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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

AF	or the 2	2014 calendar year, or tax year beginning ar	na enaing		
В	heck if	C Name of organization		D Employer identif	ication number
а	pplicable	CAROLINA ASPHALT PAVEMENT			
	Address change	ASSOCIATION, INC.			
\vdash	Name	Doing business as		56-0	511901
=	Jchange "∏nıtıal		Room/sur		
<u> </u>	⊒return ∃Fınal	Number and street (or P.O. box if mail is not delivered to street address)	209		-838-8004
	return/ termin-	1101 HAYNES STREET	203		
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	976,965.
<u> </u>	Amendei return	RALEIGH, NC 2/004		H(a) Is this a group r	
L.,	Applica- tion	F Name and address of principal officer: ELLIS POWELL		for subordinate	s? Yes X No
	pending	SAME AS C ABOVE	•	H(b) Are all subordinates	Included? Yes No
1.7	ax-exen	npt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) or 52	If "No," attach a	a list. (see instructions)
		· ▶ WWW.CAROLINAASPHALT.ORG		H(c) Group exemption	on number
		rganization: X Corporation Trust Association Other ►	I Yea		M State of legal domicile: NC
		Summary			
<u></u>		riefly describe the organization's mission or most significant activities TO	DDOMOT	ਜ਼ਹ ਜ਼ਹਾ ਜ਼ਜ਼ਾ ਜ਼	TOT MIXED
9	1 B	rietly describe the organization's mission or most significant activities #0	E CEDV	TOPO MUND PN	IABLE THEM
Governance	_	SPHALT, AND TO PROVIDE MEMBERS WITH TH			
<u> </u>		heck this box 🕨 📖 if the organization discontinued its operations or dis	posed of mo	ore than 25% of its net a	issets.
Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	27
	4 N	umber of independent voting members of the governing body (Part VI, line 1)	b)	4	27
Se	5 T	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	3
Activities &	6 т	otal number of volunteers (estimate if necessary)		6	0
簑		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ď	l .	let unrelated business taxable income from Form 990-T, line 34		7b	
	_ D N	et unrelated business taxable income nonn ronn 950-1, inne 34			
			-	Prior Year 0 .	Current Year 0 .
re	1	Contributions and grants (Part VIII, line 1h)		660,475.	<u> </u>
Revenue		rogram service revenue (Part VIII, line 2g)	-		
ě	ł	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	- ⊢	20,277.	18,789.
_	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L L	0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	680,752.	
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 B	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	(O)	375,181	304,961.
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	<i>'</i>	0.	0.
per] "[+	otal fundraising expenses (Part IX, column (D), line 25)	0.		*
ŭ	م آجه ا	otal driving systems (Part IX, column A), lines 11a-11d, 11f-24e)		310,136.	316,776.
	1015	Out of the Control of	-	685,317	
		otal expenses Add indeb 13-17 Junust equal Part IX, column (A), line 25)		-4,565	
근		Revenue less expenses. Subtractine 18 from line 12			
ts or		otal assets (Part X, line Us)	-	Beginning of Current Year	
Net Asset Fund Balan	20 T	otal assets (Part-X, line 16)	<u>Ļ</u>	519,710	
وٍک	21 4	otal liabilities (Part X, line 26)	L.	98,767.	
	22 N	let assets or fund balances. Subtract line 21 from line 20		420,943.	579,978.
		Signature Block			
Und	er penali	ties of perjury, I declare that I have examined this return, including accompanying schedules	dules and state	ements, and to the best of r	ny knowledge and belief, it is
true	. correct	, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepa	rer has any knowledge.	
! —		3 chim			8-15
Sig	<u>,</u>	Signature of officer		Date	
		ELLIS POWELL, EXECUTIVE DIRECTOR			
He	e	Type or print name and title		··	
·			100	Date Check	I PTIN
D-:		Print/Type preparer's name Preparer's symanure	(VIX	1 0000	D00110064
Pai		KRISTEN HOYLE, CPA	(()	07/30/15 ff setf-empte	
	<u> </u> -	Firm's name THOMAS, JUDY & TUCKER P/. A.	100	Firm's EIN ▶	56-1965804
Use	Only	Firm's address 4700 FALLS OF NEUSE ROAD SUITE	4 00		
		RALEIGH, NC 27609		Phone no.9	19-571-7055
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
420	204 44 27	14 LHA For Panerwork Reduction Act Notice see the separate instru	ections		Form 990 (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2014) ASSOCIATION, INC.

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L., 441	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROMOTE THE USE OF HOT MIXED ASPHALT, AND TO PROVIDE MEMBERS WITH
	THE SERVICES THAT ENABLE THEM TO PRODUCE HIGH QUALITY PAVING MATERIALS
	IN THE MOST TECHNICALLY AND COST EFFICIENT MANNER. THE ASSOCIATION
	REGULARLY SPONSORS SEMINARS AND WORKSHOPS ON A VARIETY OF TECHNICAL
	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
	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?
	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 are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code) (Expenses \$ including grants of \$) (Revenue \$
-ru	TO PROMOTE THE USE OF HOT MIXED ASPHALT, AND TO PROVIDE MEMBERS WITH
	THE SERVICES THAT ENABLE THEM TO PRODUCE HIGH QUALITY PAVING MATERIALS
	IN THE MOST TECHNICALLY AND COST EFFICIENT MANNER. THE ASSOCIATION
	REGULARLY SPONSORS SEMINARS AND WORKSHOPS ON A VARIETY OF TECHNICAL
	SUBJECTS. CAPA TAKES AN ACTIVE ROLE IN GOVERNMENTAL AFFAIRS,
	REPRESENTING THE INDUSTRY'S VIEWPOINTS AND CONCERNS TO VARIOUS PUBLIC
	AGENGIES AND GOVERNING BODIES ON ENVIRONMENTAL, ENGINEERING, AND
	LEGISLATIVE ISSUES.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$

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CAROLINA ASPHALT PAVEMENT Form 990 (2014) ASSOCIATION, INC. 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)?			v
_	If "Yes," complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		
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	х	
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		Х
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, 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?			77
	If "Yes," complete Schedule D, Part IV	9		<u>x</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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	() ·	<u> </u>	
9	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	*	*,	
a	Part VI	11a	х	
ь	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	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	l
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any			
	foreign organization? 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 other assistance to			- T
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	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	17	<u> </u>	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			一
•	complete Schedule G, Part III	19	'	х
20a	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?	20ь		
		Form	990	(2014)

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CAROLINA ASPHALT PAVEMENT Form 990 (2014) ASSOCIATION, INC. [Part IV] Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23	Х	
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 25a	24a		<u>X</u>
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		
	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	ł	}	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		<u>X</u>
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]	х
	of any of these persons? If "Yes," complete Schedule L, Part III	27	-	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):		. *	X
a	Off Was II as a state of the Control of the State of the	28a 28b	-	X
b	An entity of which a current or former officer, director, trustee, or key employee; in res, complete schedule L, Part W	200	 	 ^* -
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u></u>		 -
30	contributions? If "Yes," complete Schedule M	30]	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>	<u> </u>	
٠.	If "Yes," complete Schedule N, Part I	31		х
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	1	х
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]	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2014)

Form **990** (2014)

Form	990 (2014) ASSOCIATION, INC. 56-0511	901	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming] . '	1	
	(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		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3ь		
4a	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		X
b	If "Yes," enter the name of the foreign country	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	'		
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
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?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	ļ	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	┨_ ╹	:	.
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
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 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	├
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	``	1	
^	sponsoring organization have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	9a	1	1
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter.	30	_	
	Initiation fees and capital contributions included on Part VIII, line 12	\$	ł	1
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	1
11	Section 501(c)(12) organizations. Enter	1	[
·· a	Gross income from members or shareholders		1	1
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		ĺ
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	1
	the state of the s	<u> </u>	 	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	1
_	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	l	1
_	organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	1	J	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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

Form 990 (2014)

ASSOCIATION, INC.

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

	(c) mic 24, 22, 31, 102 23001, 20001000 (ii) 210010000, 2100100000, 2100100000, 2100100000, 2100100000, 21001000000, 210010000000, 210010000000, 210010000000, 2100100000000, 210010000000000			[77]
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	1.1.22		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27		3 3 6 3 8	
	If there are material differences in voting rights among members of the governing body, or if the governing		, ≥. 3 √34	333
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		3 /	**
_	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 6 4 3	() j.
_	officer, director, trustee, or key employee?	_2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	•	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a		l		₩
	more members of the governing body?	_7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	X	2
_	The governing body?	_8a	X	
ь	Each committee with authority to act on behalf of the governing body?	_8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		V	T
10-	Did the executation have level charters by making as officiation?	100	Yes	No X
	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,	10a		 -
ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	├─-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b.	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	_
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х]
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 approval by independent		7	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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 arrangement with a	. `		
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	JENNIFER COOK - 919-838-8004			
	1101 HAYNES STREET, STE 209, RALEIGH, NC 27604			

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

(A)	(B)		not c	(C Posi	c) ition	ı		(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	box	, unle:	ss pe	rson	s bot	n an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Former Former	from the organization (W·2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALLEN HENDRICKS	1.00					1				
BOARD MEMBER		X	$oxed{oxed}$			ļ		0.	0.	0.
(2) DREW BOGGS	1.00	ļ.,						0.	0.	,
BOARD MEMBER	1.00	X	_		<u> </u>	┢	<u> </u>	U .	0.	0.
(3) CARLETON POWELL	1.00	x						0.	0.	0.
BOARD MEMBER (4) JULE SMITH	1.00	12			-		-	- 0.	0.	0.
EX-OFFICIO	1.00	x		х				0.	0.	0.
(5) GEORGE MARSH	1.00	12	├	^	_	├	-			
BOARD MEMBER	1.00	\mathbf{x}		1	İ	İ		0.	0.	0.
(6) JOHN MCCAULEY	1.00	+			\vdash	┢	┝			
BOARD MEMBER		\mathbf{x}		Ì				0.	l o.	0.
(7) TOM HUDSON	1.00	+==	\vdash		\vdash	<u> </u>	┢	<u> </u>		
BOARD MEMBER		X	ľ	Ì	ł	ł	1	0.	0.	0.
(8) DAVID JOHNSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) WILEY ROARK	1.00						Г			
BOARD MEMBER		X						0.	0.	0.
(10) SCOTT CUNNINGHAM	1.00		Г							
BOARD MEMBER		X	<u> </u>		L	L	L_	0.	0.	0.
(11) KEN CATES	1.00]	Ì	 	i	l		_		_
BOARD MEMBER		X	_			L	L_	0.	0.	0.
(12) DEBBIE RILEY	1.00	١	ĺ	(ĺ		1			
BOARD MEMBER		X	<u> </u>	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(13) ROBERT PARKER	1.00	١.,				1	İ			
BOARD MEMBER	1-00	X	╙	<u> </u>	<u> </u>	ــــ	<u> </u>	0.	0.	0.
(14) DAVE RECHTER	1.00	١.,					l			,
BOARD MEMBER (15) TIM ROSE	1.00	X	}_	-	 	\vdash	-	0.	0.	0.
(15) TIM ROSE BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
(16) DALE ROSE	1.00	╁≏	╁	\vdash	╂─	\vdash	┝	 		
BOARD MEMBER	1.00	$ _{\mathbf{x}}$			}]		0.) o.	0.
(17) JIM RUSSELL	1.00	+^	╀	╁─	\vdash	╁	-	 	 	- 0.
BOARD MEMBER	1.00	$ \mathbf{x} $	1		1	1		0.	0.	0.

Form 990 (2014)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B))			(D)	(E)		-	(F)
Name and title	Average	(do	not cl		rtior		one	Reportable	Reportable	1	Estu	mated
	hours per	box	, unle:	ss pe	rson	ıs bot	h an	compensation	compensation		amo	unt of
	week		cer an	dao	ILBCIC	x/trus	tee)	from	from related			ther
	(list any hours for	recto					i	the	organizations			ensation
	related	D of	<u>s</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	- 1		m the nization
	organizations	ruster	Institutional trustee		_ 	mpeu		(***2) 1033-111130)			_	related
	below	l mag	rtona	_	를	st coi	<u>.</u>			(izations
	line)	Individual trustee or director	Instit	Officer	Key employee	Highest compensated employee	Former			- 1		
(18) IVAN CLAYTON	1.00											
BOARD MEMBER		Х	$oxed{oxed}$		Ĺ			0.		<u> </u>		0.
(19) READE DAWSON	1.00									ı		
SECRETARY/TREASURER		Х		X				0.) <u> </u>		0.
(20) SKIP PARTINGTON	1.00											
PRESIDENT		X	L	X	L	Ш	_	0.	() -		0.
(21) ROB BARNHILL, III	1.00								18			_
BOARD MEMBER	ļ. <u></u>	X			_			0.	() -		0.
(22) DON DEDMON, SR	1.00								_			_
BOARD MEMBER	ļ. <u></u>	Х	L		_	ᆫ	_	0.) .		0.
(23) LARRY BRICKEY	1.00					1			,			•
BOARD MEMBER	1 00	X	L_	_	<u> </u>	_	_	0.).		0.
(24) TOM SPROULE	1.00	١.,				Ì			,			0
BOARD MEMBER	1 00	X	 	ļ	<u> </u>	┞		0.		<u> </u>		0.
(25) MICHAEL DERKSEN	1.00	₩.	1			1	ļ	0.	,			0
BOARD MEMBER	1.00	X	├-	├	⊢	┢		- 0.		' : -		0.
(26) CHRIS VENABLE BOARD MEMBER	1.00	x	ļ					0.).		0.
	ــــــــــــــــــــــــــــــــــــــ	ΙΔ.	L		l .	<u></u>	┖	0.) 		0.
1b Sub-total	II Castian A							205,166.).	25	,087.
c Total from continuation sheets to Part V	ii, Section A							205,166.) 		$\frac{,007.}{,087.}$
d Total (add lines 1b and 1c) 2 Total number of individuals (including but i	ant limited to the	1000	liete	ad a	boy	ما سا	ho r		L			, , , , ,
compensation from the organization	not infinited to th	1030	, 11310	Ju u	501	c, •••			,,000 01 (0)01 (45.0			1
compensation from the organization												res No
3 Did the organization list any former officer	director, or tr	uste	e. ke	ev ei	mpla	ovee	. or	highest compensated e	mplovee on			
line 1a? If "Yes," complete Schedule J for			-,	, -		,		J - 1	. ,	- 1	3	x
4 For any individual listed on line 1a, is the s			omp	ens	atio	n an	d ot	her compensation from	the organization			
and related organizations greater than \$15								•	•		4	x
5 Did any person listed on line 1a receive or									idual for services		$\neg \top$	
rendered to the organization? If "Yes," cor	nplete Schedu	le J	for s	uch	per	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest or	ompensated in	dep	ende	ent d	cont	racte	ors 1	that received more than	\$100,000 of comp	ensatı	ion fr	om
the organization. Report compensation for	the calendary	/ear	end	ing v	with	or v	/ithii	n the organization's tax	year			
(A)			^	_				(B)		0	(C)	
Name and business	s address	N	ON:	ビ		_	_	Description of	services	Cor	npen	sation
							_	·				
	·						-	· · · · · · · · · · · · · · · · · · ·				
									1			
2 Total number of independent contractors	(including but	not I	ımıte	ed to	o the	ose I	ıste	d above) who received i	nore than			
\$100,000 of compensation from the organ	. •					0	•	,				
SEE PART VII, SECTIO		ΤI	NU.	AΤ	ΙŌ	N	SH	EETS		Fo	orm 9	90 (2014)

ASSOCIATION, INC.

56-0511901

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)	1		(0	C)			(D)	(E)	(F)
Name and title	Average	١			ition			Reportable	Reportable	Estimated
	hours	(cl	necl	all	that	app	ly)	compensation	compensation	amount of
	per				Ì			from	from related	other
	week (list any	5				Highest compensated employee	İ	the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	diet				d em	l	(W-2/1099-MISC)	(***-27 1039-141130)	organization
	related	e o	stee	١.		sate		(** 2/ 1000 *********************************		and related
	organizations	trust	al tru		yee	adw	ŀ	1		organizations
	below	Individual trustee or director	Institutional trustee	₩.	Key employee	est co	5			· ·
	line)	휼	Instit	Officer	Key 6	를	Former			
(27) DAVID CARR	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(28) CHRISTIE B. BARBEE	40.00									
FORMER EXECUTIVE DIRECTOR		L		X			L_	21,666.	0.	8,700.
(29) ELLIS POWELL	40.00							400 -00	_	
EXECUTIVE DIRECTOR			L	X		L	L_	183,500.	0.	16,387.
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	<u> </u>	-				1				
	<u> </u>	1	Ц_	<u> </u>	1	Ц	Ц_	 	ļ	
Table Baddi October Adams								205,166.	1	25,087
Total to Part VII, Section A, line 1c								1 200,100.	L	<u> </u>

Form 990

Form 990 (2014) ASSOCIATION, INC.

| Part VIII | Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
		•	,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, gransimilar amounts not included about the contributions included in lines	nts, and ove 1f		,	4		*
a Co	_	Total. Add lines 1a-1f		<u> </u>	*			
				Business Code				
9	2 a			900099		646,611.		
er vi	b	MEETINGS AND CO	ONFERENC	900099	143,412.	143,412.		-
n S	С							
Program Service Revenue	d			ļ		· · · · · · · · · · · · · · · · · · ·		
ě	e	AD 41		-				
_	7	All other program service reversed. Add lines 2a-2f	enue		790,023.			
	3	Investment income (including	dividends inter		, 50, 025			· · · · · · · · · · · · · · · · · · ·
ļ	_	other similar amounts)	, arriadriad, inter	▶	13,663.			13,663.
	4	Income from investment of ta	x-exempt bond p	· •				
	5	Royalties		▶				
			(ı) Real	(ii) Personal		>		•
	6 a	Gross rents	Ĺ	<u> </u>		>		
	b	•		ļ				
- 1	C	` '	L	L		(•
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
	, a	assets other than inventory	173,279.	(ii) Other				
	b	Less cost or other basis			,	<i>'</i>		
		and sales expenses	168,153.		>	,	,	<i>į</i> .
	С	Gain or (loss)	5,126.				,	
	d	Net gain or (loss)			5,126.	 		5,126.
e	8 a	Gross income from fundraising	ng events (not				`*	×
evenue		including \$	of					
		contributions reported on line		}		,		
Other R	h	Part IV, line 18 Less direct expenses	a b		^	4		,
ō		Net income or (loss) from fun	•]	
		Gross income from gaming a			 -			
		Part IV, line 19	а			,		
	b	Less. direct expenses	b		_			, ,
	С	Net income or (loss) from gar	ning activities		. <u>.</u> .			
1	10 a	Gross sales of inventory, less	s returns	1			`	
		and allowances	a	$\overline{}$				
		Less: cost of goods sold	b	'L		ļ		
		Net income or (loss) from sale		Business Code				
	11 a	Miscellaneous Reveni		Business Code	-	-		
	b			ļ			 	
				<u> </u>			<u> </u>	
	d	All other revenue						
	e	Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions			808 812	790.023.		18.789.

Form 990 (2014) ASSOCIATION,

Rart IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	ner organizations must d	omplete column (A)	
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				L
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	1		ì	•
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 050			
	trustees, and key employees	230,253.		L	<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				į
	persons described in section 4958(c)(3)(B)	40 (50			
	Other salaries and wages	48,650.			
	Pension plan accruals and contributions (include	4 200]	İ
	section 401(k) and 403(b) employer contributions)	4,200. 5,893.			
9	Other employee benefits	15,965.		 	
10	Payroll taxes	15,965.			
11	Fees for services (non-employees)				
	Management	5,291.		 	
	Legal	3,450.	 	 	
	Accounting	3,430.		 	·
	Lobbying Professional fundraising services. See Part IV, line 17				
	- · · · · · · · · · · · · · · · · · · ·	95.		 	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,			 	
g	column (A) amount, list line 11g expenses on Sch 0.)	61,656.			
12	Advertising and promotion	44,642.			
13	Office expenses	4,430.			
14	Information technology				
15	Royalties				
16	Occupancy	46,157.	 	 	
17	Travel	1,383.	<u> </u>		
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	86,841.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,917.			
23	Insurance	7,329.			
24	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	AUTO EXPENSES	19,904.			
b	OTHER TAXES	8,627.		<u> </u>	
С	TELEPHONE	8,249.		<u> </u>	
d	EQUIPMENT RENTAL	4,324.	 	 	
	All other expenses	6,481.	·	ļ	<u> </u>
25	Total functional expenses. Add lines 1 through 24e	621,737.		ļ	
26	Joint costs. Complete this line only if the organization		}		ļ
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

CAROLINA ASPHALT PAVEMENT ASSOCIATION, INC.

Form 990 (2014)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	5,179.	1	15,053.
	2	Savings and temporary cash investments	178,894.	2	290,834.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	76,656.	4	116,199
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees Complete		*	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		į	,
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ä	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,724
	10a	Land, buildings, and equipment, cost or other	, , , , , , , , , , , , , , , , , , ,	,	, *
		basis. Complete Part VI of Schedule D Less accumulated depreciation 10a 74,218. 10b 67,778.			*
	ь	Less accumulated depreciation 10b 67,778.	13,389.	10c	6,440
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	245,592.	12	259,780
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	519,710.	16	690,030
	17	Accounts payable and accrued expenses	13,267.	17	7,277
	18	Grants payable		18	
	19	Deferred revenue	85,500.	19	102,775
	20	Tax-exempt bond liabilities	_	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to current and former officers, directors, trustees,			,
Ĕ		key employees, highest compensated employees, and disqualified persons.	÷ *		
Liabilities		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 third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	L
	26	Total liabilities. Add lines 17 through 25	98,767.	26	110,052
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	y		-
es		complete lines 27 through 29, and lines 33 and 34.			.,
Š	27	Unrestricted net assets	420,943.	27	579,978
3ale	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
핕		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□			
ō		and complete lines 30 through 34.		_	
ets	30	Capital stock or trust principal, or current funds	· · · · · · · · · · · · · · · · · · ·	30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	420,943.	33	579,978
	34	Total liabilities and net assets/fund balances	519,710.	34	690,030

CAROLINA ASPHALT PAVEMENT ASSOCIATION, INC

	CIMIODINII IIDI IMIDI IIIV DIIDII				
Form	990 (2014) ASSOCIATION, INC.	56-	0511901	Pa	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			12.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>37.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			43.
5	Net unrealized gains (losses) on investments	5		6,2	78.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		<u>1,7</u>	62.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	57	9,9	78.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	Ì		
	separate basis, consolidated basis, or both		[,]		'
	Separate basis Consolidated basis Both consolidated and separate basis		,		_ 3
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	↓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:		Ì		
	X Separate basis Consolidated basis Both consolidated and separate basis		ł	*	,
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,	-		۱.
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred aud	i i		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 9	Section 501(c)(4), (5), or (6) organizat	ions Complete Part III				
		A ASPHALT PAVEMEN	T		Emplo	yer identification number
	ASSOCIA	TION, INC.				56-0511901
Pa	rt I-A Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 5	27 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politica	I campaign activities in	n Part IV	▶ \$_	
Pa	rt I-B Complete if the org	anization is exempt unde	er section 501(c)(
	Enter the amount of any excise tax				▶ \$	
	Enter the amount of any excise tax	, ,			▶ \$	
	If the organization incurred a section	, ,				Yes No
	Was a correction made?	•	•			Yes No
b	If "Yes," describe in Part IV					
Pa	rt I-C Complete if the org	anization is exempt unde	er section 501(c),	except section	501(c	:)(3).
1	Enter the amount directly expended	by the filing organization for sec	tion 527 exempt functi	on activities	▶\$	
2	Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ction 527	•	
	exempt function activities				▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,		-	
	line 17b				▶\$	
4	Did the filing organization file Form	1120-POL for this year?			-	Yes No
5	Enter the names, addresses and er	nployer identification number (EIN	l) of all section 527 pol	itical organizations to	which	the filing organization
	made payments For each organization contributions received that were propolitical action committee (PAC). If	omptly and directly delivered to a	separate political orga	nization, such as a s		· · · · · · · · · · · · · · · · · · ·
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f	rom	(e) Amount of political
	(a) Name	(b) Address	(O) Ziiv	filing organization	n's	contributions received and promptly and directly delivered to a separate political organization If none, enter -0
	···········					-
	·····					
			 			

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 ASS	OCIATION	, INC.	···	56-	0511901 Page 2
Part II-A Complete if the organiz	zation is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (election under
section 501(h)).			-		
A Check ► ☐ If the filing organization b	_		Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share of	, ,	, ,			
B Check ► if the filing organization of	hecked box A a	nd "limited control" pro	ovisions apply.		
Limits on (The term "expenditure	Lobbying Expe		,	(a) Filing organization's totals	(b) Affiliated group totals
4 - Tatal labeling and analysis at 1961 and		/	<u>-</u>		
1a Total lobbying expenditures to influence		, , ,	·		
b Total lobbying expenditures to influence	_	ay (airect lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)		ŀ		
d Other exempt purpose expenditures		0		 	
e Total exempt purpose expenditures (ad		•			
f Lobbying nontaxable amount Enter the					
If the amount on line 1e, column (a) or (b) i		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,500,00	00 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	000			
g Grassroots nontaxable amount (enter 2	5% of line 1f)				
h Subtract line 1g from line 1a If zero or le	ess, enter -0-				
i Subtract line 1f from line 1c If zero or le	ess, enter -0-				
j If there is an amount other than zero on	either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this year?	•				Yes No
(Some organizations that m	nade a section 5	eraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns	below.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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) 2014

Schedule C (Form 990 or 990-EZ) 2014 ASSOCIATION, INC. 56-051190

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of the lobbying activity	Yes	No	Amo	ount
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	}			3
or referendum, through the use of.				\$,
a 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?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			····	···
i Other activities?				
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)?			<u></u> -	
b If "Yes," enter the amount of any tax incurred under section 4912				-
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)	(5), or se	ction	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		Х
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? Part III-B Complete if the organization is exempt under section 501(c)(4), section		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members	No," Oi	1 (b) Par		ie 3, is
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 	ıl	<u> -</u>		
expenses for which the section 527(f) tax was paid).	•			
a Current year		2a	20	,615.
b Carryover from last year		2b		7
c Total		2c	20	,615.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ss			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po		Ì		
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	20	7,615.
Part IV Supplemental Information		<u> </u>		
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 I	ıst), Part I	I-A, lines 1	and 2 (see	
instructions), and Part II-B, line 1 Also, 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA ASPHALT PAVEMENT

ASSOCTATION INC **Employer identification number** 56-0511901

Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Funds or A	ccounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		onor advised funds (b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		······································
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised fun	nds
•	are the organization's property, subject to the organization's exclusive leg		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi		
·	for charitable purposes and not for the benefit of the donor or donor advi	-	
	impermissible private benefit?	sor, or for any other purpose conten	Yes No
Par		swered "Yes" to Form 990. Part IV.	
1	Purpose(s) of conservation easements held by the organization (check all		
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically	umportant land area
	Protection of natural habitat	Preservation of a certified h	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a co	onservation easement on the last
-	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure include	ted in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	• •	
•	listed in the National Register	,,	2d
3	Number of conservation easements modified, transferred, released, extin	quished, or terminated by the organ	nization during the tax
_	year ▶	, ,	J
4	Number of states where property subject to conservation easement is loc	cated >	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during t	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the ye	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easemen	ts in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial	al statements that describes the or	ganization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of Art, Hist	orical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education	cation, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these its	ems.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re-	eport in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or	research in furtherance of public se	ervice, provide the following amounts
	relating to these items.		
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasures, or or	ther sımılar assets for fınancıal gaın,	
	the following amounts required to be reported under SFAS 116 (ASC 958	B) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990. Part X		▶ \$

	CAROLINA		PAVE	MENT			56	0511001	
	dule D (Form 990) 2014 ASSOCIATI			aniant Tu		or Other		0511901	
	t III Organizations Maintaining Col								
3	Using the organization's acquisition, accession,	and other records	s, checi	cany of the	tollowing tha	at are a sign	ificant use of	its collection	items
	(check all that apply)	_	<u> </u>						
a	Public exhibition	d			hange progra	ams			
ь	Scholarly research	е	ا لــــا	Other					
С	Preservation for future generations								
4	Provide a description of the organization's colle			=				Part XIII.	
5	During the year, did the organization solicit or re					er sımılar as	ssets	г	
Γ=-	to be sold to raise funds rather than to be maint							Yes	∟ No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		te if the	organizatio	on answered	"Yes" to Fo	rm 990, Part	IV, line 9, or	
10	Is the organization an agent, trustee, custodian		any for	contribution	ns or other as	sets not inc	-luded		
10	on Form 990, Part X?	or other intermed	ary ioi	CONTINUENCE	is or other as	octo not in	Jidded	Yes	☐ No
L	If "Yes," explain the arrangement in Part XIII and	d complete the fell	loveno d	oblo					110
D	in res, explain the arrangement in Part Am and	complete the fol	owing	able				Amount	
	Danishina kalanas						1c	Amount	
	Beginning balance						1d		
	Additions during the year								
	Distributions during the year						1e		
1	Ending balance	. 000 D-+V l	04 6			والمساد والمراد المسادر		Yes	
	Did the organization include an amount on Form					-	•	res	No
Par	If "Yes," explain the arrangement in Part XIII Ch								
LFai			-		(c) Two yea		Three years b	ack (a) Four	years back
	 	a) Current year	(0) -	rior year	(C) Two year	IS DOCK (Q)	Tillee years o	ack (e) our	years back
	Beginning of year balance				 				
	Contributions							- -	
	Net investment earnings, gains, and losses							-	
d	Grants or scholarships				 				
е	Other expenditures for facilities	J			l	j		J	
	and programs				<u> </u>				
f	Administrative expenses				 				
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the current	t year end balance	e (line 1	g, column (a)) held as				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the possess	ion of the organiza	ation the	at are held a	and administe	ered for the	organization	_	
	by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations in	•						3b	
4	Describe in Part XIII the intended uses of the or		wment	funds					
Pa	rt VI Land, Buildings, and Equipme						40		
	Complete if the organization answered "								
	Description of property	(a) Cost or of basis (investing			t or other (other)		umulated ciation	(d) Book	value
1a	Land								
b	Buildings	L							

Schedule D (Form 990) 2014

6,440.

6,440.

67,778.

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

d Equipment

74,218.

Schedule D (Form 990) 2014 ASSOCIATION	, INC.	5	6-0511901 Page 3
Part VII Investments - Other Securities.	<u> </u>		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other		<u> </u>	
(A) BLACKROCK GLOBAL			
(B) ALLOCATION	10,380.	END-OF-YEAR MARKE	
(C) COLUMBIA INDEX FUND	35,698.	END-OF-YEAR MARKE	
(D) JOHN HANCOCK BOND C	25,849.	END-OF-YEAR MARKE	T VALUE
(E) TEMPLETON GLOBAL BOND			
(F) FUND	39,455.	END-OF-YEAR MARKE	
(G) VITUS MULTI SECT	49,890.	END-OF-YEAR MARKE	T VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	259,780.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)		<u> </u>	
(5)			<u> </u>
(6)		<u></u>	<u> </u>
(7)		·	<u> </u>
(8)			ļ
(9)		. <u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"			25
1. (a) Description of liability	(1	b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	_		_	
1	Total revenue, gains, and other support per audited financial statements			1	802,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a_	<u>-6,278.</u>	1	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIII)	2d		i i	
е	Add lines 2a through 2d			2e	-6,278
3	Subtract line 2e from line 1			3	808,812
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
С	Add lines 4a and 4b			4c	0.
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I line 12.)			5	808,812

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 621,737. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d Add lines 2a through 2d 621.3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5

Part XIII Supplemental Information.

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.

PART X, LINE 2:

THE ASSOCIATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES.

USING THIS GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE

FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE

SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES

GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,

ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AT DECEMBER 31,

2014, THE ASSOCIATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE

ASSOCIATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER,

THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2014	ASSOCIATION,	INC	56-0511901 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	rmation (continued)		
		<u> </u>	
		· -	
			
	_		
			
	<u> </u>		
		<u>.</u>	
			
			
		······································	
			
			

ASSOCIATION, INC.

56-0511901 Page 5

Schedule D (Form 990) ASSOCIATION,

Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
JNIT INVESCO GLOBAL 45 DIVIDEND	56,097.	FMV
JNIT INVESCO SELECT 10 INDUSTRIAL	23,090.	FMV
UNIT FIRST TRUST UNCOMMON VALUES	19,321.	FMV

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. CAROLINA ASPHALT PAVEMENT ASSOCIATION,

Employer identification number 56-0511901

Part I **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	;	***	_
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.		ŀ	1
	First-class or charter travel Housing allowance or residence for personal use		` `	Î.
	Travel for companions Payments for business use of personal residence		<i>\$</i> .	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1	,	1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	<	٤	1
]		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			>
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		· 3	1
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
			** *\ 1	ĺ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		; ;	1
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		[*	
	establish compensation of the CEO/Executive Director, but explain in Part III		,	,
	Compensation committee Written employment contract	* * * * * * * * * * * * * * * * * * *	l	4
	Independent compensation consultant Z Compensation survey or study	52		, ,
	Form 990 of other organizations Approval by the board or compensation committee	100	[,	£ ^
_			î,	,
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	ł	, ž	l
	organization or a related organization		<i>}</i> ″	v
a	Receive a severance payment or change-of-control payment?	4a	 -	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	ļ		1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	×		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation]	Ž.	
•	contingent on the revenues of	ĺ		
а	The organization?	5a		`
	Any related organization?	5b		
_	If "Yes" to line 5a or 5b, describe in Part III.		7	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	/		١,
_	contingent on the net earnings of	1 1		· '
а	The organization?	6a	l	1
	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III	3		ξ.
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	31		\$
	not described in lines 5 and 6? If "Yes," describe in Part III	7	İ	* 1
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1.		,
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	L	Ľ.
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	1		4-
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2014

56-0511901

ASSOCIATION, INC. Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

					Part to control (0)	oldovateck (0)	(E) Total of columns	(E) Componention
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(c) Retirement and	(b) Nontaxable	(E) (C)(B)(I)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred in prior Form 990
(1) ELLIS POWELL	€	183,50	0		16,000.	387.	199,88	0
EXECUTIVE DIRECTOR	(1)	0	0	0.	0	0	0	0
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CAROLINA ASPHALT PAVEMENT ASSOCIATION, INC.

56-0511901

Page 3

Schedule J (Form 990) 2014 Schedule J (Form 990) 2014 ASSOCIATION, INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SCHEDULE O (Form 990 or 990-EZ)

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.

2014
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

CAROLINA ASPHALT PAVEMENT Emplo

Employer identification number 56-0511901

ASSOCIATION. INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PRODUCE HIGH QUALITY PAVING MATERIALS IN THE MOST TECHNICALLY AND COST EFFICIENT MANNER. THE ASSOCIATION REGULARLY SPONSORS SEMINARS AND WORKSHOPS ON A VARIETY OF TECHNICAL SUBJECTS. CAPA TAKES AN ACTIVE ROLE IN GOVERNMENTAL AFFAIRS, REPRESENTING THE INDUSTRY'S VIEWPOINTS AND CONCERNS TO VARIOUS PUBLIC AGENCIES AND GOVERNING BODIES ON ENVIRONMENTAL, ENGINEERING, AND LEGISLATIVE ISSUES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CAPA TAKES AN ACTIVE ROLE IN GOVERNMENTAL AFFAIRS, REPRESENTING THE INDUSTRY'S VIEWPOINTS AND CONCERNS TO VARIOUS PUBLIC AGENGIES AND GOVERNING BODIES ON ENVIRONMENTAL, ENGINEERING, AND LEGISLATIVE ISSUES. FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR AND PRESIDENT REVIEWS THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REVIEWS THE POLICY ANNUALLY WITH ALL OFFICERS AND EMPLOYEES. FORM 990, PART VI, SECTION B, LINE 15: STANDING COMMITTEE THAT IS TASKED WITH YEARLY REVIEW OF EMPLOYEES AND RECOMMENDATION FOR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization CAROLINA ASPHALT PAVEMENT ASSOCIATION, INC.	Employer identification number 56-0511901
THE GOVERNING DOCUMENTS ARE DISTRIBUTED AT ALL MEETINGS T	O THE DIRECTORS
AND ARE ALSO AVAILABLE UPON REQUEST.	
PART XII, LINE 2C	
THE ORGANIZATION HAS NOT CHANGED IT'S PROCESS FOR REVIEWI	ING THE 990
FROM PRIOR YEAR.	