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Form 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)

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

2011
Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning and en	nding	_	
Вс	heck if pplicable	C Name of organization		D Employer identifi	cation number
Γ	Address change	NEW JERSEY ASPHALT PAVEMENT ASSOC.			
	Name change	Doing Business As		21-0	666754
	Initial return		oom/suite	E Telephone numbe	
\vdash	Termin- ated	· · · · · · · · · · · · · · · · · · ·	20	•	586-1188
	Amendo			G Gross receipts \$	614,923.
	Applica			H(a) Is this a group re	
	pending			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
1 1	ax-exe	mpt status:	527	1 ' '	list (see instructions)
		E: ► WWW.NJAPA.COM		H(c) Group exemptio	·
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: NJ
		Summary			· · · · · · · · · · · · · · · · · · ·
	1 E	Briefly describe the organization's mission or most significant activities TRADE	ORGA	NIZATION FO	RMED TO
Activities & Governance		PROMOTE THE HOT MIX ASPHALT(HMA) INDUSTRY			
r.	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	ssets
o e	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	26
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	26
SS		otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2
į		otal number of volunteers (estimate if necessary)		6	26
Ġ	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
•	b١	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ø.	8 (Contributions and grants (Part VIII, line 1h)		139,413.	127,499.
venue	i	Program service revenue (Part VIII, line 2g)		404,700.	458,793.
Š	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,254.	991.
3 2		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,955.	2,120.
		otal revenue, add lines 8 through 11 (must equal Part VIII, column (A), line 12)		560,322.	589,403.
5		Grants and Girollar amounts paid (Part IX, column (A), lines 1-3)		27,400.	27,400.
		Benefits paid to or for members (Rart IX, column (A), line 4)		0.	0.
Ses Ses		Salaries, httler epippensation, employee benefits (Part IX, column (A), lines 5-10)		213,228.	218,326.
nse.	16a F	of essional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	ы	Total/ftgrdraining expenses (Partix, column (D), line 25)	<u>0. L</u>		
Ü	17 4	Otherexpenses (Part IX, solumn (A), lines 11a-11d, 11f-24e)	L	268,043.	328,402.
	18 7	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		508,671.	574,128.
	19 F	Revenue less expenses Subtract line 18 from line 12		51,651.	15,275 .
, 28 88			Ве	ginning of Current Year	End of Year
alar	20 1	Total assets (Part X, line 16)		561,122.	600,715.
t d∰	21 7	Total liabilities (Part X, line 26)	<u> </u>	5,054.	29,372.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20		556,068.	571,343.
	art II	Signature Block			
Und	-	ties of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	rrect	, and complete Declaration of producer (other than officer) is based on all information of which	h preparer	has any knowledge,	12/12/
	,	A Mary VI			s por
Sig	n	Signature of officer		Date '	
Her	e	KEVIN MONACO Executive Director.			
		Type or print name and title		Ooto I	I DTIM
		Print/Type preparer's name Proparer's signature		Date Check C	PTIN
Paid	ī	BRUCE S LUDLOW CPA () Julie & Julie &	~0	62112 if self-employ	•
-		Firm's name KLATZKIN & COMPANY, LLP		Firm's EIN	21-0650289
use	Only	Firm's address 1670 WHITEHORSE HAM SQ RD			(00)000 0100
		HAMILTON, NJ 08690-3513		Phone no. (609)890-9189
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	n 990 (2011) NEW JERSEY ASPHALT PAVEMENT ASSOC.	21-0666754 Page 2
<u></u> Pa	rt III Statement of Program Service Accomplishments	<u></u>
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: TRADE ORGANIZATION FORMED TO PROMOTE THE HOT MIX ASPHAL'	I INDUSTRY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$	SPHALT THROUGH BUSINESS
		
4b		
40	(Code) (Expenses \$) (Revenue)	.te \$)
40	(Code) (Expenses \$) (Revenue)	ue \$)
		<u></u>
		
	Other are grown and vote / December in Carbodula (A)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١
4e	Total program service expenses	
		Form 990 (2011)

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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
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		х
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	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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 for which donors have the right to			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	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 temporarily restricted endowments, permanent			
	endowments, 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			•
	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	<u> </u>	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			X
	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	11c	 	
a		11d		x
_	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	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		1
•	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	• • • • • • • • • • • • • • • • • • • •		
·Lu	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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	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		<u></u>	
	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	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	0011
		rom	コゴリ (2011)

		Form		2011)
	Note. All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
34	Was the organization related to any tax-exempt or taxable entity?			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	Schedule L, Part I	25b		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J .	23		<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				
	Check it Schedule O contains a response to any question in this reactive			V	<u> </u>
_	The Manager of the Res Out Francisco Control Out of Control Control	0		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a.	0			
		-\ 			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able garring	4		
_	(gambling) winnings to prize winners?	ı	1c		\vdash
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2			
	filed for the calendar year ending with or within the year covered by this return2a		0 L	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 (see instructions)		٥.		- V
	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		<u>3b</u>		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.		_		₹.
	financial account in a foreign country (such as a bank account, securities account, or other financial acco	unt)'?	<u>4a</u>	<u> </u>	X
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 Acco	unts.			٦,
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	17	5b		X
	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 or	ganızatıon solicit		l	
	any contributions that were not tax deductible?	:	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			ł	
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 re-	quired		ļ	İ
	to file Form 8282?	I	7c	-	-
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	act?	7e		₩
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		↓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7 <u>g</u>	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	supporting		1	i
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any t	ime during the year?	8	<u> </u>	ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	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	1	—
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	9		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>, </u>			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders 11a	9			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	o			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104	1?	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.		L	<u>L</u>	
а	to the second to the second of Early by the second them are stated.		13a		
_	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1	
	organization is licensed to issue qualified health plans	,			
С	5		1	1	
	Did the organization receive any payments for indoor tanning services during the tax year?	·	14a	1	X
- 70	Did the organization receive any payments for macer turning correct during the tax year.		—·	+	+

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		26		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other		1	
	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ıppoınt	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	ne following:			
а	The governing body?			8a	X	7.
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			₹.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		0.11	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Code)		\ <u></u>	
	District of the state of the st			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	hooto	ra affiliatas	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such of	naptei	s, annates,	406]	
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy bofe	are filing the form	10b	Х	
11a		uy beit	ore ming the form	114		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			12a	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	nflicts?	12b	X	_
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		
С	In Schedule O how this was done	, 00, 0	coonbe	12c	x	
13	Did the organization have a written whistleblower policy?	•		13	X	
14	Did 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 approximate a series and	val by i	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
2	The organization's CEO, Executive Director, or top management official			15a	х	
_	Other officers or key employees of the organization	•		15b		Х
~	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 arrange	ement v	with a			
-	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate rts	participation .			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
	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 (Sec	tion 501(c)(3)s on	ly) avaılat	ole	
	for public inspection indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy,	and fina	ncıal	
	statements available to the public during the tax year					
20	State the name, physical address, and telephone number of the person who possesses the books	and red	cords of the organ	ization	-	
	ASSOCIATION - 609-586-1188					
20.5	500 HORIZON CENTER DRIVE, SUITE 520, HAMILTON, NJ	0.8	3691			
13200 01-23	6 12			Form	990	(2011)

		•	
Form	990	(2011)	

NEW JERSEY ASPHALT PAVEMENT ASSOC.

21-0666754

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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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

Check this box is neither the organization	ì	l	111120	((iibei	isai	· -		(F)
(A) Name and Title	(B) Average			Pos	rtion			(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per	ьох	, unle	ss pe	rson	than s bot	h an	compensation	compensation	amount of
	week	-	ceran	d a d	recto	r/trus	tee)	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for related	50.0	ee Ge			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		99/	mpen		(44-2/1099-141130)		organization and related
	in Schedule	dualt	Institutional trustee	<u> </u>	mplo	st co	ᇸ			organizations
	0)	Đị.	instit	Officer	Key employee	Highest compensated employee	Form			
(1) THOMAS EARLE										
PRESIDENT	1.00	X	<u> </u>	X	<u> </u>			0.	0.	0.
(2) VINCENT GALLO										
VICE PRESIDENT	1.00	X		X	L		L.	0.	0.	0.
(3) ROBERT BROWN										le
TREASURER	1.00	X		X				0.	0.	0.
(4) MICHAEL CONTI					l					
SECRETARY	1.00	X		X				0.	0.	0.
(5) VAL DELLA PELLO, JR.					ŧ				_	_
MEMBER	0.50	X						0.	0.	0.
(6) SCOTT KEGLER									_	_
MEMBER	0.50	X				_		0.	0.	0.
(7) JOSEPH BIGGICA		l								
MEMBER	0.50	X		_			_	0.	0.	0.
(8) SCOTT BRAEN				İ						
MEMBER	0.50	X				-	_	0.	0.	0.
(9) MICHAEL CRISCOLA										_
MEMBER	0.50	X					-	0.	0.	0.
(10) JOHN DAVIES	0.50	,,								•
MEMBER	0.50	X					├	0.	0.	0.
(11) JOSEPH DIFIORE	0.50	7.			ļ		İ			•
MEMBER	0.50	X					-	0.	0.	0.
(12) MICHAEL GOOCH	1 0 50	J.,						0.	0.	_
MEMBER	0.50	X		┢	-	┢	├─	0.	0.	0.
(13) LAWRENCE HESSE	0.50	l.						0.	0.	0.
MEMBER (1.1.1) NOV. COVER	0.50	┢						0.		<u> </u>
(14) DEAN HOLCOMBE	0.50	l.						0.	0.	0.
MEMBER TOINGOV	0.30	^					\vdash	<u> </u>	0.	<u></u>
(15) DAVID L. JOHNSON MEMBER	0.50	v				ļ		0.	0.	0.
(16) STEVEN C. KURTZ	0.30	<u> </u>					╁─	-	0.	<u> </u>
MEMBER	0.50	x	-			1		0.	0.	0.
(17) TIM LARSON	0.30	 ^ `					\vdash			·
MEMBER	0.50	x						0.	0.	0.
132007 01-23-12	, , , , , , ,					-	. —			Form 990 (2011)

132007 01-23-12

(A) Name and title	(B) Average hours per	box	not cl	heck ss pe	rtior more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimate Imount other	of
	(describe hours for related	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from the ganizat nd relat ganizati	ation e tion ted
(18) SCOTT LAUDONE									•			•
MEMBER	0.50	X			_	<u> </u>	<u> </u>	0.	0	•		0.
(19) AL MICHAEL	0.50								0			0
MEMBER	0.50	X				╁		0.	0	•		0.
	0.50								0			0.
	0.50	^							<u> </u>	+		<u> </u>
	0.50				l			n	n			0.
	0.50	^	\vdash			\vdash				+		
	0.50	v						0.1	0			0.
	0.30	TA.	\vdash			 				•		
	0.50	$ _{\mathbf{x}}$			i			0.1	0			0.
		1								1		
	0.50	x						0.	0			0.
		1	Ī									
•	0.50	X						0.	0			0.
									•			
MEMBER	0.50	X						0.	0	<u>. </u>		0.
1b Sub-total												<u>0.</u>
c Total from continuation sheets to Pa	rt VII, Section A										<u>11,9</u>	
d Total (add lines 1b and 1c)						<u> </u>				•	<u>11,9</u>	<u> 15.</u>
2 Total number of individuals (including b	out not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable			_
compensation from the organization	<u> </u>											1
											Yes	No
			e, ke	ey er	mple	oyee	, or	highest compensated ei	mployee on			_V
•					_4		اهمام	h		3	+	X
<u> </u>	•								irie organization	,		x
•									dual for senuces	-		1
							Ciai	ted organization or indivi	dual for services	5		x
	complete ocheda	, C O	01 0	0011	pc,	3011						
	st compensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of compe	nsation	ı from	
	Name and title Average hours per week (describe hours for related organizations in Schedule O) Average hours per grant and a detection of the organizations in Schedule O) Average hours per grant and a detection of the organizations in Schedule O) Average hours per grant and a detection of the organizations in Schedule O) Average hours per grant and a detection of the organization of the organ											
						-		(B)			(C)	
		N	ON:	E				Description of s	ervices	Comp	ensatio	วท
MEMBER												
							ļ					
2 Total number of independent contract	ore (including but)	not l	ımıta	nd to	the	ا معر	ster	d above) who received m	ore than		-	
≥ Total number of independent contract	ore finding but t	IULI			, ,,,,	, J U	2101		10.0 (1)(4)			

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

(A)	(B)	1		(()			Compensated Employ (D)	(E)	(F)
Name and title	Average hours per	(cl	Position (check all that apply)				ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
27) ROBERT SAUBER	40.00			x				115,720.	0.	11,915
XECUTIVE DIRECTOR	40.00	_						113,720,		11,913
	<u> </u>									
		_								
			<u> </u>							
			_							
		-								
		-								
										· <u>-</u>
				_					Acces to	· -
									<u> </u>	
						_	-			
		-								
										<u> </u>
			<u></u>			<u></u>			· · · · · · · · · · · · · · · · · · ·	

`	C VIII	Statement of Never	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b d	Fundraising events Related organizations	1a	21,080.				
ontribution nd Other S		All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ve 1f	106,419.	127,499.			
	<u>n</u>	Total. Add lines 1a-1f		Business Code		212 202		
Program Service Revenue	2 a b c	MEMBERSHIP DUES EDUCATIONAL PRO	GRAMS	900099	312,303. 146,490.	312,303. 146,490.		
Progra Re	d e f	All other program service reve	enue					
+	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including	dıvıdends, ınter	est, and	458,793.			
	4 5	other similar amounts) Income from investment of ta Royalties	x-exempt bond p	oroceeds	991.			991.
	6 a	•	(i) Real	(ii) Personal				
	c d	Rental income or (loss) Net rental income or (loss)						
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
	c d	and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	contributions reported on line Part IV, line 18	080 • of					
ᅙ		Less: direct expenses Net income or (loss) from fund	b draising events	<u>25,520.</u> ▶	245.			245.
	9 a	Gross income from gaming ac Part IV, line 19 Less direct expenses	-					
Ì		Net income or (loss) from gan	_					
		Gross sales of inventory, less and allowances Less: cost of goods sold	returns a					
-	С	Net income or (loss) from sale		•				
		Miscellaneous Revenu DIRECTORY ADVER	RTISING_	Business Code 900099	1,875.			1,875.
	b c							
	d	All other revenue						
	_	Total. Add lines 11a-11d			1,875.	450 700		2 111
13200 01-23	12 9 -12	Total revenue. See instructions.			589,403.	458,793.	0.	3,111. Form 990 (2011)

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)

	D - 1 07		Г
e to any question in this	S Part IX	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
18,400.			
9,000.			
		,	
127,635.			
54,872.		ļ	
5,200.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
15,665.			
14,954.			
		i	
42,644.			
_			
9,232.			
6,982.			-
	1-0-1-00		
7,442.			
	<u></u>		
17,828.			
7,771.			
4,659.			
113 3/13			
	_		
		+	
J/4,140.			
		1	
	(A) Total expenses 18,400. 9,000. 127,635. 54,872. 5,200. 15,665. 14,954. 43,500. 10,370. 42,644. 9,232. 6,982. 22,306. 7,442. 17,828.	Total expenses 18,400. 9,000. 127,635. 54,872. 5,200. 15,665. 14,954. 43,500. 10,370. 42,644. 9,232. 6,982. 22,306. 7,442. 17,828. 113,343. 9,980. 7,690. 6,957. 17,698.	(A) Program service expenses 18,400. 9,000. 127,635. 54,872. 5,200. 15,665. 14,954. 43,500. 10,370. 42,644. 9,232. 6,982. 17,828. 7,771. 4,659. 113,343. 9,980. 7,690. 6,957. 17,698.

Form 990 (2011)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			63,204.	1	67,885.
	2	Savings and temporary cash investments	448,548.	2	473,386.		
	3	Pledges and grants receivable, net	٠. [3		
	4	Accounts receivable, net			6,849.	4	3,439.
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing			
		employers and sponsoring organizations of sec-					
		employees' beneficiary organizations (see instru	ictions)			6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use		8			
-	9	Prepaid expenses and deferred charges		7,464.	9	6,049.	
	10a	Land, buildings, and equipment cost or other					
	ŀ	basis Complete Part VI of Schedule D	10a	40,208.			
	b	Less accumulated depreciation	10b	7,835.	35,057.	10c	32,373.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments · program-related See Part IV, line		13			
	14	Intangible assets	·	14			
	15	Other assets See Part IV, line 11	<u> </u>	0.	15	17,583.	
	16	Total assets. Add lines 1 through 15 (must equ	al line :	34)	561,122.	16	600,715.
	17	Accounts payable and accrued expenses	3,469.	17	644.		
	18	Grants payable .			18		
	19	Deferred revenue		19	28,728.		
	20	Tax-exempt bond liabilities .	_	T	20		
es	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	rs, trus	tees, key employees,			
ä		highest compensated employees, and disqualif	ed per	sons Complete Part II			
_		of Schedule L		<u> </u>		22	
	23	Secured mortgages and notes payable to unrela		· · ·		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of	4 505		•
		Schedule D		-	1,585.	25	0.
	26	Total liabilities. Add lines 17 through 25		[47]	5,054.	26	29,372.
		Organizations that follow SFAS 117, check he	ere 🟲	LX and complete			
ces		lines 27 through 29, and lines 33 and 34.			FF6 060		E71 242
tan	27	Unrestricted net assets	•	-	556,068.		571,343.
Ва	28	Temporarily restricted net assets		-		28	
PLT	29	Permanently restricted net assets				29	
Ę		Organizations that do not follow SFAS 117, c	песк п	ere 🕨 🔛 and			
S		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		mt fund	-	30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in	come,	or other tunas	EE6 060	32	E71 2/2
	33	Total hebiting and not specified belongs	•	-	556,068. 561,122.	33	571,343.
	34	Total liabilities and net assets/fund balances			301,144.	34	600,715. Form 990 (2011)

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

2011

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 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nam	ne of organization			Emp	loyer identification number
	NEW JER	SEY ASPHALT PAVI	EMENT ASSOC.		21-0666754
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	ical campaign activities		3
Pa	art I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
	Enter the amount of any excise tax				3
	Enter the amount of any excise tax	-		▶ \$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	of or this year?		Yes No
4a	Was a correction made?		·		Yes No
b	o If "Yes," describe in Part IV	<u> </u>			
Pa	art I-C Complete if the or	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for s	ection 527 exempt fund	tion activities	S
2	Enter the amount of the filing organ	nization's funds contributed to d	other organizations for s	ection 527	
	exempt function activities			▶ 9	S
3	Total exempt function expenditure:	s. Add lines 1 and 2 Enter here	and on Form 1120-POL	-1	
	line 17b				·
	Did the filing organization file Form		-		Yes No
5					
	made payments. For each organiza				
	contributions received that were properties (RAC). If				ate segregated fund or a
	political action committee (PAC) If			1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0
					ii florie, efiter -0
		-			
					

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 N Part II-A Complete if the orga			ASPHALT PAV npt under section	EMENT ASSOC n 501(c)(3) and file	21 – (ed Form 5768	0666754 Page 2
(election under secti						
				Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share			•			
Limits	on Lobb	ying Exper	nd "Imited control" pro Inditures Ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce pub	lic opinion (i	arass roots lobbying)			
b Total lobbying expenditures to influe	•					
c Total lobbying expenditures (add line			.y (aoct 1000)g)			
d Other exempt purpose expenditures		1 10,		•		
e Total exempt purpose expenditures		e 1c and 1d		ŀ		
f Lobbying nontaxable amount Enter	•		·	o columne		
4						
If the amount on line 1e, column (a) or	נטן וא.		bying nontaxable amo	ount is:		
Not over \$500,000			the amount on line 1e.			
Over \$500,000 but not over \$1,000,			O plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,00 Over \$17,000,000 \$1,000,000				ss over \$1,500,000.		
Over \$17,000,000						
g Grassroots nontaxable amount (entoin Subtract line 1g from line 1a If zeroin Subtract line 1f from line 1c If zeroin If there is an amount other than zero reporting section 4911 tax for this year.	or less, e or less, e o on eithe	enter -0- nter -0- er line 1h or				Yes No
, ,	ımns be	nt made a s low. See th	e instructions for line	do not have to comp s 2a through 2f on pa		
	Lobb	ying Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2008	(b) 2009	(c) 2010	(d) 2011	(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))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

(election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
	e lobbying activity	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?		1		
h	Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l		
	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	-			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/-	\ <u>(</u> \(\)	. 41	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on Suric)(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 carry over lobbying and political expenditures from the prior year? † III-B Complete if the organization is exempt under section 501(c)(4), secti	on E01/o	(5) or oo	otion	X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part		
1	Dues, assessments and similar amounts from members		1	312	<u>2,303.</u>
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		. <u>2</u> a		2,644.
b	Carryover from last year		2b		7,938.
С			2c		<u>5,294.</u> :
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	32	1,230.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<td><u>6,524.</u>:</td>	<u>6,524.</u> :
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, P	art II-A; and	Part II-B, lin	e 1. Also, o	complete
this	part for any additional information				

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization Employer identification number NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754

Par	t I Orga	nizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organı	zation answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number	at end of year		
2	Aggregate co	ntributions to (during year)		
3	Aggregate gra	ants from (during year)		
4	Aggregate va	lue at end of year		
5	Did the organ	ization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organ	ization's property, subject to the organization's	exclusive legal control?	L Yes
6	Did the organ	ization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only
	for charitable	purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
		private benefit?		Yes No
Par		servation Easements. Complete if the org		rt IV, line 7.
1	Purpose(s) of	conservation easements held by the organizat		
	Preserv	ration of land for public use (e g , recreation or e		orically important land area
	Protect	ion of natural habitat	Preservation of a certification	ed historic structure
		ration of open space		
2	Complete line	es 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax	c year		
				Held at the End of the Tax Year
а		of conservation easements		2a
b		restricted by conservation easements		2b
C		onservation easements on a certified historic sti	2c	
d	Number of co	onservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	
		lational Register		
3	_	onservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year ▶			
4		ates where property subject to conservation ea		
5		anization have a written policy regarding the pe		Yes No
_	•	d enforcement of the conservation easements		
6		unteer hours devoted to monitoring, inspecting,		_
7		penses incurred in monitoring, inspecting, and onservation easement reported on line 2(d) abor		
8		170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(ii	Yes No
9		escribe how the organization reports conservat	ion easements in its revenue and expenses	
9		plicable, the text of the footnote to the organiza		
	conservation		tions interioral statements that describes t	to organization o docodning for
Par	rt III Orga	inizations Maintaining Collections of	f Art, Historical Treasures, or Otl	her Similar Assets.
		lete if the organization answered "Yes" to Form		
1a	If the organiz	ation elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	_	asures, or other similar assets held for public ex		
		e footnote to its financial statements that descr		
b		ation elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical
_		other similar assets held for public exhibition, e		
	relating to the		·	
	-	s included in Form 990, Part VIII, line 1		> \$
		cluded in Form 990, Part X		► \$ ► \$
2		ation received or held works of art, historical tre	easures, or other similar assets for financial	
	-	amounts required to be reported under SFAS 1		-
а	-	cluded in Form 990, Part VIII, line 1	· -	> \$
b		led in Form 990, Part X		\$
_				

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

Schedule D (Form 990) 2011

		SEY ASPHAL						<u>066675</u>		
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Othe	er Similar A	ssets (con	tınued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	are a s	ignificant use o	f its collection	on items	5
	(check all that apply):		r							
а	Public exhibition		י וַן יַּ	Loan or excl	hange progra	ms				
b	Scholarly research	•	• 🗀 •	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further th	ne organizatio	n's exe	mpt purpose in	Part XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımıla	r assets			_
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	llection?			Yes		No_
Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "	Yes" to	Form 990, Par	t IV, line 9, o	r	
	reported an amount on Form 990, Par	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other as:	sets not	included		_	_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table:						
								Amour	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	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
b	If "Yes," explain the arrangement in Part XIV.									
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 1	10			
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three years	back (e) Fou	ır years	back
1a	Beginning of year balance									
b	Contributions				l					
С	Net investment earnings, gains, and losses				Î					
ď	Grants or scholarships									
e	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
а	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balan	ce (line 1	a. column (a	a)) held as:		•	<u>'</u>		
a	Board designated or quasi-endowment		%	J ,	,,					
b	Permanent endowment ▶	%								
-	Temporarily restricted endowment									
•	The percentages in lines 2a, 2b, and 2c show									
За	Are there endowment funds not in the posse		zation tha	at are held a	ind administe	red for t	the organization	າ		
-	py.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations						• •	. 3a(ii	1	
h	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Sched	dule R?			•	3b		
4	Describe in Part XIV the intended uses of the						•			
	rt VI Land, Buildings, and Equipm									-
	Description of property	(a) Cost or			or other	(c) A	ccumulated	(d) Bo	ok value	
	becomplied of property	basis (invest			(other)		preciation	(4,50		-
10	Land	2 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					•	<u> </u>		
	Buildings							 		
	Leasehold improvements							1		
	Equipment			1	0,208.		7,835	<u> </u>	32,3	73
	Other		_		0,200		,,,,,,	`	<u>, 2, 3</u>	, , , .
	I. Add lines 1a through 1e (Column (d) must e	aual Form 900 Por	t X 00!!!	mn (R) Jino 1	10(c))			 	32,3	73
<u>10ta</u>	i. Aug illes la mitugli le (Columni (a) Must e	quai ruiiii 330, Par	. A, COIUI	rin (O), IIITE I	· · · (· / · / · · · · · · · · · · · ·				<u> </u>	<u> </u>

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 NEW JERSEY ASPHALT PAVEMEN	IT ASS	30C.		21-(0666754	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audite	ed Finan	cial State	ment		
`1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			<u>,403.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>,128.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		15	<u>.275.</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			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10		15	<u>.275.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Rever	nue per R	leturn		
1	Total revenue, gains, and other support per audited financial statements				1	614	<u>,923.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b] [
c	Recoveries of prior year grants	2c			1		
d	Other (Describe in Part XIV.)	2d			1		
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	614	,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-		, , 2 , 0 •
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
_	Other (Describe in Part XIV)	4a 4b		5,520.	L		
b	,	40		J, J4U.	7 1	√2E	520 -
C	Add lines 4a and 4b Total revenue, Add lines 2 and 4a. (This must equal Form 900, Part I. line 12.)				4c 5		<u>,520.</u> ; ,403.
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expe	nses per			, + U J •
1	Total expenses and losses per audited financial statements			рог	1		,648.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.					333	, 0 10 1
	Donated services and use of facilities	2a					
a					1		
b	Prior year adjustments	2b	· · · · · · · · · · · · · · · · · · ·		1		
C	Other losses	2c	2	E E 2 0	-		
d	Other (Describe in Part XIV.)	2d	4	<u>5,520.</u>	┨ .	25	F 0 0
е	Add lines 2a through 2d				2e		<u>,520.</u>
3	Subtract line 2e from line 1				3	5/4	,128.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1 1		
b	Other (Describe in Part XIV.)	4b			4		
c	Add lines 4a and 4b				4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	574	,128.
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1	a and 4, Pa	rt IV, lines 1	b and 2	b, Part V, line	4, Part
X, lin	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	part to pro	vide any ad	ditional	information.	
PAI	RT X, LINE 2: THE ASSOCIATION'S FEDERAL EX	EMPT	RETUR	NS ARE	SUE	BJECT	
							_
TO	EXAMINATION BY THE IRS, GENERALLY FOR THR	REE YE	EARS A	FTER I	HEY	WERE	
<u>FII</u>	LED. THE STATUTE OF LIMITATIONS DOES NOT	APPLY	Y TO U	NFILED	RE	TURNS.	THE
<u>ASS</u>	SOCIATION BELIEVES THAT ALL REQUIRED RETUR	INS H	AVE BE	EN FIL	ED.		
Thi	MUE EXPAIN IN MOTILD BE BEOTITED MITE ACCOU	17 3 M T /		ימת חד	100277	70	
TN	THE EVENT IT WOULD BE REQUIRED, THE ASSOC	TATT	DOW MCU	TD KEC	.UGN]	LZE	·-··
INT	PEREST ACCRUED RELATED TO UNRECOGNIZED TAX	BENE	EFITS	IN INT	ERES	ST EXPE	NSE
	DENNI MING IN OPERATOR	1000=	. m.z.o		·m ==	10001	- TD
ANI	PENALTIES IN OPERATING EXPENSES. THE AS	SOCIA	MOLTE	HAS NO	-	ECOGNIZI ule D (Form 9	
					Serie al	20 P (1 OI III 3	

Sche	dule D (Form 99	90) 2011	NE	W JERSE	EY ASPHALT	PAVEMEN'	r A	ssoc.	21	<u>-0666</u>	754 Page 5
·	L AIV Suppi	<u>ementai</u>	intormati	ION (continue	ed)						
<u>AN3</u>	AMOUNT	S FOR	INTERE	ST AND	PENALTIES	ACCRUED	ΑТ	DECEMBER	31,	2011	AND
201	lO, RESPI	ECTIVE	LY.								
	,							·	_		
		-									· -
PAI	RT XII,	LINE 4	B - OT	HER ADJ	JUSTMENTS:						
FUN	NDRAISING	G EVEN	T EXPE	NSES							-25,520.
						- 					
PAI	RT XIII,	LINE	2D - C	THER AL	JUSTMENTS	<u>:</u>					
FU	NDRAISING	G EVEN	T EXPE	NSES			**,**			-	25,520.
										-	
-											
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					-						

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Name of the organization						Employer ide	ntification number				
NEW JER		21-0666754									
Fundraising Activities required to complete this par	 Complete if the organization answer 	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not				
Indicate whether the organization rais a	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includ	non-g gover using o ding or ional f	overnment grants nment grants events fficers, directors, trui undraising services?	stees	Yes Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		have custody or control of		have custody or control of		(iv) Gross receipts from activity	1	Amount paid or retained by) fundraiser ited in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No								
				-							

						-					

 .											
Total			>								
List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	utions	s or has been notified	d rt is	exempt from re	egistration				
<u></u>						<u>-</u>					
			_								

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

Schedule G (Form 990 or 990-EZ) 2011

Sch P a	nedule G (Form 990 or 990 EZ) 2011 NEW JER art II Fundraising Events. Complete if the	RSEY ASPHALT	PAVEMENT ASS	OC. 21-	0666754 Page 2	
	Fundraising Events. Complete if the of fundraising event contributions and gr					
	or fundraising event contributions and gr	(a) Event #1 HALL OF FAME	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))	
œ.		(event type)	(event type)	(total number)	COI (C))	
Revenue	1 Gross receipts	21,700.	24,900.		46,600.	
	2 Less. Charitable contributions	11,270.	9,810.		21,080.	
	3 Gross income (line 1 minus line 2)	10,430.	15,090.		25,520.	
	4 Cash prizes					
ses	5 Noncash prizes	211.	112.		323.	
Direct Expenses	6 Rent/facility costs .					
Direct	7 Food and beverages	9,808.	10,318.		20,126.	
	8 Entertainment					
	9 Other direct expenses	5,071.			5,071.	
	10 Direct expense summary. Add lines 4 through	h 9 ın column (d)		>	(25,520)	
	11 Net income summary. Combine line 3, colum				0.	
Pa	art III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than		
ē	\$15,000 on Form 990-EZ, line 6a.	(a) Rungo (b) Pull tabs/instant (c) Other gaming				
Revenue			bingo/progressive bingo		col (a) through col. (c))	
	1 Gross revenue					
ses	2 Cash prizes					
Expenses	3 Noncash prizes					
Direct	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	Yes % No	Yes %	Yes % No		
	7 Direct expense summary. Add lines 2 through	h 5 ın column (d)		•	()	
	8 Net gaming income summary Combine line	I, column d, and line 7				
а	Enter the state(s) in which the organization opera is the organization licensed to operate gaming acoult "No," explain:	ctivities in each of these s			Yes No	
	a Were any of the organization's gaming licenses rool if "Yes," explain			ear? .	Yes No	

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	nedule G (Form 990 or 990-EZ) 2011 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-	<u>0666754</u>	Page 3
	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	☐ No
13	Indicate the percentage of gaming activity operated in	1 1	
	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
•			
	Name		
	Address ►		
	Aduless		
16-	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ısa	a Does the organization have a contract with a third party from whom the organization receives gaming revenue:		
	If my and the amount of a constant and the amount of the amount of the amount of the amount		
C	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	<u> </u>		
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		
٠	organization's own exempt activities during the tax year > \$		
Ps	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	i) and (v), and	I 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, 100, 100, 10, and 170, as applicable Also complete this part to provide any additional information	on (occ mone	<u> </u>
			
_			
_			_
1320	083 01-23-12 Schedule G (For	m 990 or 990)-EZ) 2011

SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047

2011	Open to Public	Inspection

2 Employer identification number TO SUPPORT THE QUEST FOR 21-0666754 (h) Purpose of grant or assistance X Yes BETTER PAVEMENT 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 *PECHONOLOGY* 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 ame and address of organization (b) EIN (c) IRC section or government or governme 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 15,400 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table NEW JERSEY ASPHALT PAVEMENT ASSOC. 501(C)(6) Enter total number of other organizations listed in the line 1 table 53-0231198 General Information on Grants and Assistance criteria 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 -Name of the organization LANHAM, MD 20706 Part II Part

Schedule I (Form 990) (2011)

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

21-0666754 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 I (Form 990) (2011) Part III

Page'2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) APPLY THE FUNDS SOLEY TO COSTS INCURRED IN CONNECTION WITH MATRICULATION AT Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THIS AGREEMENT REQUIRES THE INDIVIDUALS TO SCHEDULE I, PART I, LINE 2: SCHOLARSHIP ASSISTANCE TO INDIVIDUALS IS MONITORED THROUGH THE REQUIREMENT OF THOSE INDIVIDUALS TO SIGN A (d) Amount of non-cash assistance Ö 9.000 (c) Amount of cash grant (b) Number of recipients SCHOLARSHIP FUND AGREEMENT. (a) Type of grant or assistance SCHOLARSHIPS

GRANTS TO THE INDUSTRY ENVIRONMENTAL SURVIVAL FUND ARE MONITORED THROUGH

GRANTS TO THE THEOSINI ENVIRONMENTAL SONVIN

PERMISSIBLE COSTS

THE EDUCATIONAL INSTITUTION STATED IN THEIR APPLICATION.

ARE DEFINED AS TUITION, ROOM AND BOARD,

AND STUDENT FEES

SUPPLIES,

THE PURCHASE OR RENTAL OF BOOKS AND

Schedule I (Form 990) (2011)

Schedule I (Form 990) 2011

SCHEDULE I

(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.

2011

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

Schedule L (Form 990 or 990-EZ) 2011

	NEW	JERSE	Y ASP	HALT I	PAVEMEN	T ASSOC.		2	1-06	6675	4	
						n 501(c)(4) organizatio						
Complete if t	the organ	nization ansv	vered "Yes	on Form	990, Part IV,	line 25a or 25b, or Fo	m 990-E2	, Part	V, line 40)b		
1 (a) Nam	ne of disc	ualified pers	ion			(b) Description	of transac	tion				ected?
(4) 114.7	10 01 0100	,aaoa pore				(D) Decomplien					Yes	No
						····						
					 							
				 	 -							
	• • • • • • • • • • • • • • • • • • • •		-					·				
2 Enter the amount of	tax impo	sed on the c	rganizatio	n manager	s or disqualif	ed persons during the	year unc	er				
section 4958									▶ \$			
3 Enter the amount of	tax, if an	y, on line 2,	above, reir	nbursed by	y the organiza	ation			▶ \$			
Part II Loans to	and/or	From Int	orested	Persons								
						line 26 or Form 990-F	7 Part V	line 38	la.			
								(f) App	oroyed	(a) W	ritten	
			nization?		mount	(d) Balarice due	default?		by board or committee?		agreement?	
		То	From				Yes	No	Yes	No	Yes	No
										ļ		
•				-					 			
							 		<u> </u>		<u> </u>	
												
Total		-			▶ \$							
			•		ed Person							
			vered "Yes		990, Part IV,			1				
(a) Name of into	erested p	erson		(b) Relat	tionship between interested person and the organization (c) Amount and assista					iount an assistan		
ERIN GUSTY					R OF SCHOLARSHIP COMMIT SCHOLARSH							
JOSEPH VINCEN	T BI	GGICA			BOARD MEMBER SCHOLARSHII					P 500.		
CATHERINE LAU						ARD MEMBER			HOLA			
CHRISTOPHER C		•				SHIP COMMIT	TEE					
SAMANTHA CONT	'I		DA	UGHTE	R OF BC	ARD MEMBER		SC	HOLA	KSHI	P 50	<u>U .</u>
						 						
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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) 2011 NEW JERSEY ASPHALT PAVEMENT ASSOC. 21-0666754 Page 2
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
SON OF SCHOLARSHIP COMMITTEE MEMBER
(C) AMOUNT OF GRANT \$ 1,500.
(C) TYPE OF ASSISTANCE: SCHOLARSHIP
(A) NAME OF PERSON: SAMANTHA CONTI
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DAUGHTER OF BOARD MEMBER
(C) AMOUNT OF GRANT \$ 500.
(C) TYPE OF ASSISTANCE: SCHOLARSHIP
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: ANN LAURIE FRATTICCIOLI, DBA TIME WELL SPENT
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
RESIDENTIAL COHABITANT OF EXECUTIVE DIRECTOR
(C) AMOUNT OF TRANSACTION \$ 14,562.
(D) DESCRIPTION OF TRANSACTION: THE RELATED PARTY IS A CONSULTANT FOR
THE ASSOCIATION. SHE FACILITATES EDUCATIONAL PROGRAMS ON BEHALF OF THE
ASSOCIATION. THE RELATED PARTY COLLECTS REGISTRATION FEES FROM
PARTCIPANTS, PAYS EXPENSES FOR THE COURSES, DEDUCTS A FEE FOR
FACILITATING, AND REMITS THE NET PROCEEDS TO THE ASSOCIATION.
(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

2011
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 ALPHABETICAL, 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

2011. 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) (2011)

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

Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection OMB No 1545-0047

Employer identification number 21-0666754

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. NEW JERSEY ASPHALT PAVEMENT ASSOC. Name of the organization

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

(a)	(q)	(0)	(p)	(e)		€	
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	e End-of-year assets		Direct controlling	
of disregarded entity		foreign country)			ъ́	entity	
Part II organization 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.)	tions (Complete if the organization a	answered "Yes" to Form 990,	Part IV, line 34 bec	ause it had one o	r more related tax-exe	mpt	
(a)	(q)	(c)	(P)	(e)	(J)	(g) Section 512(b)(13)	(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entrty?	, pe
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501(c)(3))		Yes	S S
CONSTRUCTION INDUSTRY ADVANCED PROGRAM OF NJ							
1550, 91 FIELDCREST AVENUE, RARITAN	PROMOTE THE NJ	200000	(9) (0) (0)		6		×
PLAZA 11, EDISON, NJ 08837	CONSTRUCTION INDOSTRI	NEW JENGEL					
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Schedule R (Form 990) 2011

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

132161 01-23-12 LHA

21-0666754 Page 2

Schedule R (Form 990) 2011 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

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 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.) 3 Ξ Yes No 9 Share of end-of-year assets Code V.UBI amount in box 20 of Schedule K.1 (Form 1065) 6 ϵ Share of total income ate allocations? ž Disproportion-Ξ Yes Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> <u>6</u> Direct controlling entity Share of total income চ্চ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> (e) Primary activity (d)
| Direct controlling entity 3 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

Schedule R (Form 990) 2011 NEW JERSEY ASPHALT PAVEMENT ASSOC.

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nzation answered "Yes" to Form 990,
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				tb X
c Gift, grant, or capital contribution from related organization(s)				1c X
				1d X
				*
e Loans of loan guarantees by related organization(s)				
Sale of assets to related organization(s)				×
g Purchase of assets from related organization(s)				5 +
i Lease of facilities, equipment, or other assets to related organization(s)				i=
i Lease of facilities, equipment, or other assets from related organization(s)				<u>:</u>
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1m X
n Sharing of paid employees with related organization(s)				-t X
				×
				2 ,
 Beimbursement paid by related organization(s) for expenses 				d d
 Qther transfer of cash or property to related organization(s) 				
r Other transfer of cash or property from related organization(s)				† X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	nis line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
Jack				
(3)				
(4)				
(5)				
(6)				
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Page 4

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

(k) Percentage ownership					
(j) General or managing partner? Yes No		 			
20 ma -1 pa					
(h) (i) (j) (k) Dispropor- Code V-UBI General or Percentage Biocations? Of Schedule K-1 Partner? Ves No (Form 1065) Yes No					
(h) Disproportionate allocations? Yes No					
Disp tio alloca Yes			:		
(g) Share of end-of-year assets					
(f) Share of total					
(e) Are all partners sec 501(c)(3) 0rgs? Yes No					
Predominant income patriers sec (related, unrelated, excluded from tax under section 512-514) yes No					
(c) gal domicile tte or foreign country)					
(b) Primary activity					
(a) (b) Name, address, and EIN Primary activity (sta					

Schedule R	(Form 990) 2011	NEW	JERSEY	ASPHALT	PAVEMENT	ASSOC	21-0666754 Page 5
Part VII	(Form 990) 2011 Supplemental Info	rmation	1				
t	Complete this part to pre	ovide addr	tional informat	tion for reconnec	e to allections on	Schedule R (see instru	ctions)
	Complete tills part to pr	OVIUE AUUI	nonai imo <u>mia</u>	non nor response	o to questions on	Conedule 11 (See IIISIIU	0.00,10)
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Form 8868 (Rev Jahuary 2012) Cepartment of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

The a sepa	i are appi	ication for each return.							
If you are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box							
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form).						
Do not complete Part II unless you have already been granted a									
Electronic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6 months for a corp	oration				
equired to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	ile Form 8	868 to request an e	xtension				
of time to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Fransfers .	Associated With Ce	rtaın				
Personal Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions) For more details o	on the elec	ctronic filing of this f	form,				
risit www.irs gov/efile and click on e-file for Chanties & Nonprofits.									
Part I Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).						
A corporation required to file Form 990-T and requesting an autom Part I only	natic 6-mo	onth extension - check this box and o	complete						
All other corporations (including 1120-C filers), partnerships, REMI o file income tax returns	Cs, and ti	rusts must use Form 7004 to reques	t an exter	nsion of time					
Type or Name of exempt organization or other filer, see instruction or other filer.	ctions.		Employe	r identification numb	oer (EIN) or				
NEW JERSEY ASPHALT PAVEMENT ASSOC. X 21-0666754									
tile by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN)									
iling your 500 HORIZON CENTER DRIVE NO. 520									
eturn See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions									
HAMILTON, NJ 08691									
Enter the Return code for the return that this application is for (file	a separat	te application for each return)			0 1				
Application Return Application									
Is For Code Is For									
Form 990	01	Form 990-T (corporation)			Code 07				
Form 990-BL	02	Form 1041-A			08				
Form 990-EZ	01	Form 4720			09				
Form 990-PF	04	Form 5227			10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above)	06	Form 8870			12				
ASSOCIATION									
The books are in the care of \triangleright 500 HORIZON CEN	ITER I			LTON, NJ C	8691				
Telephone No ► 609-586-1188		FAX No ► 609-586-11	68						
If the organization does not have an office or place of business		•		>					
If this is for a Group Return, enter the organization's four digit (
oox ► If it is for part of the group, check this box ►				ers the extension is	for.				
1 I request an automatic 3-month (6 months for a corporation		· ·							
	organizat	tion return for the organization name	ed above	The extension					
is for the organization's return for. $\blacktriangleright X$ calendar year 2011 or									
		d							
tax year beginning	, and	a enaing		_					
2 If the tax year entered in line 1 is for less than 12 months, ch	nock roas	on Initial return III I	Fınal retur	-n					
Change in accounting period	icck reast	on mila return r	riiai ietui	11					
Change in accounting period									
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, ei	nter the tentative tax, less any							
nonrefundable credits. See instructions.			3a	\$	0.				
b If this application is for Form 990-PF, 990-T, 4720, or 6069, 6	enter any	refundable credits and							
estimated tax payments made. Include any prior year overpa	ayment al	lowed as a credit	3b	\$	0.				
c Balance due. Subtract line 3b from line 3a Include your pay	yment witl	h this form, if required,							
by using EFTPS (Electronic Federal Tax Payment System) S	See instru	ctions	3c	\$	0.				
Caution. If you are going to make an electronic fund withdrawal w	oth this Fo	orm 8868, see Form 8453-EO and Fo	orm 8879-	EO for payment inst	ructions				
.HA For Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form 8868 (Re	ev. 1-2012)				

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