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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 private foundations)

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Doing business as

Number and street (or P O box if mail is not delivered to street address) 810 BELMONT AVE | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
NORTH HALEDON, NJ 07508

D Employer identification number
22-6082349

E Telephone number
(973) 423-4565

G Gross receipts $ 55,578,269

F Name and address of principal officer
PETER MCGOURTY
810 BELMONT AVE
NORTH HALEDON, NJ 07508

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☐ 501(c)(3) ☑ 501(c) (9) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 1968

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE HEALTH AND WELFARE BENEFITS TO PARTICIPANTS

2 Check this box ▶ ☐ 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**	9
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 2018 (Part V, line 2a)	**5**	21
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	29,559,734	30,608,260
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,238,544	76,068
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,494	75,171
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,855,772	30,759,499
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	141,746	125,875
14	Benefits paid to or for members (Part IX, column (A), line 4)	30,721,382	28,157,867
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,656,794	1,599,482
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,174,477	2,469,817
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	34,694,399	32,353,041
19	Revenue less expenses Subtract line 18 from line 12	-3,838,627	-1,593,542

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	50,467,077	48,907,196
21	Total liabilities (Part X, line 26)	8,361,770	5,839,370
22	Net assets or fund balances Subtract line 21 from line 20	42,105,307	43,067,826

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

****** 2020-01-13
Signature of officer Date

PETER MCGOURTY TRUSTEE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00528721

Firm's name ▶ MSPC CPAS & ADVISORS PC | Firm's EIN ▶ 22-2951202

Firm's address ▶ 340 NORTH AVENUE EAST
CRANFORD, NJ 070162496 | Phone no (908) 272-7000

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

Part III 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

PROVIDE HEALTH AND WELFARE BENEFITS TO PARTICIPANTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ including grants of $) (Revenue $)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(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		
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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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		
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		No
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	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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**	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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**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**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **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 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	**1a**	112		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	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**	21		
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" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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**	No
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**	No
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
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**	
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**	
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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 or note to any line 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	**1a**	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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, address, and telephone number of the person who possesses the organization's books and records
▶SALVATRICE VERILLO 810 BELMONT AVE NORTH HALEDON, NJ 07508 (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 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, 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) PETER MCGOURTY TRUSTEE	2 00	X						14,320	0	0
(2) MARYANN TITTLE TRUSTEE	1 00 45 00	X						0	88,298	68,045
(3) RICHARD LAMANTIA TRUSTEE	1 00	X						0	0	0
(4) JASON IDE TRUSTEE	1 00	X						0	83,585	35,185
(5) RAYMOND FANNER TRUSTEE	2 00	X						8,000	0	0
(6) HUBERT GRAHAM TRUSTEE	1 00	X						0	0	0
(7) MARTINO SANTINI TRUSTEE	1 00	X						0	0	0
(8) ANTHONY DENOVA TRUSTEE	1 00	X						0	0	0
(9) MICHAEL CURCIO TRUSTEE	1 00 45 00	X						0	98,050	57,415
(10) SALVATRICE VERILLO FUND MANAGER	34 00 1 00	X						128,100	1,294	42,097

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

(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) ▶								150,420	271,227	202,742

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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
HORIZON BLUE CROSS BLUE SHIELD OF NEW JE PO BOX 15306 NEWARK, NJ 07101	CLAIMS PROCESSING	809,907
ZELIS HEALTHCARE 2 CROSSROADS DRIVE NEW YORK, NY 10087	CLAIMS PROCESSING	500,177
STACEY BRAUN ASSOCIATES INC 377 BROADWAY NEW YORK, NY 10013	INVESTMENT MANAGER	181,944

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 or note to any line 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	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 . . . . . ▶				

Program Service Revenue		Business Code				
	2a EMPLOYERS' CONTRIBUTIONS	525100	30,227,950	30,227,950		
	b ADMINISTRATION FEES	525100	202,353	202,353		
	c COBRA CONTRIBUTIONS	525100	177,957	177,957		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		30,608,260			

Other Revenue						
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		820,711			820,711
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	40,014				
	b Less rental expenses	0				
	c Rental income or (loss)	40,014				
	d Net rental income or (loss) . . . . . ▶		40,014			40,014
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	24,074,127				
	b Less cost or other basis and sales expenses	24,818,770				
	c Gain or (loss)	-744,643				
	d Net gain or (loss) . . . . . ▶		-744,643			-744,643
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS INCOME	900099	23,375	23,375		
	b EMPLOYERS' LATE CHARGES INTEREST	900099	11,782	11,782		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		35,157			
	12 **Total revenue.** See Instructions . . . . . ▶		30,759,499	30,643,417	0	116,082

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 or note to any line 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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	125,875			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	28,157,867			
5 Compensation of current officers, directors, trustees, and key employees	150,420			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	836,836			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	155,592			
9 Other employee benefits	363,681			
10 Payroll taxes	92,953			
11 Fees for services (non-employees)				
a Management				
b Legal	49,521			
c Accounting	164,319			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	200,996			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,474,708			
12 Advertising and promotion				
13 Office expenses	136,273			
14 Information technology	112,024			
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,832			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,008			
23 Insurance	61,113			
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 REAL ESTATE TAXES	50,640			
b BUILDING MAINTENANCE	46,778			
c UTILITIES	21,062			
d ACA - PCORI FEES	10,418			
e All other expenses	5,125			
25 **Total functional expenses.** Add lines 1 through 24e	32,353,041			
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		368,645	1	862,680
	2	Savings and temporary cash investments		916,440	2	62,087
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,240,568	4	2,277,023
	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 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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		77,689	9	102,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,127,709			
	b	Less accumulated depreciation	10b 2,034,522	1,617,180	10c	2,093,187
	11	Investments—publicly traded securities		44,449,226	11	42,679,440
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		797,329	15	830,486
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		50,467,077	16	48,907,196
Liabilities	17	Accounts payable and accrued expenses		292,896	17	340,039
	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		8,068,874	25	5,499,331
	26	**Total liabilities.** Add lines 17 through 25		8,361,770	26	5,839,370
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ 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 ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		42,105,307	32	43,067,826
	33	Total net assets or fund balances		42,105,307	33	43,067,826
	34	Total liabilities and net assets/fund balances		50,467,077	34	48,907,196

Part XI Reconcilliation 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	30,759,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,353,041
3	Revenue less expenses Subtract line 2 from line 1	3	-1,593,542
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,105,307
5	Net unrealized gains (losses) on investments	5	2,300,882
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	255,179
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,067,826

Part 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 ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	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	3b		

Additional Data

Software ID:

Software Version:

EIN: 22-6082349

Name: NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Form 990, Part III, Line 4a:

THE PLAN IS A FIXED BENEFIT WELFARE PLAN ADMINISTERED BY A JOINT BOARD OF TRUSTEES WHICH IS THE PLAN ADMINISTRATOR THE PLAN PROVIDES BENEFITS COVERING LIFE INSURANCE, HOSPITALIZATION, MAJOR MEDICAL, OPTICAL, DENTAL & PRESCRIPTION DRUGS EFFECTIVE 01-01-82, THE PLAN CREATED AN EDUCATIONAL FUND TO PROVIDE EDUCATIONAL PROGRAMS TO ASSIST MEMBERS & THEIR FAMILIES EFFECTIVE 07-01-90, THE PLAN BECAME SELF INSURED WITH REGARD TO CERTAIN BENEFITS THE PLAN COVERS APPROXIMATELY 2,320 MEMBERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Employer identification number
22-6082349

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor 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 the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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" on 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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(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 on 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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		2,603,969	857,277	1,746,692
c Leasehold improvements				
d Equipment		1,216,482	1,177,245	39,237
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				2,093,187

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYROLL TAXES PAYABLE	21,612
BENEFITS PAYABLE	5,441,692
DUE TO RELATED FUNDS	36,027
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	5,499,331

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 ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	32,859,385
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	2,300,882		
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	2,300,882
3	Subtract line **2e** from line **1**			3	30,558,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	200,996		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	200,996
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	30,759,499

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	34,738,259
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
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	0
3	Subtract line **2e** from line **1**			3	34,738,259
4	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	4a	200,996		
b	Other (Describe in Part XIII)	4b	-2,586,214		
c	Add lines **4a** and **4b**			4c	-2,385,218
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	32,353,041

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information *(continued)***

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-6082349

Name: NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN TO EVALUATE 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 EXA MINATION BY THE IRS THE PLAN HAS ANALYZED THE TAX POSITIONS TAKEN BY THE PLAN AND HAS CON CLUDED THAT AS OF MARCH 31, 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGZITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINAN CIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	BENEFITS PAYABLE -2,586,214

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP AWARDS		125,875			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART 1, LINE 2	NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN 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

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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Name of the organization
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Employer identification number
22-6082349

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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 directors, trustees, officers, including 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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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" on 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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARYANN TITTLE TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	88,298	0	0	47,448	20,597	156,343	0
2 MICHAEL CURCIO TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	98,050	0	0	48,455	8,960	155,465	0
3 SALVATRICE VERILLO FUND MANAGER	(i)	128,100	0	0	0	0	128,100	0
	(ii)	1,294	0	0	23,550	18,547	43,391	0

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

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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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN	22-6082349

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	SOME OF THE EMPLOYER TRUSTEES ARE EMPLOYED BY COMPANIES THAT HAVE COLLECTIVE BARGAINING AG REEMENTS WITH TEAMSTERS LOCAL UNION NO 11 IN WHICH THE UNION TRUSTEES ARE OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ALL UNION TRUSTEES ARE APPOINTED BY THE EXECUTIVE BOARD OF THE IBT LOCAL UNION NO 11 EXCE PT FOR ONE WHICH IS APPOINTED BY THE EXECUTIVE BOARD OF THE IBT LOCAL UNION NO 814 ALL E MPLOYER TRUSTEES ARE APPOINTED BY THE EMPLOYERS HAVING COLLECTIVE BARGAINING AGREEMENTS WI TH IBT LOCAL UNION NO 11 EXCEPT FOR ONE WHICH IS APPOINTED BY THE EMPLOYERS HAVING COLLEC TIVE BARGAINING AGREEMENTS WITH IBT LOCAL UNION NO 814

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NO OTHER COMMITTEES EXIST WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE FUND MANAGER AND SEVERAL TRUSTEES PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN INTERESTED PERSON MUST DISLCOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE GIVEN TH E OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AFTER DISCLOSURE OF THE FINA NCIAL INTEREST AND ALL MATERIAL FACTS, THE TRUSTEES WITHOUT ANY FINANCIAL INTEREST SHALL D ETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF IT IS DETERMINED THAT THERE IS A CONFLI CT 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 TRANSACTIO N 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, TH E TRUSTEES SHALL DETERMINE BY VOTE OF TRUSTEES WITHOUT A FINANCIAL INTEREST WHETHER THE TR ANSACTION IS IN THE FUND'S BEST INTEREST, FOR ITS OWN BENEFIT, WHETHER IT IS FAIR AND REAS ONABLE, AND WHETHER TO PROCEED WITH THE TRANSACTION OR ARRANGEMENT IF THE TRUSTEES HAVE R EASONABLE CAUSE TO BELEIVE THAT A TRUSTEE HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CON FLICT 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 AN D 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 CIRCUMSTA NCES TO ENSURE THAT THE FUND OPERATES IN A MANNER CONSISTENT WITH ITS PURPOSE AND DOES NO T ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES WILL DETERMINE COMPENSATION AND PAY INCREASES FOR ALL INDIVIDUALS EMPLOYED BY THE FUND ON AN ANNUAL BASIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FUND MAKES ITS'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST A T THE FUND OFFICE ARRANGEMENTS MUST BE MADE DURING NORMAL BUSINESS HOURS THE FUND ALSO M AILS OUT SUMMARY ANNUAL REPORTS TO ALL MEMBERS AS REQUIRED BY LAW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ADJUSTMENT TO REFLECT PROPERTY USED IN PLAN OPERATIONS AT FAIR VALUE 28,203 ADJUSTMENT TO REFLECT PROPERTY USED IN PLAN OPERATIONS AT FAIR VALUE 226,976

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2(C)	THE BOARD OF TRUSTEES OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Employer identification number
22-6082349

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MEDITERRANEAN HOUSE 505 NORTH AVENUE FORT LEE, NJ 07024	VEBA EMPLOYER	NJ						No			No	
(2) CERTIFIED MOVING & STORAGE 286 MADISON AVENUE NEW YORK, NY 10017	VEBA EMPLOYER	NY						No			No	

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

See Additional Data Table

(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	(i) No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)TEAMSTERS LOCAL UNION 11	J	32,337	SQUARE FOOTAGE
(2)TEAMSTERS LOCAL UNION 11 PENSION FUND	J	7,677	SQUARE FOOTAGE
(3)TEAMSTERS LOCAL UNION 11 PENSION FUND	Q	140,270	PROPORTIONATE SHARE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-6082349

Name: NORTHERN NEW JERSEY TEAMSTERS BENEFIT PLAN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
810 BELMONT AVENUE NORTH HALEDON, NJ 075082357 22-6172223	PROVIDES PENSION BENEFITS TO MEMBERS	NJ	501(A)				No
810 BELMONT AVENUE NORTH HALEDON, NJ 075082357 22-6067503	UNION ACTIVITIES	NJ	501(C)(5)				No
810 BELMONT AVENUE NORTH HALEDON, NJ 075082357 22-6082349	PROVIDE PENSION BENEFITS TO OFFICE STAFF	NJ	501(A)				No
21-42 44TH DRIVE LONG ISLAND CITY, NY 11101 13-5462985	UNION ACTIVITIES	NY	501(C)(5)				No
MCLEAN BLVD CROOKS AVENUE PATERSON, NJ 07513	VEBA EMPLOYER	NJ					No
403 SOUTH AVENUE GARWOOD, NJ 07027	VEBA EMPLOYER	NJ					No
44 JERSEY AVENEUE METUCHEN, NJ 08840	VEBA EMPLOYER	NJ					No
PO BOX 4170 MIDDLETON, NJ 07748	VEBA EMPLOYER	NJ					No
423 BUCKELEW AVENUE MONROE TOWNSHIP, NJ 08831	VEBA EMPLOYER	NJ					No
PO BOX 135 GILL LANE ISELIN, NJ 08830	VEBA EMPLOYER	NJ					No
4233 KENNEDY BLVD NORTH BERGEN, NJ 07047	VEBA EMPLOYER	NJ					No
1715 ROUTE 46 LEDGEWOOD, NJ 07852	VEBA EMPLOYER	NJ					No
1203 PATERSON PLAN ROAD SECAUCUS, NJ 07094	VEBA EMPLOYER	NJ					No
227 PHILLIPS AVENUE SOUTH HACKENSACK, NJ 07606	VEBA EMPLOYER	NJ					No
401 GRAND STREET PATERSON, NJ 07505	VEBA EMPLOYER	NJ					No
2-10 NORTH VAN BRUNT STREET ENGLEWOOD, NJ 07631	VEBA EMPLOYER	NJ					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
(1) 2400 APARTMENT COPRHALF MOON 926 BLOOMFIELD AVENUE GLEN RIDGE, NJ 07028	VEBA EMPLOYER	NJ							No
(1) A C CORONATO CORP 124 PARK AVENUE LYNDHURST, NJ 07071	VEBA EMPLOYER	NJ							No
(2) AARUBCO RUBBER COMPANY 259 2ND STREET SADDLE BROOK, NJ 07663	VEBA EMPLOYER	NJ							No
(3) ACCURATE MOVING SYSTEMS INC 400 ORTANI DRIVE BLAUVELT, NY 10913	VEBA EMPLOYER	NY							No
(4) AIG TRUCKING INCKOHLER 150 WAGARAW ROAD HAWTHORNE, NJ 07506	VEBA EMPLOYER	NJ							No
(5) ALLIED BUILDING PRODUCTS CORP PO BOX 511 EAST RUTHERFORD, NJ 07073	VEBA EMPLOYER	NJ							No
(6) AMROD CORPORATION FOOT OF CRANEWAY STREET PORT NEWARK, NJ 07114	VEBA EMPLOYER	NJ							No
(7) API FOILS 3841 GREENWAY CIRCLE LAWRENCE, KS 66046	VEBA EMPLOYER	KS							No
(8) ASSOCIATED MATERIALSGENTEK BL 11 CRAGWOOD ROAD AVENEL, NJ 07001	VEBA EMPLOYER	NJ							No
(9) BOGUE SYSTEMS INC 100 PENNSYLVANIA AVENUE PATERSON, NJ 07503	VEBA EMPLOYER	NJ							No
(10) BRYAN DOES IT INC 147 CENTRAL AVENUE HACKENSACK, NJ 07601	VEBA EMPLOYER	NJ							No
(11) BURGESS STEEL FABRICATORS 208 WEST FOREST AVENUE ENGLEWOOD, NJ 07631	VEBA EMPLOYER	NJ							No
(12) BUTLER PRINTING & LAMINATING 250 HAMBURG TURNPIKE BUTLER, NJ 07405	VEBA EMPLOYER	NJ							No
(13) C & S DELIVERY 325 MARCUS BOULEVARD HAUPPAUGE, NY 11788	VEBA EMPLOYER	NY							No
(14) CAPITAL MOVING & STORAGE 97 MURMA ROAD JERSEY CITY, NJ 07305	VEBA EMPLOYER	NJ							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
(16) CENTRAL MOVING & STORAGE 256 WEST 36TH STREET NEW YORK, NY 10001	VEBA EMPLOYER	NY							No
(1) CHESTNUT HILL CONVALESENT CENTER 360 CHESTNUT STREET PASSAIC, NJ 07055	VEBA EMPLOYER	NJ							No
(2) CHRISTIE'S INC 20 ROCKFELLER PLAZA NEW YORK, NY 10020	VEBA EMPLOYER	NY							No
(3) CLANCY-CULLEN STORAGE CO INC 2510 WESTCHESTER AVENUE BRONX, NY 10461	VEBA EMPLOYER	NY							No
(4) CLAUDE BAMBURGER 111 PATERSON PLANK ROAD CARLSTADT, NJ 07072	VEBA EMPLOYER	NJ							No
(5) COLLINS BROTHERS COMML MOVING 620 5TH AVENUE LARCHMONT, NY 10538	VEBA EMPLOYER	NY							No
(6) COLORITE PLASTICS 1150 FIRST AVENUE KING OF PRUSSIA, PA 19406	VEBA EMPLOYER	PA							No
(7) COMPASS GROUP-CHARTWELLSHOLMDEL 2400 YORKMONT ROAD CHARLOTTE, NC 28217	VEBA EMPLOYER	NC							No
(8) CONTRACT AND HOSPITALITY 192 BATTERY AVENUE BROOKLYN, NY 11209	VEBA EMPLOYER	NY							No
(9) COORDINATED METALS INC 626 16TH STREET CARLSTADT, NJ 07072	VEBA EMPLOYER	NJ							No
(10) CRANFORD HALL NURSING HOME 600 LINCOLN PARK EAST CRANFORD, NJ 07016	VEBA EMPLOYER	NJ							No
(11) CROWN ROLL LEAF INC 91 ILLINOIS AVENUE PATERSON, NJ 07503	VEBA EMPLOYER	NJ							No
(12) D&G FURNITURE DELIVERY 810 7TH AVENUE NEW YORK, NY 10019	VEBA EMPLOYER	NY							No
(13) DIFERRARO INC 28 BURGESS PLACE WAYNE, NJ 07470	VEBA EMPLOYER	NJ							No
(14) EAGLE TRANSFER CORP 23-02 49TH AVENUE LONG ISLAND CITY, NY 11101	VEBA EMPLOYER	NY							No

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								Yes	No
(31) EXECUTIVE TRIM LLC 5470 STATE HIGHWAY 5 PALATINE BRIDGE, NY 13428	VEBA EMPLOYER	NY							No
(1) FAIRWAY TRUCKING 1000 NEW COUNTRY ROAD SECAUCUS, NJ 07094	VEBA EMPLOYER	NJ							No
(2) GLOBE STORAGE & MOVING CO INC 665 BROADWAY NEW YORK, NY 10012	VEBA EMPLOYER	NY							No
(3) GOODMAN SALES COMPANY 12 PORTETE AVENUE NORTH ARLINGTON, NJ 07031	VEBA EMPLOYER	NJ							No
(4) HEALTHCARE SERVICES 3220 TILLMAN DRIVE SUITE 30 BENSALEM, PA 19020	VEBA EMPLOYER	PA							No
(5) HOMESTEAD REHABILITATION AND HEALTHCARE CENTER 129 MORRIS TURNPIKE NEWTON, NJ 07860	VEBA EMPLOYER	NJ							No
(6) HUDSON HARBOUR CONDO ASSN 1203 RIVER ROAD EDGEWATER, NJ 07020	VEBA EMPLOYER	NJ							No
(7) HUDSON HOISTING LLC 208 WEST FOREST AVENUE ENGLEWOOD, NJ 07631	VEBA EMPLOYER	NJ							No
(8) HUDSON RIVER MOVING & STORAGE 654 GOTHAM PARKWAY CARLSTADT, NJ 07072	VEBA EMPLOYER	NJ							No
(9) HUDSON TROY 380 MOUNTAIN ROAD UNION CITY, NJ 07087	VEBA EMPLOYER	NJ							No
(10) INTERIOR RESOURCES MGMT INC 3 RYE RIDGE PLAZA RYE BROOK, NY 10573	VEBA EMPLOYER	NY							No
(11) JF LOMMA 48 THIRD STREET KEARNY, NJ 07032	VEBA EMPLOYER	NJ							No
(12) LIBERTY INSTALLATION SVS 125 ASIA PLACE CARLSTADT, NJ 07072	VEBA EMPLOYER	NJ							No
(13) MEGA VAN & STORAGE 45 CLINTON AVENUE BROOKLYN, NY 11205	VEBA EMPLOYER	NY							No
(14) MG-FS DISTRIBUTIONFIVE STAR 1310 UNION STREET SPARTANBURG, SC 29302	VEBA EMPLOYER	SC							No

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								Yes	No
(46) MIDDLETOWN PARAPROFESSIONALS PO BOX 4170 MIDDLETOWN, NJ 07748	VEBA EMPLOYER	NJ							No
(1) NATIONAL PACKAGING SERVICES 1000 NEW COUNTRY ROAD SECAUCUS, NJ 07094	VEBA EMPLOYER	NJ							No
(2) NESTLE USA INC 800 NORTH BRAND BLVD GLENDALE, CA 91203	VEBA EMPLOYER	CA							No
(3) NEW YORK RACING ASSOC- HORSE TRANSPORT PO BOX 90 OZONE PARK, NY 11417	VEBA EMPLOYER	NY							No
(4) NEW YORK RACING ASSOC- VALETS PO BOX 90 OZONE PARK, NY 11417	VEBA EMPLOYER	NY							No
(5) NEWCO INC 250 HAMBURG TURNPIKE BUTLER, NJ 07405	VEBA EMPLOYER	NJ							No
(6) NYRA PARKING PO BOX 90 OZONE PARK, NY 11417	VEBA EMPLOYER	NY							No
(7) O BERK COMPANY LLC 3 MILLTOWN COURT UNION, NJ 07083	VEBA EMPLOYER	NJ							No
(8) OAKLAND CARE CENTER 20 BREAKNECK ROAD OAKLAND, NJ 07436	VEBA EMPLOYER	NJ							No
(9) OVERLOOK TERRACE NORTH 5101 PARK AVENUE WEST NEW YORK, NY 07093	VEBA EMPLOYER	NY							No
(10) OVERLOOK TERRACE URBAN RENEWAL 5601 BLVD EAST WEST NEW YORK, NY 07093	VEBA EMPLOYER	NY							No
(11) PARK HUDSON CONDO ASSN 9060 PALISADES AVENUE NORTH BERGEN, NJ 07047	VEBA EMPLOYER	NJ							No
(12) PARK MAINTENANCE CORP 5101 PARK AVENUE WEST NEW YORK, NY 07093	VEBA EMPLOYER	NY							No
(13) PERLEN STEEL CORP 265 PASSAIC STREET NEWARK, NJ 07104	VEBA EMPLOYER	NJ							No
(14) PHANTOM DESIGNS PO BOX 890 GREENWOOD LAKE, NY 10925	VEBA EMPLOYER	NY							No

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								Yes	No
(61) PORT ELIZABETH TERMINAL 201 A EXPORT STREET PORT NEWARK, NJ 07114	VEBA EMPLOYER	NJ							No
(1) RIBON INDUSTRIES INC 283 59TH STREET BROOKLYN, NY 11220	VEBA EMPLOYER	NY							No
(2) RIVERVIEW REALTY 2175 HUDSON TERRACE FORT LEE, NJ 07024	VEBA EMPLOYER	NJ							No
(3) RYDER TRUCK RENTAL INC 117 CENTRAL AVENUE FARMINGDALE, NY 11735	VEBA EMPLOYER	NY							No
(4) SALEM LAFAYETTE URBAN RENEWAL 107 SOUTH 2ND STREET SUITE 500 PHILADELPHIA, PA 19106	VEBA EMPLOYER	PA							No
(5) SECAUCUS MUNICIPAL UTILITIES 1101 KOELLE BOULEVARD SECAUCUS, NJ 07094	VEBA EMPLOYER	NJ							No
(6) SIKA CORPORATION 875 VALLEY BROOK AVENUE LYNDHURST, NJ 07071	VEBA EMPLOYER	NJ							No
(7) SILVI CONCRETE OF BRICK INC 355 NEWBOLD ROAD FAIRLESS HILLS, PA 19030	VEBA EMPLOYER	PA							No
(8) SILVI CONCRETE OF LOGAN INC 355 NEWBOLD ROAD FAIRLESS HILLS, PA 19030	VEBA EMPLOYER	PA							No
(9) SIMS PUMP VALVE COMPANY INC 1314 PARK AVENUE HOBOKEN, NJ 07030	VEBA EMPLOYER	NJ							No
(10) SOUTHBRIDGE PARK INC 135 E 57TH STREET NEW YORK, NY 10022	VEBA EMPLOYER	NY							No
(11) SOUTHEBY'S INC 1334 YORK AVENUE NEW YORK, NY 10021	VEBA EMPLOYER	NY							No
(12) SPACE AGE PLASTIC FABRIACTORS 4519 WHITE PLAINS ROAD BRONX, NY 10470	VEBA EMPLOYER	NY							No
(13) STONEHENGE ASSOCIATES 335 MADISON AVENUE SUITE 1500 NEW YORK, NY 10017	VEBA EMPLOYER	NY							No
(14) SUMMIT IMPORT CORP 100 SUMMIT PLACE JERSEY CITY, NJ 07305	VEBA EMPLOYER	NJ							No

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								Yes	No
(76) SUPOR HEAVY HAULERS 433 BERGEN AVENUE KEARNY, NJ 07032	VEBA EMPLOYER	NJ							No
(1) SUPOR TRUCKING COMPANY 433 BERGEN AVENUE KEARNY, NJ 07032	VEBA EMPLOYER	NJ							No
(2) TENSION CORPORATION 19 WESLEY STREET SOUTH HACKENSACK, NJ 07606	VEBA EMPLOYER	NJ							No
(3) THE MI GROUP 5 WOOD HOLLOW ROAD PARSIPPANY, NJ 07054	VEBA EMPLOYER	NJ							No
(4) TRODAT USA INC 48 HELLER PARK AVENUE SOMERSET, NJ 08873	VEBA EMPLOYER	NJ							No
(5) UNION PLAZA 14 CLIFFWOOD AVENUE SUITE 200 MATAWAN, NJ 07747	VEBA EMPLOYER	NJ							No
(6) UNIVERSE MOVING COMPANY INC 128 FORREST STREET BROOKLYN, NY 11206	VEBA EMPLOYER	NY							No
(7) V SANTINI INC 27 SOUTH 6TH AVENUE MOUNT VERNON, NY 10550	VEBA EMPLOYER	NY							No
(8) WINSTON TOWERS 300 CONDO ASSN 300 WINSTON DRIVE CLIFFSIDE PARK, NJ 07010 22-2086550	VEBA EMPLOYER	NJ							No