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DLN: 93493187005033

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2012

Open to Public

Department of the Treasury

		ue Service	calendar year, or tax year beginning	01-01-2012 2012 and onding 12			Inspection	
		applicat	C Name of organization		-31-2012	D Employer i	dentification number	
		applicat change	NEW JERSEY ASPHALT PAVEMENT AS:	50C		21-06667		
_	me cha	-	Doing Business As			21-00007	J4	
	ial reti	-	Number and street (or D.O. boy if ma	nil is not delivered to street address) Room/	cuto			
Tei	mınate	ed	500 HORIZON CENTER DRIVE NO 520		suite	E Telephone n	umber	
		l return	City or town, state or country, and ZI	[P + 4		(609) 586	-1188	
		on pend	HAMILTON, NJ 08691			<b>G</b> Gross receip	to & 565 220	
		•	<b>F</b> Name and address of princ	cipal officer	H(a) T	s this a group retu		
			KEVIN MONACO			ffiliates?	rn ior	
			500 HORIZON CENTER DRI HAMILTON,NJ 08691	VE NO 520	11/63			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				cluded? \( \text{Yes} \( \text{No} \)  St (see instructions)	
<b>I</b> Ta	x-exer	mpt sta	tus	nsert no )				
J W	ebsit	e: 🕨	WWW NJAPA COM		H(c) (	Group exemption r	number 🟲	
			ion Corporation Trust Association	Cothor In.	Vans	of formation 1933	<b>M</b> State of legal domicile NJ	
	rt I		immary	) Other F	L fear	oi ioiiilation 1933	ri State of legal dofficile No	
1 6			describe the organization's mission	or most significant activities				
	*		E ORGANIZATION FORMED TO P	5	(HMA) IND	USTRY		
9								
ě								
Ē	2	Chec	this box ► if the organization dis	continued its operations or dispose	d of more th	an 25% of its net	assets	
Governance			,					
	3	Numb	er of voting members of the governi	ng body (Part VI, line 1a)		3	26	
Activities &	4	Numb	er of independent voting members o	fthegoverningbody(PartVI,line1	b)	4	26	
Ĕ	5	Total	number of individuals employed in c	alendar year 2012 (Part V, line 2a)		5	2	
ৃ			number of volunteers (estimate if ne			6	26	
			unrelated business revenue from Pa			7		
	Ь	Netu	nrelated business taxable income fro	om Form 990-T, line 34	1	<u> </u>		
						Prior Year	Current Year	
an a			ntributions and grants (Part VIII, lin			127,499	123,769	
Rayente	9		gram service revenue (Part VIII, lin			458,793	403,508	
Ž	10 11		estment income (Part VIII, column ier revenue (Part VIII, column (A), l		. —	991	3,285	
	12		al revenue—add lines 8 through 11 (		ine	2,120	14,100	
	12				589,403	544,662		
	13	Gra	nts and similar amounts paid (Part I	X, column (A), lines 1-3)		27,400	10,000	
	14	Ber	nefits paid to or for members (Part I)	(, column (A ), line 4)		0	0	
ø	15	Sal 5-:	aries, other compensation, employee	e benefits (Part IX, column (A), lines	5	218,326	122,044	
Expenses	16a		fessional fundraising fees (Part IX, o	column (A.) line 11e)	_	0	0	
⊕ ⊕	b		If fundraising expenses (Part IX, column (D),		•			
Э	17		in rundraising expenses (Part IX, column (D), ier expenses (Part IX, column (A), li	,	.	328,402 2		
	18		al expenses Add lines 13–17 (mus			574,128	281,218	
	19		renue less expenses Subtract line 1			15,275	131,400	
<u>ত জু</u>			,			nning of Current	End of Year	
900 900 900						Year		
Net Assets or Fund Balances	20		al assets (Part X, line 16)		•	600,715	714,306	
e de la composition de la comp	21		al liabilities (Part X, line 26)		•	29,372	11,563	
	22		assets or fund balances Subtract I	ine 21 from line 20	. [	571,343	702,743	
	rt II		gnature Block	and all the control of the control o				
			of perjury, I declare that I have exand belief, it is true, correct, and com					
			knowledge			,		
		l i				T		
		IB _	*****  Ignature of officer			2013-06-20 Date		
Sigr Her		-1'.				Dat€		
1166	ت		EVIN MONACO EXECUTIVE DIRECTOR ype or print name and title					
		17	Print/Type preparer's name	Preparer's signature	Date	Check If PTIN	N .	
Paid	d		BRUCE'S LUDLOW CPA			self-employed P00	153647	
	a pare	er	Firm's name	LLP		Firm's EIN 🟲 21-065	0289	
	On		Firm's address ► 1670 WHITEHORSE HAM	SQ RD		Phone no (609) 890	-9189	
	· • •	y	1			i		

HAMILTON, NJ 086903513 May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Total program service expenses r

Part IV Checklist of Required Schedul	les
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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	Yes	
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
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		No
C	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		Νo
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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 (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

Pali				_
	Check if Schedule O contains a response to any question in this Part V	•	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   7			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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 as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	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 to file Form 8282?	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 contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section 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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		NI -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	_	ıe Cod	
Se		_	ue Cod Yes	
		_		e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		e.) <b>No</b>
10a b	Did the organization have local chapters, branches, or affiliates?	evenu 10a		e.) <b>No</b>
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 body before filling the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  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 rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ASSOCIATION 500 HORIZON CENTER DRIVE SUITE 520 HAMILTON, NJ (609) 586-1188

#### 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  $\,\cdot\,\,\cdot\,\,\cdot\,\,$ .

### 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

- 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, or 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 if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) THOMAS EARLE	1 00	х		х				0	0	0	
PRESIDENT											
(2) VAL DELLA PELLO JR VICE PRESIDENT	1 00	x		х				0	0	0	
(3) JOHN DAVIES	1 00	<u> </u>				<del>                                     </del>					
TREASURER	100	×		х				0	0	0	
(4) MICHAEL CONTI	1 00	х		х				0	0	0	
SECRETARY											
(5) VINCENT GALLO MEMBER	50	×						0	0	0	
(6) R JEFFREY MEEKER	50										
MEMBER		×						0	0	0	
(7) MICHAEL CRISCOLA	50	х						0	0	0	
MEMBER								Ŭ	Ŭ	V	
(8) AL MICHAEL	50	×						0	0	0	
MEMBER (9) JOSEPH BIGGICA											
	50	x						0	0	0	
MEMBER											
(10) SCOTT BRAEN	50	x						0	0	0	
MEMBER (141) POPERT PROMIN											
(11) ROBERT BROWN	50	×						0	0	0	
MEMBER (12) LOSERIA DIFTORE											
(12) JOSEPH DIFIORE	50	x						0	0	0	
MEMBER (13) MICHAEL GOOCH		<u> </u>			_		_				
	50	x						0	0	0	
MEMBER (14) DEAN HOLCOMBE											
	50	×						0	0	0	
MEMBER (15) DAVID L JOHNSON	50										
	50	x						0	0	0	
MEMBER (16) PETER KOCHEK					_	-					
	50	x						0	0	0	
MEMBER (17) CTEVEN KURTZ											
(17) STEVEN KURTZ	50	x						0	0	0	
MEMBER			1	l	l	l	1				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers and	than on is	one bot rect	note boo	chec x, unle n offic rustee	ess er	(D) Reportable compensati from the organizatio	on n	(E) Reportable compensation from related organizations	Estin amount compe from	of other nsation i the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099 MISC)	<del>)</del> -	(W- 2/1099- MISC)	organi and re organi	
(18) T	IM LARSON	50	х							0	(		0
MEMB	er Cott Laudone	50											
MEMB		30	x							0	(		0
	SLAVIC MOKIENKO	50	X							0			0
МЕМВ												1	
, ,	ONY MONSALUD	50	x							o	(		0
MEMB (22) J	er Oseph pandozzi	50											
МЕМВ			X							0	(		0
(23) J	IM PONTARI	50	х							0	(		0
MEMB	er Kevin propsner	50								-		<u> </u>	
MEMB		30	х							0	(		0
	RICHARD RAFFO	50	,,										
МЕМВ			Х							0	(		0
` ,	CHRISTOPHER STAVOLA	50	x							О	(		0
(27) F	er Robert Sauber Jan-Apr	40 00										1	
` ,	JTIVE DIRECTOR				X				41	.,907	(		5,793
(28) K	EVIN MONACO MAY-DEC	20 00			x					0	(		0
EXECL	JTIVE DIRECTOR												
1b	Sub-Total						•						
с	Total from continuation sheets to Pa	•		•	•				41,907		0		5,793
	Total (add lines 1b and 1c) Total number of individuals (including	hut not limited to		liste	· ed al	hove	a) who	rec	· · · · · · · · · · · · · · · · · · ·	l an	۷		5,793
_	\$100,000 of reportable compensation				su a	DOVE	e) Willo	160	erved more th	iaii			
												Yes	No
3	Did the organization list any <b>former</b> o	fficer, director or	truste	e, key	y em	nplo	yee, o	r hıç	jhest compen	sate	d employee		
	on line 1a? If "Yes," complete Schedule			•	•	•	•			•	3		No
4	For any individual listed on line 1a, is organization and related organization individual										om the		No
5	Did any person listed on line 1a recei										idividual for		<u> </u>
	services rendered to the organization	? If "Yes," comple	te Sche	dule.	J for	suc	th pers	son		•	5		No
Se	ction B. Independent Contrac	tors											
1	Complete this table for your five high compensation from the organization												r
(A)  Name and business address							,,				(B) on of services	(0	c) nsation
	name and								DC3	perc		ээтре	
	Fotal number of Independent contracto	rs (including but	not lım	ıted t	to th	nose	listed	dab	ove) who rece	ıved	more than	<del> </del>	

		Check if Schedule O contains a respon	ise to any question.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
: ي	1a	Federated campaigns 1a					
Other Similar Amounts	b	Membership dues <b>1b</b>					
اقِ	c	Fundraising events <b>1c</b>	2,802				
and Other Similar A	d	Related organizations 1d	120,967				
. ≝	e	Government grants (contributions) <b>1e</b>					
is	f	All other contributions, gifts, grants, and <b>1f</b>		ł			
l the		similar amounts not included above		ļ			
ğΙ	g	Noncash contributions included in lines 1a-1f \$					
and	h	Total. Add lines 1a-1f	· · · .	123,769			
ם			Business Code				
2	2a	MEMBERSHIP DUES	900099	306,025	306,025		
<u> </u>	b	EDUCATIONAL PROGRAMS	900099	97,483	97,483		
ν 2	С						
	d						
	e	A II a II a a a a					
3	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		403,508			
	3	Investment income (including divident and other similar amounts)		3,285			3,28
	4	Income from investment of tax-exempt bond					
	5	Royalties	▶				
	_	(ı) Real	(II) Personal				
	6a	Gross rents Less rental					
	_	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)	-				
	7a	(1) Securities Gross amount	(II) Other				
		from sales of assets other					
	b	than inventory Less cost or					
	•	other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$\frac{2,802}{\text{of contributions reported on line 1c}}\$ See Part IV, line 18					
		а	20,677				
		Less direct expenses b	20,677	o			
	c 9a	Net income or (loss) from fundraising Gross income from gaming activities See Part IV, line 19	events 🌬	o d			
	L	a Loss direct expenses					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming activ	lvities⊨_				
		Gross sales of inventory, less returns and allowances .	- · · · · · ·				
	L	a l					
		Less cost of goods sold <b>b</b> Net income or (loss) from sales of inve	entory L				
$\vdash$		Miscellaneous Revenue	Business Code				
1	.1a	DIRECTORY ADVERTISING	900099	14,100			14,10
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨	14,100			
,	.2	Total revenue. See Instructions .	🕨	544,662	403,508	0	17,38

	Statement of Functional Expenses				
ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	<u>rt IX</u>			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,700			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	42,843			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,143			
9	Other employee benefits	16,296			
0	Payroll taxes	9,062			
1	Fees for services (non-employees)				
а	Management	38,000			
b	Legal	37,500			
С	Accounting	11,610			
d	Lobbying	24,595			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,394			
2	Advertising and promotion	17,951			
	Office expenses	3,026			
ŀ	Information technology				
,	Royalties				
	Occupancy	30,224			
,	Travel	778			
3	Payments of travel or entertainment expenses for any federal, state, or local public officials	770			
)	Conferences, conventions, and meetings	18,459			
)	Interest				
	Payments to affiliates				
!	Depreciation, depletion, and amortization	4,478			
3	Insurance	1,060			
ŀ	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EDUCATIONAL PROGRAM EXP	53,393			
b	CONTRIBTN TO NJ APA PAC	7,200			
c	DIRECTORY ADVERTISING	6,126			
d	LOSS ON DISPOSAL OF ASS	5,370			
e	All other expenses	9,054			
5	Total functional expenses. Add lines 1 through 24e	413,262			
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		67.885	1	52.961
	2	Savings and temporary cash investments		473,386	2	620,162
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,439	4	20,591
	5	Loans and other receivables from current and former officers, direct		3,433	_	20,551
	5	employees, and highest compensated employees. Complete Part II Schedule L	of		5	
ts	6	Loans and other receivables from other disqualified persons (as defi $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contrand sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions) Complete Part II of Schedule L		6		
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6.049	9	1,500
	10a	Land, buildings, and equipment cost or other basis Complete	     9,667	,		1,500
	ь	F	10b 2,643	32,373	10c	7,024
	11	Investments—publicly traded securities		02,070	11	7,024
	12	Investments—other securities See Part IV, line 11		12		
	13	·		13		
		Investments—program-related See Part IV, line 11				
	14	Intangible assets		47.500	14	42.000
	15	Other assets See Part IV, line 11		17,583		12,068
	16	Total assets. Add lines 1 through 15 (must equal line 34)		600,715		714,306
	17	Accounts payable and accrued expenses		644	17	607
	18	Grants payable		20.700	18	10.050
	19	Deferred revenue		28,728	19	10,956
	20	Tax-exempt bond liabilities			20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified	rustees,			
<u>ह</u>		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X of D			25	
	26	D	• •	29,372	26	11,563
	20	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ an		20,072	20	11,500
φ		lines 27 through 29, and lines 33 and 34.	u complete			
을	27	Unrestricted net assets		571,343	27	702,743
<u>명</u>	28	Temporarily restricted net assets		,	28	<u>,                                      </u>
<del>.</del>	29	Permanently restricted net assets			29	
· Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here recomplete lines 30 through 34.				
ò	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		571,343	33	702,743
Š	34	Total liabilities and net assets/fund balances		600.715		714.306
		i viai navillues allu liel asseis/iullu Dalallues		ı 000./101	.74	, / 14.3UD

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	544,662
2	Total expenses (must equal Part IX, column (A), line 25)	2			13,262
3	Revenue less expenses Subtract line 2 from line 1	3		131,40	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		571,343	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		7	02,743
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate to basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>		

DLN: 93493187005033

## OMB No 1545-0047

Inspection

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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) organizations Complete Part III Name of the organization **Employer identification number** NEW JERSEY ASPHALT PAVEMENT ASSOC 21-0666754 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 7,200 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ┌ Yes □ No Was a correction made? 4a □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (b) Address (a) Name (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none. enter -0 -(1) NJ ASPHALT PAVEMENT ASSOCIATION PAC 500 HORIZON CENTER 90-0047083 7,200 **DRIVE SUITE 520** HAMILTON, NJ 08691

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o					
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		<u>(a)</u>		(b)	
activ		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
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	O ther activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		İ		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c	(5), o	r section	

# 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

#### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	306,025
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	28,510
ь	Carryover from last year	2b	-76,524
С	Total	2c	-48,014
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	30,602
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess 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	-78,616

#### Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		THE ORGANIZATION DONATED FUNDS TO THE NEW JERSEY ASPHALT PAVEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

DLN: 93493187005033

OMB No 1545-0047

**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.

Open to Public

	me of the organization / JERSEY ASPHALT PAVEMENT ASSOC			oloyer identification number
Da	rt I Organizations Maintaining Donor Ad	vised Eunds or Other Similar E		0666754
-6	organization answered "Yes" to Form 990		unus	of Accounts. Complete if the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	<u> </u>	nor adv	rsed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	rically important land area d historic structure m of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	Heid at the End of the Year
a b	Total acreage restricted by conservation easements		2a 2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodation structure listed in the National Register	2d		
}	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
ļ ;	Number of states where property subject to conservat  Does the organization have a written policy regarding enforcement of the conservation easements it holds?		—— dling of	f violations, and <b>Yes No</b>
,	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments (	,,
,	A mount of expenses incurred in monitoring, inspecting  \$\blue{\sigma}\$  \qquad	g, and enforcing conservation easement	s durın	g the year
1	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
1	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes
ar	Complete if the organization answered "Y		or Ot	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, historfollowing amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
b	Assets included in Form 990, Part X			<u></u>
				· Ŧ

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	tori	cai i	<u>reasur</u>	es, or o	<u>tnei</u>	<u>' Similar As</u>	<u>sets (</u>	continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	neck	any of	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit o									_	_
D	assets to be sold to raise funds rather than t									Yes	l No
Pal	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	u re	es to Form s	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for	ontrib	utions or	other ass	ets n	ot	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		_				
									Ar	nount	
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 Fo	rm 990, Part X, Iır	ne 21?	•						☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII.	I Check here if the	e expla	anatı	on has	been pro	vided in P	art X	III		
Pa	rt V Endowment Funds. Complete										
4.	Dagunung of ware balance	(a)Current year	(Ь	<b>)</b> Prior	year	<b>b (c)</b> Two	o years back	.  (d)⊺	hree years back	(e)Four	years back
1a b	Beginning of year balance							$\vdash$			
C	Net investment earnings, gains, and losses							$\vdash$			
	Net investment earnings, gams, and losses							<u> </u>			
d	Grants or scholarships					ļ		<u> </u>			
е	Other expenditures for facilities and programs										
f	Administrative expenses							$\vdash$			
g g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end halan	ice (lir	ne 1 n	colum	n (a)) he	eld as	<u>.                                    </u>			
– a	Board designated or quasi-endowment	ene year ena baran		19	, coluii	(4),					
b	Permanent endowment ►										
С	Temporarily restricted endowment F  The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	tnat	are hel	a and ad	ministered	tor	ine	Ye	s No
	(i) unrelated organizations								3a		1
	(ii) related organizations								3a(	ii)	
	If "Yes" to 3a(II), are the related organization								3	<b>)</b>	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme  Description of property	nt. See Form 9	90, Pa			IU. or other	(b)Cost or	other	(c) Accumulate	ed (d)	Book value
	Description of property					estment)	basis (oth		depreciation	(-,	
1a	Land		•								
	Buildings		•							$\perp$	
	Leasehold improvements		•							$\perp$	
	Equipment		•	$\vdash$			!	9,667	2,	643	7,024
		gual Form 000 Part		<u> </u>	D) lin-	10(c))					7.024
rota	I. Add lines 1a through 1e (Column (d) must e	quai rom 990, Part	A, COIL	unn (	ارم, iine	10(C).)		•	<u> <del>-</del> -</u>		7,024

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Dent	No. 10 and 11 at 1		- 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	<u>per н</u>	
1	Total revenue, gains, and other support per audited financial statements	1	565,339
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	565,339
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	-20,677
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	544,662
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	433,939
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	20,677
3	Subtract line <b>2e</b> from line <b>1</b>	3	413,262
4	A mounts 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 XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	413,262

### Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION'S FEDERAL EXEMPT RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED THE STATUTE OF LIMITATIONS DOES NOT APPLY TO UNFILED RETURNS THE ASSOCIATION BELIEVES THAT ALL REQUIRED RETURNS HAVE BEEN FILED IN THE EVENT IT WOULD BE REQUIRED, THE ASSOCIATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES THE ASSOCIATION HAS NOT RECOGNIZED ANY AMOUNTS FOR INTEREST AND PENALTIES ACCRUED AT DECEMBER 31, 2011 AND 2010, RESPECTIVELY
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES -20,677
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 20,677

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NEW JERSEY ASPHALT PAVEMENT ASSOC

DLN: 93493187005033

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

**SCHEDULE G** 

# **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. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

**Employer identification number** 

						21-0666754	
Pa	rt I Fundraising Act	<b>ivities.</b> Complete	e if the o	rganızatı	on answered "Yes" t	to Form 990, Part IV	, line 17.
1 b c d 2a	Indicate whether the organ  Mail solicitations  Internet and email solic  Phone solicitations  In-person solicitations  Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	citations written or oral agre Form 990, Part VII) t paid individuals or	ement witl ) or entity entities (f	e f g n any Indi In connec	Solicitation of non Solicitation of gov Special fundraisin vidual (including officei	rs, directors, trustees	<b>FYes FN</b> o
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	al			<b>&gt;</b>			
3	List all states in which the dicensing	organization is regis	tered or lı	censed to	solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of	aising event contribut			
		3 1 3	(a) Event #1  HOLIDAY LUNCHEON (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	20,029			20,029
Revenue	2	Less Contributions	2,308			2,308
<u>*</u>	3	Gross income (line 1 minus line 2)	17,72			17,721
	4	Cash prizes				
ம	5	Noncash prizes	2,048	3		2,048
Expenses	6	Rent/facility costs				
ă	7	Food and beverages .	10,122	2		10,122
Direct	8	Entertainment	3,920			3,920
Δ	9	Other direct expenses .	1,631	ı		1,631
	10	Direct expense summary Add lir	nes 4 through 9 ın column	ı(d)		(17,721)
	11	Net income summary Combine I	<del>-</del>			0
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered	"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Expenses		Cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ☐ No	┌ Yes	☐ Yes	
		Direct expense summary Add line				
9 a b	Is t If "I	er the state(s) in which the organiz the organization licensed to operate No," explain	e gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain				· · I Yes  No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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

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

OMB No 1545-0047

DLN: 93493187005033

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificat	on number					
NEW JERSEY ASPHALT PAVEMENT	JERSEY ASPHALT PAVEMENT ASSOC											
Part I General Informatio	n on Grants and	d Assistance				•						
the selection criteria used to aw	vard the grants or as	sıstance?					√ Yes					
<u> </u>					anlata if the area	aration answered "	/oc" to					
<b>Part II Grants and Other A</b> Form 990, Part IV, line							es to					
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance					
	1		1	 			I					
2 Enter total number of section 50	1 )1(c)(3) and govern	 	led in the line 1 table .			<u> </u>						
3 Enter total number of other orga						_						

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	18	10,000			
(-)		,			
Part IV Supplemental Information	tion.				
Complete this part to provide the information		Part III, column (b), and	d any other additional in	formation	
		• • • •			

		T · · · · · · · · · · · · · · · · · · ·
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 SCHOLARSHIP ASSISTANCE TO INDIVIDUALS IS MONITORED THROUGH THE REQUIREMENT OF THOSE INDIVIDUALS TO SIGN A SCHOLARSHIP FUND AGREEMENT THIS AGREEMENT REQUIRES THE INDIVIDUALS TO APPLY THE FUNDS SOLEY TO COSTS INCURRED IN CONNECTION WITH MATRICULATION AT THE EDUCATIONAL INSTITUTION STATED IN THEIR APPLICATION PERMISSIBLE COSTS ARE DEFINED AS TUITION, ROOM AND BOARD, THE PURCHASE OR RENTAL OF BOOKS AND SUPPLIES, AND STUDENT FEES

DLN: 93493187005033

OMB No 1545-0047

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#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

**Transactions with Interested Persons** ► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 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.

Internal Revenue Service Name of the organization

Employer identification number

NEW JERSEY ASPHAL	I PAVEMEN	I ASSUC							21	-0666	5754			
								501(c)(4) or						
						orm 990, Pa oetween disc		5a or 25b, or I (c) Descrip					10b ( <b>d)</b> Cor	rected
<b>1 (a)</b> Name	or arsquar	illed pers				organizatio		(c) Descrip	JC1011 0	r trans	action		Yes	No
														•
														•
														•
<b>2</b> Enter the am	nount of ta	x incurre	d by organiza	ition m	anad	gers or disai	 ualified perso	ons during the	vearu	ınder s	section			
4958											<b>F</b> \$			
<b>3</b> Enter the am	ount of ta	x, ıf any,	on line 2, ab	ove, re	ımbı	ırsed by the	organızatıor	1			<b>F</b> \$			
Part II Loa	ns to ar	nd/or F	rom Inter	ested	l Pe	rsons.								
			ation answere n amount on l					line 38a, or Fo	rm 99	0, Par	t IV, lın	e 26, o	r ıf the	
(a) Name of	(b) Rela	tionship	(c) Purpose	Purpose (d) Loan to (e)Origina			1		In	(h		1	ritten	
ınterested person	with orga	anızatıon	of loan	or ioan or iro			principal amount	due	default?		A ppro		agree	ment?
·						1	1				commi	1		
				То		From			Yes	No	Yes	No	Yes	No
													_	
													_	
													_	
													_	
otal				<b>•</b>										
			ce Benefit nization ans					t IV, line 27.						
(a) Name of inte		<b>(b)</b> Rel	ationship bet	ween						tance	(e)	Purpos	e of as	sistanc
person		1	ted person ar organization	id the										
1) ERIN GUSTY		DAUGH	TER OF		500	)		SCHOLARSH	ΙP					
		SCHOLA COMMI	ARSHIP TTEE MEMBI	ĒR.										
2) JOSEPH VINC IGGICA	ENT			OARD MEMBER 500			SCHOLARSH	IP						
3) CATHERINE AUDONE		DAUGH MEMBEI	TER OF BOA	RD	750	)		SCHOLARSH	IP					
4) CHRISTOPHE SUSTY	R	SONOF	` SCHOLARS TTEE MEMBE		750	)		SCHOLARSHIP						
10311		COMMI	I I L L IN EN D	<u>- ^\</u>				1						

Part IV Business Transactions Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No

## Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Schedule I (Form 990 or 990-F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

## OMB No 1545-0047

**SCHEDULE 0** (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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization NEW JERSEY ASPHALT PAVEMENT ASSOC **Employer identification number** 

21-0666754

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION HAS DELEGATED CONTROL OVER MANAGEMENT DUTIES TO LEADING EDGE GOVERNMENT RELATIONS LEADING EDGE PROVIDED FINANCE AND ADMINISTRATION, MEMBERSHIP RECRUITMENT AND RETENTION, COMMUNICATIONS AND PUBLICATIONS, MEDIA, PUBLIC AND INDUSTRY RELATIONS, AND GOVERNMENT RELATIONS
	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 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 REQUIRING ALL COVERED PERSONS TO PROMPTLY AND FULLY DISCLOSE ALL MATERIAL FACTS OF EVERY ACTUAL OR POTENTIAL CONFLICT OF INTEREST (1) EXISTING AT THE TIME HE/SHE BECOMES A COVERED PERSON (2) THAT ARISES WHILE HE/SHE IS A COVERED PERSON, AT THE TIME SUCH ACTUAL OR POTENTIAL CONFLICTS ARISES, AND (3) ANNUALLY THROUGH THE ANNUAL CONFLICT OF INTEREST QUESTIONAIRE
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE ORGANIZATION MEETS ANNUALLY TO DETERMINE ALL STAFF MEMBER SALARIES INCLUDING THE EXECUTIVE DIRECTOR SALARIES ARE AT THE DISCRETION OF THE ASSOCIATION THIS PROCESS INCLUDES A COMPARISON OF THE EXECUTIVE DIRECTOR'S SALARY TO OTHER PEOPLE'S SALARIES USING A COMPENSATION STUDY PREPARED BY PAS 990S WITH RELEVANT INFORMATION ONLINE PROVIDED GENERAL COMPARISONS TO THOSE IN SIMILAR POSITIONS AT CONSTRUCTION ASSOCIATIONS IN THE STATE OF NEW JERSEY IN MAY OF 2012, THE ORGANIZATION'S EXECUTIVE DIRECTOR (ROBERT SAUBER) RESIGNED THE ORGANIZATION THEN HIRED THE LEADING EDGE LLC TO MANAGE THE ORGANIZATION THE LEADING EDGE'S EMPLOYEE, KEVIN MONOCO, THEN TOOK OVER THE RESPONSIBILITIES OF THE EXECUTIVE DIRECTOR THERE WERE NO OTHER OFFICERS OR KEY EMPLOYEES THEREFORE 15B IS ANSWERED "NO"
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XI, LINE 2C	THE PROCESS OF OVERSEEING THE AUDIT AND SELECTING THE INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING THE YEAR

DLN: 93493187005033

2012

OMB No 1545-0047

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## **SCHEDULE R** (Form 990)

## **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. ► See separate instructions.

Department of the Treasury

Internal Revenue Service Name of the organization NEW JERSEY ASPHALT PAVEMENT ASSOC

**Employer identification number** 

21-0666754

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state	(d) Total income	End-	(e) of-year assets	D	(f) Direct controlling		
, , , , , , , , , , , , , , , , , , , ,	, ,	or foreign country)			•		entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin		he organization ai	nswered "Yes	" to f	orm 990, P	art IV,	line 34 because it	had o	ne
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	(e) He section Public charity solic (if section 501)			<b>(f)</b> Direct controlling entity	Section (13) c	
1) CONSTRUCTION INDUSTRY ADVANCED PROGRAM OF NJ	PROMOTE THE NJ	NJ	501 (C) (6)					Yes	No.
1 FIELDCREST AVENUE RARITAN PLAZA	CONSTRUCTION INDUSTRY		301 (0)				N/A		"`
EDISON, NJ 08837 (2-2164550									
2) NEW JERSEY ASPHALT PAVEMENT ASSOC POLITICAL ACTION COMMITTEE	TO ADVANCE AND ASSIST THE ASPHALT INDUSTRY IN THE	NЭ	527						No
500 HORIZON CENTER DRIVE SUITE 520	STATE OF NEW JERSEY						N/A		
HAMILTON, NJ 08691 90-0047083									

(a) Name, address, and EIN o related organization	<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh	
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
<b>1</b> Durn	ng the tax year, did the orgranization engage in any of the following transactions with one or more r	elated organizations li	sted in Parts II-IV?							
a R	eceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
<b>b</b> G	Gift, grant, or capital contribution to related organization(s)									
<b>c</b> G	ft, grant, or capital contribution from related organization(s)				1c	Yes				
d L	Loans or loan guarantees to or for related organization(s)									
e Lo	Loans or loan guarantees by related organization(s)									
<b>f</b> D	vidends from related organization(s)				1f		No			
	ale of assets to related organization(s)				1g		No			
	urchase of assets from related organization(s)				1h		No			
i Ex	change of assets with related organization(s)				1i		No			
j Le	ase of facilities, equipment, or other assets to related organization(s)				1j		No			
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		No			
I Pe	rformance of services or membership or fundraising solicitations for related organization(s)				11	Yes				
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sh	aring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes				
<b>o</b> S	naring of paid employees with related organization(s)				10	Yes				
рR	eimbursement paid to related organization(s) for expenses				1р		No			
<b>q</b> R	eimbursement paid by related organization(s) for expenses				1q		No			
r o	her transfer of cash or property to related organization(s)				1r		No			
<b>s</b> 0	ther transfer of cash or property from related organization(s)				1s		No			
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete		1							
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount II	nvolved				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	(b) (c) (d) (e) Primary activity Legal domicile income section t		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate ar allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership			
			514)	Yes	No			Yes	No		Yes	No	
												1	

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Additional Data Return to Form

Software ID: Software Version:

**EIN:** 21-0666754

Name: NEW JERSEY ASPHALT PAVEMENT ASSOC

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