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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> 2012 Open to Public Inspection </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-2013

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN		D Employer identification number 22-6082349
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 810 BELMONT AVE	Room/suite	E Telephone number (973) 423-4565
	City or town, state or country, and ZIP + 4 NORTH HALEDON, NJ 07508		G Gross receipts \$ 43,794,743
	F Name and address of principal officer PETER MCGOURTY 810 BELMONT AVENUE NORTH HALEDON, NJ 07508		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (9) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROVIDE HEALTH AND WELFARE BENEFITS TO PARTICIPANTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	16
	6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,951,337	26,828,511
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,128,468	1,639,112
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	184,814	136,484
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,264,619	28,604,107
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	146,034
14 Benefits paid to or for members (Part IX, column (A), line 4)		22,888,819	24,635,649
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,143,660	1,184,242
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		2,007,134	2,571,260
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		26,185,647	28,523,095
19 Revenue less expenses Subtract line 18 from line 12		1,078,972	81,012
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	32,718,192	32,693,895
	21 Total liabilities (Part X, line 26)	424,147	375,126
	22 Net assets or fund balances Subtract line 21 from line 20	32,294,045	32,318,769

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****				2014-02-14		
	Signature of officer				Date		
	PETER MCGOURTY Trustee						
	Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name Kevin P Lynch		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN P01349569
	Firm's name ▶ Lynch & Murray CPAs					Firm's EIN ▶	
	Firm's address ▶ 32 Bay Avenue Bloomfield, NJ 07003					Phone no (973) 743-2578	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

PROVIDE HEALTH AND WELFARE BENEFITS TO PARTICIPANTS

4 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.














4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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	No
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	No
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 	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		
a 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	No
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	Yes
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	No
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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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.	56	
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	Yes
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.	2a	16
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
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	No
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	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	No
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	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
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	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	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	No
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.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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.

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

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	10	
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	9	
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	Yes
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	No
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	No
6	Did the organization have members or stockholders?	6	No
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		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
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	No
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	

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SALVATRICE VERILLO 810 BELMONT AVE NORTH HALEDON, NJ (973) 423-4565

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DENNIS FARRELL	1 00	X						0	0	0
Trustee	0 00									
(2) ANTHONY DENOVA	1 00	X						0	0	0
Trustee	0 00									
(3) REYNALDO LOPEZ	1 00	X						0	82,850	47,767
Trustee	45 00									
(4) ROBERT GILLMAN	1 00	X						0	68,325	43,168
Trustee	45 00									
(5) MARY ANN CAPABLO	1 00	X						0	0	0
Trustee	0 00									
(6) HUBERT GRAHAM	1 00	X						0	0	0
Trustee	0 00									
(7) RAYMOND FANNER	1 00	X						8,000	0	0
Trustee	0 00									
(8) JASON IDE	1 00	X						0	65,340	31,044
Trustee	40 00									
(9) DAVID LEBOSS	1 00	X						0	52,846	34,415
Trustee	45 00									
(10) MARYANN TITTLE	1 00	X						0	69,730	54,918
Trustee	45 00									
(11) PETER MCGOURTY	1 00	X						0	107,499	55,587
Trustee	45 00									
(12) SALVATRICE VERILLO	32 00				X			106,053	9,222	32,483
FUND MANAGER	3 00									

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								114,053	455,812	299,382

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STACEY BRAUN ASSOCIATES INC 377 BROADWAY NEW YORK NY 10013	INVESTMENT MANAGER	123,636
HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY PO BOX 15306 NEWARK NJ 071055306	CLAIMS PROCESSING	1,000,228
COHEN WEISS AND SIMON LLP 330 WEST 42ND STREET NEW YORK NY 10036	LEGAL	144,104

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►3

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a FEDERAL COBRA SUBSIDY b EMPLOYERS' CONTRIBUTIONS c COBRA CONTRIBUTIONS d ADMINISTRATION FEES e f All other program service revenue g Total. Add lines 2a-2f		Business Code				
			525100	15,263	15,263		
			525100	26,456,858	26,456,858		
			525100	183,950	183,950		
			525100	172,440	172,440		
				26,828,511			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		629,307			629,307
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	(i) Real	(ii) Personal				
		110,893					
		110,893					
	b	Less rental expenses		110,893			110,893
	c	Rental income or (loss)					
	Net rental income or (loss)						
	7a	(i) Securities	(ii) Other				
		16,200,441					
		15,190,636					
		1,009,805					
	b	Less cost or other basis and sales expenses		1,009,805			1,009,805
	c	Gain or (loss)					
	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		0			
	a						
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19		0			
	a						
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities					
	10a			0			
		a					
		b					
		c					
	Miscellaneous Revenue		Business Code				
	11a	SECURITIES LITIGATION	900099	431	431		
	b	EMPLOYER LATE CHGS & FEES	900099	25,160	25,160		
	c						
d	All other revenue						
e	Total. Add lines 11a-11d		25,591				
12	Total revenue. See Instructions		28,604,107	26,854,102		1,750,005	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 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 governments and organizations in the United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	131,944			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	24,635,649			
5	Compensation of current officers, directors, trustees, and key employees.	143,937			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	655,120			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	152,484			
9	Other employee benefits.	159,161			
10	Payroll taxes.	73,540			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	147,170			
c	Accounting.	133,254			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	123,636			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,141,864			
12	Advertising and promotion.	0			
13	Office expenses.	0			
14	Information technology.	80,595			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	38,592			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	76,588			
23	Insurance.	44,237			
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):				
a	BUILDING EXPENSES & MAINTENANCE	47,956			
b	REAL ESTATE TAXES	49,615			
c	OFFICE EXP & PRINTING	163,199			
d	WITHDRAWAL LIABILITY	493,869			
e	All other expenses	30,685			
25	Total functional expenses. Add lines 1 through 24e.	28,523,095	0	0	0
26	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 <input type="checkbox"/> 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 X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		636,555	1	448,113
	2	Savings and temporary cash investments		1,159,903	2	2,783,488
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		1,996,891	4	2,061,117
	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	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		56,220	9	59,978
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a3,210,278			
	b	Less accumulated depreciation	10b1,518,859	1,706,708	10c	1,691,419
	11	Investments—publicly traded securities		26,624,801	11	25,049,089
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		537,114	15	600,691
	16	Total assets. Add lines 1 through 15 (must equal line 34)		32,718,192	16	32,693,895
Liabilities	17	Accounts payable and accrued expenses		410,571	17	363,679
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		13,576	25	11,447
	26	Total liabilities. Add lines 17 through 25		424,147	26	375,126
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		32,294,045	32	32,318,769
	33	Total net assets or fund balances		32,294,045	33	32,318,769
	34	Total liabilities and net assets/fund balances		32,718,192	34	32,693,895

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,604,107
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,523,095
3	Revenue less expenses Subtract line 2 from line 1	3	81,012
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,294,045
5	Net unrealized gains (losses) on investments	5	-56,288
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,318,769

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
3a	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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN

Employer identification number
22-6082349

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii)

Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

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 or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		307,258		307,258
b Buildings		876,916	249,477	627,439
c Leasehold improvements		950,576	243,991	706,585
d Equipment				
e Other		1,075,528	1,025,391	50,137
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,691,419

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	28,480,471
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	28,480,471
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	123,636
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,636		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	28,604,107
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	28,399,459
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	28,399,459
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			4c	123,636
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	123,636		
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	28,523,095

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
Part X	Part X FIN48 Footnote	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN TO EVALUTE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. THE PLAN HAS ANALYZED THE TAX POSITIONS TAKEN BY THE PLAN AND HAS CONCLUDED THAT AS OF MARCH 31, 2013, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public
Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN

Employer identification number
22-6082349

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

0

3

Enter total number of other organizations listed in the line 1 table

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP AWARDS	66	131,944			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		NORTHERN NEW JERSEY TEAMSTERS BENEFIT FUND MAINTAINS RECORDS OF ALL SCHOLARSHIP RECIPIENTS INCLUDING THE DOLLAR AMOUNT AWARDED AND THE ACCREDITED EDUCATIONAL INSTITUTION THE RECIPIENT ATTENDS SCHOLARSHIP RECIPIENTS ARE REQUIRED TO REGISTER FOR A MINIMUM NUMBER OF CREDITS AND TO MAINTAIN A CERTAIN GRADE POINT AVERAGE EACH SEMESTER OTHER AWARDS ARE GRANTED FOR VOCATIONAL TRAINING

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN

Employer identification number
22-6082349

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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a		No
		4b		No
		4c		No
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		
		5b		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		
		6b		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)PETER MCGOURTY Trustee	(i) (ii)	107,499			42,322	13,265	163,086	

Part III **Supplemental Information**

Complete this part to 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.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN	Employer identification number 22-6082349
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Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE FUND MAKES IT'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST AT THE FUND OFFICE. ARRANGEMENTS MUST BE MADE DURING NORMAL BUSINESS HOURS. THE FUND ALSO MAILES OUT SUMMARY ANNUAL REPORTS TO ALL MEMBERS AS REQUIRED BY LAW.
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE BOARD OF TRUSTEES WILL DETERMINE COMPENSATION AND PAY INCREASES FOR ALL INDIVIDUALS EMPLOYED BY THE FUND ON AN ANNUAL BASIS.
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE GIVEN THE OPPURTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE TRUSTEES WITHOUT ANY FINANCIAL INTEREST SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. IF IT IS DETERMINED THAT THERE IS A CONFLICT OF INTEREST, THE INTERESTED PERSON MAY MAKE A PRESENTATION, AFTER WHICH A VOTE IS TAKEN ON THE TRANSACTION OR ARRANGEMENT. IF APPROPRIATE, THE CHAIRMAN OF THE BOARD MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANASCTION OR ARRANGEMENT. AFTER DUE DILIGENCE, TRUSTEES SHALL DETERMINE WHETHER THE FUND CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE, THE TRUSTEES SHALL DETERMINE BY VOTE OF TRUSTEES WITHOUT A FINANCIAL INTEREST WHETHER THE TRANSACTION IS IN THE FUND'S BEST INTEREST, FOR ITS OWN BENEFIT, WHETHER IT IS FAIR AND REASONABLE, AND WHETHER TO PROCEED WITH THE TRANSACTION OR ARRANGEMENT. IF THE TRUSTEES HAVE REASONABLE CAUSE TO BELIEVE THAT A TRUSTEE HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THEY SHALL INFORM THE TRUSTEE OF THE BASIS AND AFFORD THE INDIVIDUAL AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE AND AFTER MAKING FURTHER INVESTIGATION, THE TRUSTEES DETERMINE THE INDIVIDUAL HAS FAILED TO DISCLOSE, THE TRUSTEES SHALL TAKE SUCH ACTION AS THEY DEEM APPROPRIATE UNDER THE CIRCUMSTANCES TO ENSURE THAT THE FUND OPERATES IN A MANNER CONSISTENT WITH ITS PURPOSE AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED.
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	THE FORM 990 IS REVIEWED BY THE FUND MANAGER AND SEVERAL TRUSTEES PRIOR TO FILING.
Form 990, Part VI, Line 8	Form 990, Part VI, Line 8 Explanation of No Contemporaneously Documentation of Meetings	NO OTHER COMMITTEES EXIST WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	SOME OF THE EMPLOYER TRUSTEES ARE EMPLOYED BY COMPANIES THAT HAVE COLLECTIVE BARGAINING AGREEMENTS WITH TEAMSTERS LOCAL UNION NO. 11 IN WHICH THE UNION TRUSTEES ARE OFFICERS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN

Employer identification number
22-6082349

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CERTIFIED MOVING & STORAGE 286 MADISON AVENUE NEW YORK, NY 10017 13-4033977	VEBA EMPLOYER	NY	N/A					No			No	
(2) MEDITERRANEAN HOUSE 505 NORTH AVENUE FORT LEE, NJ 07024 22-1102100	VEBA EMPLOYER	NJ	N/A					No			No	
(3) GENERAL GROCERY WAREHOUSE 455 16TH STRRET CARLSTADT, NJ 07072 22-3145430	VEBA EMPLOYER	NJ	N/A					No			No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

No

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID: 12000229
Software Version: 2012v2.0
EIN: 22-6082349
Name: NORTHERN NEW JERSEY TEAMSTER BENEFIT FUN

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation							
Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MG-FS DISTRIBUTIONFIVE STAR 1310 UNION STREET SPARTANBURG, SC 29302 45-2657630	VEBA EMPLOYER	SC	N/A	C CORP					No
ASSOCIATED MATERIALSGENTEK BLDG 11 CRAGWOOD ROAD AVENEL, NJ 07001 75-1872487	VEBA EMPLOYER	NJ	N/A	C CORP					No
HUDSON HOISTING LLC 200 WEST FOREST AVENUE ENGLEWOOD, NJ 07631 22-3838930	VEBA EMPLOYER	NJ	N/A	LLC					No
OAKLAND CARE CENTER 20 BREAKNECK ROAD OAKLAND, NJ 07436 22-2743824	VEBA EMPLOYER	NJ	N/A	C CORP					No
OVERLOOK TERRACE URBAN RENEWAL CORP 5601 BLVD EAST WEST NEW YORK, NJ 07093 27-0635249	VEBA EMPLOYER	NJ	N/A	C CORP					No
PARK MAINTENANCE CORP 5101 PARK AVENUE WEST NEW YORK, NY 07093 20-1891953	VEBA EMPLOYER	NY	N/A	S CORP					No
DIFERRARO INC 28 BURGESS PLACE WAYNE, NJ 07470 22-1926824	VEBA EMPLOYER	NJ	N/A	S CORP					No
BUTLER PRINTING & LAMINATING 250 HAMBURG TURNPIKE BUTLER, NJ 222775062 22-2775062	VEBA EMPLOYER	NJ	N/A	S CORP					No
BURGESS STEEL FABRICATORS 200 WEST FOREST AVENUE ENGELWOOD, NJ 07631 26-1248185	VEBA EMPLOYER	NJ	N/A	LLC					No
CLANCY-CULLEN STORAGE CO INC 2510 WESTCHESTER AVENUE BRONX, NY 10461 13-1876684	VEBA EMPLOYER	NY	N/A	S CORP					No
O BERK COMPANY LLC 3 MILL TOWN COURT UNION, NJ 07083 22-3316145	VEBA EMPLOYER	NJ	N/A	LLC					No
ACCURATE MOVING SYSTEMS INC 400 ORITANI DRIVE BLAUVELT, NY 10913 27-4428733	VEBA EMPLOYER	NY	N/A	S CORP					No
WINSTON TOWERS 300 CONDO ASSN 300 WINSTON DRIVE CLIFFSIDE PARK, NJ 07010 22-2086550	VEBA EMPLOYER	NJ	N/A	C CORP					No
WALDNNERS BUSINESS ENVIRONMENTS 125 ROUTE 110 FARMINGDALE, NY 11735 11-1554704	VEBA EMPLOYER	NY	N/A	S CORP					No
V SANTINI INC 27 SOUTH 6TH AVENUE MOUNT VERNON, NY 10550 13-1729428	VEBA EMPLOYER	NY	N/A	S CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UNIVERSE MOVING COMPANY INC 1255 WILLOUGHBY AVENUE BROOKLYN, NY 11206 11-3087534	VEBA EMPLOYER	NY	N/A	S CORP					No
TRODAT USA INC 48 HELLER PARK LANE SOMERSET, NJ 08873 20-3075088	VEBA EMPLOYER	NJ	N/A	C CORP					No
TRANSERVICE LEASE CORP 5 DAKOTA DRIVE LAKE SUCCESS, NY 11042 11-2169971	VEBA EMPLOYER	NY	N/A	C CORP					No
TIGER DINASO 520 INDUSTRIAL LP STATEN ISLAND, NY 10309 20-3215924	VEBA EMPLOYER	NY	N/A	S CORP					No
TENSION CORPORATION 19 WESLEY STREET SOUTH HACKENSACK, NJ 07606 22-1589367	VEBA EMPLOYER	NJ	N/A	C CORP					No
SPACE AGE PLASTIC FABRICATORS 4519 WHITE PLAINS ROAD BRONX, NY 10470 13-2526265	VEBA EMPLOYER	NY	N/A	S CORP					No
SOUTHBRIDGE PARK INC 135 E 57TH STREET NEW YORK, NY 10022 22-2003201	VEBA EMPLOYER	NY	N/A	C CORP					No
SOUTHEBYS INC 1334 YORK AVENUE NEW YORK, NY 10021 38-2478406	VEBA EMPLOYER	NY	N/A	C CORP					No
SIMS PUMP VALVE COMPANY INC 1314 PARK AVENUE HOBOKEN, NJ 07030 22-1537016	VEBA EMPLOYER	NJ	N/A	C CORP					No
SILVI CONCRETE OF BRICK INC 355 NEWBOLD ROAD FAIRLESS HILLS, PA 19030 25-1587585	VEBA EMPLOYER	PA	N/A	S CORP					No
SIKA CORPORATION 201 POLITO AVENUE LYNDHURST, NJ 07071 22-1594831	VEBA EMPLOYER	NJ	N/A	C CORP					No
RIBON INDUSTRIES INC 283 59TH STREET BROOKLYN, NY 11220 13-5616241	VEBA EMPLOYER	NY	N/A	S CORP					No
RECALL TOTAL INFORMATION MGMT 180 TECHNOLOGY PKWY NORCROSS, GA 30092 36-3795227	VEBA EMPLOYER	GA	N/A	C CORP					No
PORT ELIZABETH TERMINAL 201 A EXPORT STREET PORT NEWARK, NJ 07114 22-2056485	VEBA EMPLOYER	NJ	N/A	S CORP					No
PERLEN STEEL CORP 265 PASSAIC STREET NEWARK, NJ 07104 22-2388031	VEBA EMPLOYER	NJ	N/A	S CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PARK HUDSON CONDO ASSN 9060 PALISADE AVENUE NORTH BERGEN, NJ 07047 90-0429578	VEBA EMPLOYER	NJ	N/A	C CORP					No
NEWCO INC 250 HAMBURG TURNPIKE BUTLER, NJ 07405 22-1958149	VEBA EMPLOYER	NJ	N/A	S CORP					No
NESTLE USA INC 800 NORTH BRAND BLVD GLENDALE, CA 91203 95-1572209	VEBA EMPLOYER	CA	N/A	C CORP					No
NATIONAL PACKAGING SERVICES 1000 NEW COUNTRY SECAUCUS, NJ 07094 83-0426211	VEBA EMPLOYER	NJ	N/A	C CORP					No
METROPOLITAN RECLAMATION SERV 11 JENSEN DRIVE SOMERSET, NJ 08873 22-3081106	VEBA EMPLOYER	NJ	N/A	S CORP					No
MEGA VAN & STORAGE 45 CLINTON AVENUE BROOKLYN, NY 11205 11-2232997	VEBA EMPLOYER	NY	N/A	C CORP					No
LIBERTY INSTALLATION SVS 125 ASIA PLACE CARLSTADT, NJ 07072 42-1627606	VEBA EMPLOYER	NJ	N/A	S CORP					No
AIG TRUCKING INCKOHLER 150 WAGARAW ROAD HAWTHORNE, NJ 07506 22-1814895	VEBA EMPLOYER	NJ	N/A	S CORP					No
HUDSON RIVER MOVING & STORAGE 654 GOTHAM PARKWAY CARLSTADT, NJ 07072 27-3458506	VEBA EMPLOYER	NJ	N/A	LLC					No
HUDSON HARBOUR CONDO ASSN 1203 RIVER ROAD EDGEWATER, NJ 07020 22-2365010	VEBA EMPLOYER	NJ	N/A	C CORP					No
THE HARTZ MOUNTAIN CORPORATION 400 PLAZA DRIVE SECAUCUS, NJ 07094 13-1944379	VEBA EMPLOYER	NJ	N/A	C CORP					No
2400 APARTMENT CORPHALF MOON 926 BLOOMFIELD AVENUE GLEN RIDGE, NJ 07028 11-2603324	VEBA EMPLOYER	NJ	N/A	C CORP					No
GOODMAN SALES CO INC 12 PARETE AVENUE NORTH ARLINGTON, NJ 07031 22-1801829	VEBA EMPLOYER	NJ	N/A	C CORP					No
GLOBE STORAGE & MOVING CO INC 665 BROADWAY NEW YORK, NY 10012 13-3249475	VEBA EMPLOYER	NY	N/A	S CORP					No
FAIRWAY TRUCKING 1000 NEW COUNTRY ROAD SECAUCUS, NJ 07094 83-0426214	VEBA EMPLOYER	NJ	N/A	C CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
EAGLE TRANSFER CORP 23-02 49TH AVENUE LONG ISLAND CITY, NY 11101 13-2784879	VEBA EMPLOYER	NY	N/A	S CORP					No
DASHCO ACQUISTION LLC 15 EAST UNION AVENUE EAST RUTHERFORD, NJ 07073 20-2259286	VEBA EMPLOYER	NJ	N/A	S CORP					No
D & G FURNITURE DELIVERY 810 7TH AVENUE NEW YORK, NY 10019 13-3311071	VEBA EMPLOYER	NY	N/A	S CORP					No
CROWN ROLL LEAF INC 91 ILLONIS AVENUE PATERSON, NJ 07503 22-1980418	VEBA EMPLOYER	NJ	N/A	S CORP					No
CRANFORD HALL NURSING HOME 600 LINCOLN PARK EAST CRANFORD, NJ 07016 22-2211834	VEBA EMPLOYER	NJ	N/A	S CORP					No
COORDINATED METALS INC 626 16TH STREET CARLSTADT, NJ 07072 13-2807918	VEBA EMPLOYER	NJ	N/A	S CORP					No
COLORITE PLASTICS 1150 FIRST AVENUE KING OF PRUSSIA, PA 19406 22-2743384	VEBA EMPLOYER	PA	N/A	C CORP					No
COLLINS BROTHERS COMML MOVING 620 5TH AVENUE LARCHMONT, NY 10538 13-3705652	VEBA EMPLOYER	NY	N/A	C CORP					No
CHESTNUT HILL CONVALESENT CTR 360 CHESTNUT STREET PASSAIC, NJ 07055 22-1840693	VEBA EMPLOYER	NJ	N/A	S CORP					No
CENTRAL MOVING & STORAGE 605 W 27TH STREET NEW YORK, NY 10001 11-2849919	VEBA EMPLOYER	NY	N/A	C CORP					No
CAPITAL MOVING & STORAGE 97 BURMA ROAD JERSEY CITY, NJ 07305 11-3451529	VEBA EMPLOYER	NJ	N/A	S CORP					No
API FOILS 329 NEW BRUNSWICK AVENUE RAHWAY, NJ 07065 48-1199126	VEBA EMPLOYER	NJ	N/A	C CORP					No
EMP II INCALPHA PROPERTY 1755 E MARTIN LUTHER KING JR BLVD LOS ANGELES, CA 90058 27-1430482	VEBA EMPLOYER	CA	N/A	S CORP					No
ALLIED BUILDING PRODUCTS CORP 15 EAST UNION AVENUE EAST RUTHERFORD, NJ 07073 22-1729463	VEBA EMPLOYER	NJ	N/A	C CORP					No
A C CORONATO CORP 124 PARK AVENUE LYNDHURST, NJ 07071 22-1951424	VEBA EMPLOYER	NJ	N/A	S CORP					No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AARUBCO RUBBER COMPANY 259 2ND STREET SADDLE BROOK, NJ 07663 22-1827448	VEBA EMPLOYER	NJ	N/A	C CORP					No

