888

Form 8	3868 (Rev. 1-2011)					Page 2			
• If yo	Bu are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check this b	ox _	•	X			
Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	form	8868				
• If yo	ou are filing for an Automatic 3-Month Extension, comple								
Parl	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no c	opies i	needed)				
Туре	Name of exempt organization			Emp	loyer identification	number			
print		3.000	6	١,	1 0000754				
File by t	NEW JERSEY ASPHALT PAVEMENT			1 4	1-0666754				
extende									
filing you	ur								
return S instructo		oreign auc	iress, see iristructions.						
	HAMILION, NO 00091				 				
Enter	the Return code for the return that this application is for (file	a senara	te application for each return)			0 1			
	the rietain code for the retain that this application is for the	a scpara	application for outer return,						
Applic	ation	Return	Application			Return			
Is For		Code	Is For			Code			
Form 9	990	01							
Form 990-BL 02 Form 1041-A									
Form 990-EZ 01 Form 4720									
Form 990-PF 04 Form 5227									
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069									
	Form 990-T (trust other than above) 06 Form 8870 12								
STOP!	Do not complete Part II if you were not already granted	l an autor	<u>natic 3-month extension on a previou</u>	ısly file	ed Form 8868.				
	ASSOCIATION								
	books are in the care of 500 HORIZON CEI	NTER			LTON, NJ 0	8691			
	ephone No ► <u>609-586-1188</u>		FAX No. ► 609-586-1168	<u> </u>	 _				
	e organization does not have an office or place of business								
	is is for a Group Return, enter the organization's four digit	•							
pox >			ich a list with the names and EINs of all BER 15, 2011.	memb	ers the extension is	tor.			
	request an additional 3-month extension of time until $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	NO A PIN							
	f the tax year entered in line 5 is for less than 12 months, c	book roos	, and ending _ on: Initial return	Final r	otum				
•	Change in accounting period	HOCK IGAS	on midal letum	ı ıı ıçı ı	etarri				
7 :	State in detail why you need the extension								
		TATHE	R PERTINENT FINANCIA	L I	NFORMATION				
-									
•									
8a i	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any						
1	nonrefundable credits. See instructions.			8a	\$	0.			
b i	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated						
1	ax payments made. Include any prior year overpayment all	owed as a	a credit and any amount paid						
	previously with Form 8868.			8b	\$	0.			
c I	Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using	1					
	EFTPS (Electronic Federal Tax Payment System) See instru			8c	\$	<u> </u>			
	•		d Verification						
Under p	enalties of perjury, I declare that I have examined this form, includ s, correct, and complete, and that I am authorized to prepare this fo	ing accomp orm.	panying schedules and statements, and to th	e best o	f my knowledge and be	elief,			
Signatu	re Title			<u>Date</u>	<u> </u>				
					Form 9969 (De	v 1-2011)			