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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND

Doing business as

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

151 NORTHERN CONCOURSE

City or town, state or province, country, and ZIP or foreign postal code

SYRACUSE, NY 13221

F Name and address of principal officer

KENNETH R STILWELL

151 NORTHERN CONCOURSE

SYRACUSE, NY 13221

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) ( 5 ) ◀(insert no )☐ 4947(a)(1) or☐ 527

J Website: ▶

WWW NYTFUND ORG

K Form of organization

☐ Corporation☒ Trust☐ Association☐ Other ▶

L Year of formation

1952

M State of legal domicile

NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE PLAN PROVIDES HEALTH AND WELFARE BENEFITS TO ELIGIBLE ACTIVE PARTICIPANTS INCLUDING THEIR SPOUSES AND DEPENDENTS

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)

8

4 Number of independent voting members of the governing body (Part VI, line 1b)

8

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

38

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

0

9 Program service revenue (Part VIII, line 2g)

195,435,954

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

13,091,243

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

199,855

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

208,727,052

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

169,500,382

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,859,297

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

7,846,275

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

179,205,954

19 Revenue less expenses Subtract line 18 from line 12

29,521,098

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

506,122,477

21 Total liabilities (Part X, line 26)

24,121,438

22 Net assets or fund balances Subtract line 21 from line 20

482,001,039

Beginning of Current Year

End of Year

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

\*\*\*\*\*

Signature of officer

2019-08-14

Date

KENNETH R STILWELL EXECUTIVE ADMINISTRATOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-08-14

Check ☐ if self-employed

PTIN P01262321

Firm's name ▶ D'ARCANGELO & CO LLP

Firm's EIN ▶ 13-2550103

Firm's address ▶ 120 LOMOND COURT

UTICA, NY 135025950

Phone no (315) 735-5216

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**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

THE PLAN PROVIDES HEALTH AND WELFARE BENEFITS TO ELIGIBLE ACTIVE PARTICIPANTS INCLUDING THEIR SPOUSES AND DEPENDENTS

**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
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b>	No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b>	No
<b>3</b>	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 . . . . .	<b>3</b>	No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	
<b>5</b>	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 . . . . .	<b>5</b>	No
<b>6</b>	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 . . . . .	<b>6</b>	No
<b>7</b>	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 . . . . .	<b>7</b>	No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	No
<b>9</b>	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 . . . . .	<b>9</b>	No
<b>10</b>	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 . . . . .	<b>10</b>	No
<b>11</b>	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		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	Yes
<b>b</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 . . . . .	<b>11b</b>	Yes
<b>c</b>	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 . . . . .	<b>11c</b>	No
<b>d</b>	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 . . . . .	<b>11d</b>	No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	Yes
<b>f</b>	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 . . . . .	<b>11f</b>	Yes
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	Yes
<b>b</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 . . . . .	<b>12b</b>	No
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</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 . . . . .	<b>14b</b>	No
<b>15</b>	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 . . . . .	<b>15</b>	No
<b>16</b>	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 . . . . .	<b>16</b>	No
<b>17</b>	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) . . . . .	<b>17</b>	No
<b>18</b>	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 . . . . .	<b>18</b>	No
<b>19</b>	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 . . . . .	<b>19</b>	No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b>	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 . . . . .	<b>21</b>	No
<b>22</b>	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 . . . . .	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	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	
<b>24a</b>	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 25a</i> . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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		
<b>b</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		
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	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
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	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
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	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
<b>33</b>	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
<b>34</b>	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	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</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		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> 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		
<b>37</b>	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
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	24	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	38			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</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)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	8	
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	8	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b> Did the organization have members or stockholders?	6	No
<b>7a</b> 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	No
<b>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	Yes
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	No
<b>b</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	
<b>11a</b> 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>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b> 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
<b>13</b> Did the organization have a written whistleblower policy?	13	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	No
<b>b</b> Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> 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>b</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.  
 ▶ KENNETH STILWELL EXEC ADMINISTRATOR 151 NORTHERN CONCOURSE SYRACUSE, NY 13221 (315) 455-9790

## 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 ☐

**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

Form **990** (2018)

**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			
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							99,752	99,195	55,920	

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 ▶ 0

		Yes	No
3	Did the organization list any <b>former</b> 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
EXCELLUS - BLUE CROSS BLUE SHIELD 333 BUTTERNUT DRIVE SYRACUSE, NY 13214	TPA	4,141,019
MEDCO HEALTH SOLUTIONS INC 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 13202	TPA	748,733
LIFETIME BENEFIT SOLUTIONS 115 CONTINUUM DRIVE LIVERPOOL, NY 13088	TPA	490,211
GALLAGHER BENEFIT SERVICES 85 CHESTNUT RIDGE ROAD SUITE 214 MONTVALE, NJ 07645	ACTUARY	257,353
BLITMAN AND KING 443 NORTH FRANKLIN STREET SYRACUSE, NY 13204	LEGAL	164,596

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 ▶ 5



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

Form **990** (2018)

**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) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members	166,732,731			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	1,035,262			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	464,928			
<b>9</b> Other employee benefits . . . . .	350,023			
<b>10</b> Payroll taxes . . . . .	77,668			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	277,774			
<b>c</b> Accounting . . . . .	52,026			
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees . . . . .	1,130,956			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	168,586			
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	44,727			
<b>17</b> Travel . . . . .	35,972			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,252			
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	109,984			
<b>23</b> Insurance . . . . .	158,526			
<b>24</b> 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.)				
<b>a</b> ADMINISTRATIVE & CONSUL	5,654,201			
<b>b</b> REPAIRS AND MAINTENANCE	89,973			
<b>c</b> ACA FEES	59,387			
<b>d</b> BANK CHARGES	28,130			
<b>e</b> All other expenses	26,448			
<b>25</b> Total functional expenses. Add lines 1 through 24e	176,501,554			
<b>26</b> 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 or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	22,152,587	<b>1</b>	32,670,812
	<b>2</b>	Savings and temporary cash investments . . . . .	8,268,380	<b>2</b>	5,138,526
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .	19,362,320	<b>4</b>	22,552,417
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	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 . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	3,637,431	<b>9</b>	2,786,287
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	1,731,835		
	<b>b</b>	Less: accumulated depreciation	997,946		
			778,250	<b>10c</b>	733,889
	<b>11</b>	Investments—publicly traded securities . . . . .	147,683,042	<b>11</b>	124,763,145
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	304,240,467	<b>12</b>	327,959,694
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	506,122,477	<b>16</b>	516,604,770	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	675,178	<b>17</b>	703,803
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b>	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 . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	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 . . . . .	23,446,260	<b>25</b>	32,071,555
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	24,121,438	<b>26</b>	32,775,358
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .	482,001,039	<b>32</b>	483,829,412
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	482,001,039	<b>33</b>	483,829,412	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	506,122,477	<b>34</b>	516,604,770	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	217,397,596
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	176,501,554
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	40,896,042
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	482,001,039
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-39,067,669
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	483,829,412

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>b</b> 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	
<b>c</b> 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	Yes	
<b>3a</b> 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
<b>b</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		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 15-0551885

**Name:** NEW YORK STATE TEAMSTERS COUNCIL HEALTH  
& HOSPITAL FUND

Form 990 (2018)

**Form 990, Part III, Line 4a:**

PROVIDE HOSPITAL, MEDICAL, SURGICAL, DENTAL, VISION, LEGAL, DISABILITY, PRESCRIPTION DRUG COVERAGE, AND DEATH BENEFITS TO PARTICIPATING MEMBERS OF TEAMSTER LOCALS OF THE NEW YORK STATE TEAMSTERS COUNCIL

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND

Employer identification number  
15-0551885

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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

**(i)** unrelated organizations . . . . .

**(ii)** related organizations . . . . .

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**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
<b>1a</b> Land . . . . .		25,000		25,000
<b>b</b> Buildings . . . . .		1,512,902	847,768	665,134
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		193,933	150,178	43,755
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				733,889

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		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶ 327,959,694	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
FOREIGN CURRENCY EXCHANGE PAYABLE	1,097,056
PREPAID CONTRIBUTIONS	3,533,395
PAYABLE FOR SECURITIES PURCHASE	21,178
HRA LIABILITY	27,419,926
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 32,071,555

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	177,361,417
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-39,067,669
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-39,067,669
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	216,429,086
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	968,510
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	968,510
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	217,397,596

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	175,533,044
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	175,533,044
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	968,510
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	968,510
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	176,501,554

**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:** 15-0551885  
**Name:** NEW YORK STATE TEAMSTERS COUNCIL HEALTH  
& HOSPITAL FUND

**Form 990, Schedule D, Part VII - Investments Other Securities**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) SSGA TIP INDEX CTF	85,005,293	F
(A) DFA EMERGING MARKETS SMALL CAP FUND	7,202,354	F
(B) ABERDEEN DBT EMERGING MARKETS EQUITY FUND	12,850,900	F
(C) MSCI EMERGING MARKETS FREE CTF EMFUNL	10,498,474	F
(D) PASSIVE BOND MKT IDX CTF	86,023,425	F
(E) RUSSEL 1000 NON LENDING CTF	38,599,044	F
(F) PASSIVE E M LOC CURR BD NL CTF ZVPD	25,366,566	F
(G) CTF EMERGING LOCAL DEBT	16,227,262	F
(H) GQG PARTNERS EMERGING MARKETS GTG PARTNERS	7,243,089	F
(I) GQG PARTNERS GLOBAL EQUITY GLOBAL EQUITY FUND	21,505,041	F

Form 990, Schedule D, Part VII - Investments Other Securities		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) LOOMIS SAYLES SENIOR LOAN FUND	17,438,246	F

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE TRUST ESTABLISHED UNDER THE PLAN TO HOLD THE PLANS ASSETS OBTAINED AN UPDATED DETERMINATION LETTER DATED SEPTEMBER 2, 2009, IN WHICH THE INTERNAL REVENUE SERVICE STATED THAT THE TRUST, AS THEN DESIGNED, CONSTITUTED A TAX EXEMPT ORGANIZATION, AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES UNDER PROVISIONS OF SECTION 501(C)(5) OF THE INTERNAL REVENUE CODE THE PLAN ADMINISTRATOR AND THE PLANS TAX COUNSEL BELIEVE THAT THE TRUST IS CURRENTLY DESIGNED AND BEING OPERATED IN COMPLIANCE WITH THE APPLICABLE REQUIREMENTS OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE PLANS FINANCIAL STATEMENTS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND	Employer identification number 15-0551885
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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 on 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"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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 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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <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> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>	4a 4b 4c	No No No
	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: <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>	5a 5b	
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>	6a 6b	
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 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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.

[illegible]

**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.

Return Reference	Explanation
PART I, LINE 3	THE EXECUTIVE ADMINISTRATORS SALARY IS APPROVED ANNUALLY BY THE BOARD OF TRUSTEES BASED ON A SURVEY PERFORMED BY AN OUTSIDE CONSULTING FIRM





**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

NEW YORK STATE TEAMSTERS COUNCIL HEALTH  
& HOSPITAL FUND

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

**Employer identification number**

15-0551885

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MEMBERS OF THE GOVERNING BODY (TRUSTEES) ARE PROVIDED WITH A COPY OF THE 990 PRIOR TO FILING FOR REVIEW THE 990 WILL ONLY BE FILED AFTER THE TRUSTEES HAVE HAD THE OPPORTUNITY TO REVIEW

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PERSONS COVERED UNDER THE CONFLICT OF INTEREST POLICY INCLUDE TRUSTEES AND TRUSTEES IM MEDIATE FAMILY A TRUSTEE WHO BECOMES AWARE OF A PROPOSED COVERED TRANSACTION SHOULD IMMED IATELY DISCLOSE TO THE BOARD THE EXISTENCE AND CIRCUMSTANCES OF ANY TRANSACTION THAT THEY REASONABLY EXPECT COULD GIVE RISE TO A CONFLICT OF INTEREST, REFRAIN FROM USING THEIR PERS ONAL INFLUENCE TO ENCOURAGE THE BOARD TO ENTER INTO THE TRANSACTION, AND PHYSICALLY EXCUSE THEMSELVES FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION WITH THE TRUST EES IF THE BOARD OF TRUSTEES BELIEVES THERE HAS BEEN A VIOLATION OF THIS POLICY OR A FAIL URE TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL TAKE ACTION NECESSARY T O CORRECT THE VIOLATION THE TRUSTEES REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN ACKN OWLEDGEMENT FORMS ON AN ANNUAL BASIS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE UPON REQUEST AT THE FUND OFFICE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	FORM 990 PART XII, THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
NEW YORK STATE TEAMSTERS COUNCIL HEALTH  
& HOSPITAL FUND

Employer identification number  
15-0551885

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.

(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
(1)NEW YORK STATE TEAMSTERS CONFERENCE PENSION AND RETIREMENT FUND 151 NORTHERN CONCOURSE  SYRACUSE, NY 13221 16-6063585	PROVIDE PENSION AND RETIREMENT BENEFITS TO MEMBERS AND BENEFICIARIES	NY	501(A)		NO		No
(2)NEW YORK STATE TEAMSTERS COUNCIL UPS RETIREE HEALTH FUND 151 NORTHERN CONCOURSE  SYRACUSE, NY 13221 46-4111565	PROVIDE POSTRETIREMENT HEALTH BENEFITS TO ELIGIBLE UPS EMPLOYEES/BENEFICIAR	NY	501(C)(5)		NO		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) Disproportionate 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	

**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	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**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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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) NEW YORK STATE TEAMSTERS CONFERENCE PENSION AND RETIREMENT FUND	O	464,928	SHARED EMPLOYEE PENSION CONTRIBUT
(2) NEW YORK STATE TEAMSTERS COUNCIL UNITED PARCEL SERVICE RETIREE HEALTH FUND	Q	17,410	ADMINISTRATIVE EXPENSE REIMBURSEM



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]

**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: 15-0551885  
Name: NEW YORK STATE TEAMSTERS COUNCIL HEALTH  
& HOSPITAL FUND

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) AIRGAS EAST INC		NY							No
(1) AIRGAS SPECIALTY PRODUCTS		NY							No
(2) ALBANY COUNTY SHERIFF'S DEPT		NY							No
(3) ALDRIDGE ELECTRIC INC		NY							No
(4) ALLIED FROZEN STORAGE INC		NY							No
(5) ALLIED WASTE SERVICES OF NORTH		NY							No
(6) AMERIPRIDE SERVICE INCDBA		NY							No
(7) AMSTERDAM HOUSING AUTHORITY		NY							No
(8) ANNAPOLIS JUNCTION RAIL		NY							No
(9) ARMAND CERRONE INC		NY							No
(10) ATHENS TOWNSHIP		NY							No
(11) ATLAS HEALTH CARE LINEN SERVIC		NY							No
(12) ALLIED POWER LLC		NY							No
(13) B & S TRUCKING		NY							No
(14) BAKER COMMODITIES INC		NY							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) BARNES & CONE INC		NY							No
(1) BARR TRANSPORTATION CORP		NY							No
(2) BATTENFELD-AMERICAN INC		NY							No
(3) BIMBO BAKERIES USA INC		NY							No
(4) BLUELINX CORPORATION		NY							No
(5) BONDED CONCRETE INC		NY							No
(6) BOROUGH OF ATHENS		NY							No
(7) BOROUGH OF ELKLAND		NY							No
(8) BOROUGH OF SAYRE		NY							No
(9) BOROUGH OF TOWANDA		NY							No
(10) BOROUGH OF WELLSBORO		NY							No
(11) BOROUGH OF WESTFIELD		NY							No
(12) BOULTER INDUSTRIAL CONTRACTORS		NY							No
(13) BRADFORD CENTRAL SCHOOL DIST		NY							No
(14) BRADFORD COUNTY		NY							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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
(31) BUFFALO AND FORT ERIE PUBLIC		NY						Yes	No
(1) BUFFALO CITY CEMETERY DBA		NY							No
(2) C & C READY MIX CORP		NY							No
(3) CAMPOBELLO CONSTRUCTION CO INC		NY							No
(4) CASSENS TRANSPORT CO		NY							No
(5) CENTURY LINEN OF POTSDAM INC		NY							No
(6) CHITTENANGO CENTRAL SCHOOL		NY							No
(7) CITY OF BINGHAMTON		NY							No
(8) CITY OF GLOVERSVILLE		NY							No
(9) CITY OF JAMESTOWN		NY							No
(10) CITY OF RENSSELAER		NY							No
(11) CITY OF UTICA		NY							No
(12) CLEMENTE LATHAM CONCRETE SOUTH		NY							No
(13) COBRA		NY							No
(14) COCA COLA ENTERPRISES INC		NY							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)	(i)	
							Percentage ownership	Section 512 (b)(13) controlled entity?	
(46) COEYMANS LANDING MARINE SERVIC		NY						Yes	No
(1) COMMUNICATIONS WORKERS		NY							No
(2) COPE BESTWAY EXPRESS INC		NY							No
(3) COMMONWEALTH DYNAMICS INC		NY							No
(4) CRANESVILLE BLOCK CO INC		NY							No
(5) CROSSETT INC		NY							No
(6) CWM CHEMICAL SERVICE LLC		NY							No
(7) DAIRY FARMERS OF AMERICA		NY							No
(8) DANKO DEVELOPMENT		NY							No
(9) DOMINE BUILDERS SUPPLY		NY							No
(10) EAGLEWOOD ASSOCIATES INC		NY							No
(11) EASTERN CROWN INC		NY							No
(12) ECONOMY PAVING COMPANY INC		NY							No
(13) ELDERLEE INC		NY							No
(14) EMPIRE MERCHANTS NORTH LLC		NY							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
(61) EMPIRE WAREHOUSE LLC		NY							No
(1) FRANKLIN COUNTY		NY							No
(2) FIRST TRANSIT INC		NY							No
(3) FULTON-OSWEGO MOTOR EXPRESS		NY							No
(4) GRANDSTAND SALES INC		NY							No
(5) GREENE COUNTY-SOLID WASTE DEPT		NY							No
(6) H P HOOD LLC		NY							No
(7) HANSON AGGREGATES NY INC		NY							No
(8) HERBERT F DARLING INC		NY							No
(9) HERKIMER HOUSING AUTHORITY		NY							No
(10) ILION HOUSING AUTHORITY		NY							No
(11) INTERNATIONAL CHIMNEY		NY							No
(12) IRONWORKERS LOCAL #6		NY							No
(13) JSD AND ASSOCIATES INC		NY							No
(14) JACK COOPER TRANSPORT		NY							No

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								Yes	No
(76) JACKSON TOWNSHIP		NY							No
(1) JOEY'S BROKERAGE		NY							No
(2) JONES MOTOR COMPANY INC		NY							No
(3) JOSEPH A CIMINO FOOD BRKRS INC		NY							No
(4) KB AD SPECIALTIES LLC		NY							No
(5) KNIGHT SETTLEMENT SAND		NY							No
(6) KRAFT FOODS		NY							No
(7) LAMAR CENTRAL OUTDOOR LLC		NY							No
(8) LAUB INTERNATIONAL INC		NY							No
(9) LINDE GAS USA LLC		NY							No
(10) LOUIS DEL PRINCE & SONS INC		NY							No
(11) MADISON COUNTY		NY							No
(12) MAPLETON AG TRANSPORT		NY							No
(13) MARYSVILLE RELEASING INC		NY							No
(14) MATT BREWING COMPANY		NY							No



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								Yes	No
(91) MID-STATE RACEWAY INC		NY							No
(1) MOHAWK VALLEY WATER AUTHORITY		NY							No
(2) MONDELEZ GLOBAL LLC		NY							No
(3) MONTGOMERY CO PERSONNEL DEPT		NY							No
(4) MORGAN LINEN SERVICE INC		NY							No
(5) MUNICIPAL HOUSING AUTH OF THE		NY							No
(6) MURAD & MURADPC		NY							No
(7) MURZAK ENTERPRISES INC		NY							No
(8) N Y STATE TEAMSTERS COUNCIL		NY							No
(9) NES RENTALS		NY							No
(10) NEW PENN MOTOR EXPRESS INC		NY							No
(11) NORTH COUNTRY DAIRY LLC		NY							No
(12) NORTH SYRACUSE CENTRAL		NY							No
(13) O'BRIEN & GERE INC OF		NY							No
(14) ONEIDA MADISON MILK PRODUCERS		NY							No

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(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
(106) ONONDAGA CO WATER AUTHORITY		NY							No
(1) NORTHERN CLEARING INC		NY							No
(2) PACEMAKER STEEL & PIPING CO		NY							No
(3) PARAGON SUPPLY INC		NY							No
(4) PERRAS-ENVIRONMENTAL		NY							No
(5) PLATTCO CORPORATION		NY							No
(6) PLATTSBURGH DISTRIBUTING CO		NY							No
(7) POLLIO DAIRY PRODUCTS CORP		NY							No
(8) POPPAS TRANSPORT		NY							No
(9) POTTERS INDUSTRIES INC		NY							No
(10) PRAXAIR INC		NY							No
(11) PRECISION PIPELINE		NY							No
(12) QUALITY CARRIERS INC		NY							No
(13) QUEENSBORO FARM PRODUCTS INC		NY							No
(14) RICHMOND TOWNSHIP		NY							No

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(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
(121) ROBERT H LAW INC		NY							No
(1) ROTONDO TRUCKING & WAREHOUSING		NY							No
(2) RUSSO PRODUCE CO INC		NY							No
(3) SAPUTO DAIRY FOODS USA		NY							No
(4) ST MATTHEWS CEMETERY		NY							No
(5) SODEXO INC		NY							No
(6) SOUTHERN GLAZERS WINE & SPIRIT		NY							No
(7) SPRAGUE OPERATING RESOURCES		NY							No
(8) ST LAWRENCE INDUSTRIAL		NY							No
(9) ST STANISLAUS ROMAN CATHOLIC		NY							No
(10) STADIUM INTERNATIONAL TRUCKS		NY							No
(11) STONE & WEBSTER CONSTRUCTION		NY							No
(12) SYRACUSE BANANA COMPANY		NY							No
(13) SYRACUSE TEACHERS ASSOCIATION		NY							No
(14) SYSCO FOOD SERVICE		NY							No

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								Yes	No
(136) TEAMSTERS LOCAL UNION NO 1149		NY							No
(1) TEAMSTERS LOCAL UNION NO 118		NY							No
(2) TEAMSTERS LOCAL UNION NO 264		NY							No
(3) TEAMSTERS LOCAL UNION NO 317		NY							No
(4) TEAMSTERS LOCAL UNION NO 449		NY							No
(5) TEAMSTERS LOCAL UNION NO 529		NY							No
(6) TEAMSTERS LOCAL UNION NO 687		NY							No
(7) THE DE PERNO FIRM PC		NY							No
(8) THEATRICAL TEAMSTERS		NY							No
(9) THRUWAY BLDRS OF ORCHARD PARK		NY							No
(10) TOWN OF ADAMS		NY							No
(11) TOWN OF ADDISON		NY							No
(12) TOWN OF AFTON		NY							No
(13) TOWN OF ALABAMA		NY							No
(14) TOWN OF ALBION		NY							No

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								Yes	No
(151) TOWN OF ALDEN		NY							No
(1) TOWN OF ALEXANDER		NY							No
(2) TOWN OF ALEXANDRIA		NY							No
(3) TOWN OF ALFRED		NY							No
(4) TOWN OF ALMOND		NY							No
(5) TOWN OF ALTONA		NY							No
(6) TOWN OF AMBOY		NY							No
(7) TOWN OF ANDOVER		NY							No
(8) TOWN OF ANNSVILLE		NY							No
(9) TOWN OF ANTWERP		NY							No
(10) TOWN OF ARCADE		NY							No
(11) TOWN OF ARGYLE		NY							No
(12) TOWN OF ARKWRIGHT		NY							No
(13) TOWN OF ATHENS		NY							No
(14) TOWN OF ATTICA		NY							No

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								Yes	No
(166) TOWN OF AVOCA		NY							No
(1) TOWN OF BAINBRIDGE		NY							No
(2) TOWN OF BANGOR		NY							No
(3) TOWN OF BATH		NY							No
(4) TOWN OF BELFAST		NY							No
(5) TOWN OF BENNINGTON		NY							No
(6) TOWN OF BETHANY		NY							No
(7) TOWN OF BOLIVAR		NY							No
(8) TOWN OF BOMBAY		NY							No
(9) TOWN OF BOYLSTON		NY							No
(10) TOWN OF BRIGHTON		NY							No
(11) TOWN OF BROADALBIN		NY							No
(12) TOWN OF BROOKFIELD		NY							No
(13) TOWN OF BROWNVILLE		NY							No
(14) TOWN OF BURNS		NY							No

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								Yes	No
(181) TOWN OF CAIRO		NY							No
(1) TOWN OF CAMBRIA		NY							No
(2) TOWN OF CAMERON		NY							No
(3) TOWN OF CAMPBELL		NY							No
(4) TOWN OF CANISTEO		NY							No
(5) TOWN OF CARROLLTON		NY							No
(6) TOWN OF CASTILE		NY							No
(7) TOWN OF CATON		NY							No
(8) TOWN OF CHAMPION		NY							No
(9) TOWN OF CHAMPLAIN		NY							No
(10) TOWN OF CHARLESTON		NY							No
(11) TOWN OF CHATEAUGAY		NY							No
(12) TOWN OF CHENANGO		NY							No
(13) TOWN OF CICERO		NY							No
(14) TOWN OF CLAY		NY							No

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								Yes	No
(196) TOWN OF CLAYTON		NY							No
(1) TOWN OF CLIFTON		NY							No
(2) TOWN OF COLTON		NY							No
(3) TOWN OF CONSTABLE		NY							No
(4) TOWN OF COPAKE		NY							No
(5) TOWN OF COVENTRY		NY							No
(6) TOWN OF COVINGTON		NY							No
(7) TOWN OF COXSACKIE		NY							No
(8) TOWN OF CROGHAN		NY							No
(9) TOWN OF DANSVILLE		NY							No
(10) TOWN OF DE KALB		NY							No
(11) TOWN OF DENMARK		NY							No
(12) TOWN OF DIANA		NY							No
(13) TOWN OF DRESDEN		NY							No
(14) TOWN OF EASTON		NY							No



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								Yes	No
(211) TOWN OF EDWARDS		NY							No
(1) TOWN OF ELBA		NY							No
(2) TOWN OF ELLISBURG		NY							No
(3) TOWN OF ELMIRA		NY							No
(4) TOWN OF ESSEX		NY							No
(5) TOWN OF FAYETTE		NY							No
(6) TOWN OF FORESTPORT		NY							No
(7) TOWN OF FOWLER		NY							No
(8) TOWN OF FRANKLIN		NY							No
(9) TOWN OF GAINESVILLE		NY							No
(10) TOWN OF GATES		NY							No
(11) TOWN OF GENESEE		NY							No
(12) TOWN OF GRANBY		NY							No
(13) TOWN OF GRAND ISLAND		NY							No
(14) TOWN OF GREENVILLE		NY							No

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								Yes	No
(226) TOWN OF GREIG		NY							No
(1) TOWN OF GUILFORD		NY							No
(2) TOWN OF HAMMOND		NY							No
(3) TOWN OF HANNIBAL		NY							No
(4) TOWN OF HARPERSFIELD		NY							No
(5) TOWN OF HARRIETSTOWN		NY							No
(6) TOWN OF HARTLAND		NY							No
(7) TOWN OF HENDERSON		NY							No
(8) TOWN OF HERKIMER		NY							No
(9) TOWN OF HERMON		NY							No
(10) TOWN OF HOPKINTON		NY							No
(11) TOWN OF HOUNSFIELD		NY							No
(12) TOWN OF HOWARD		NY							No
(13) TOWN OF HUME		NY							No
(14) TOWN OF INDEPENDENCE		NY							No

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								Yes	No
(241) TOWN OF IRA		NY							No
(1) TOWN OF JASPER		NY							No
(2) TOWN OF KINDERHOOK		NY							No
(3) TOWN OF KORTRIGHT		NY							No
(4) TOWN OF LAWRENCE		NY							No
(5) TOWN OF LERAY		NY							No
(6) TOWN OF LEROY		NY							No
(7) TOWN OF LEWISTON		NY							No
(8) TOWN OF LINDLEY		NY							No
(9) TOWN OF LISLE		NY							No
(10) TOWN OF LOUISVILLE		NY							No
(11) TOWN OF LOWVILLE		NY							No
(12) TOWN OF LYME		NY							No
(13) TOWN OF LYONSDALE		NY							No
(14) TOWN OF LYSANDER		NY							No

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								Yes	No
(256) TOWN OF MACOMB		NY							No
(1) TOWN OF MADISON		NY							No
(2) TOWN OF MADRID		NY							No
(3) TOWN OF MARYLAND		NY							No
(4) TOWN OF MASONVILLE		NY							No
(5) TOWN OF MASSENA		NY							No
(6) TOWN OF MC DONOUGH		NY							No
(7) TOWN OF MEREDITH		NY							No
(8) TOWN OF MEXICO		NY							No
(9) TOWN OF MIDDLEBURY		NY							No
(10) TOWN OF MILFORD		NY							No
(11) TOWN OF MINDEN		NY							No
(12) TOWN OF MINETTO		NY							No
(13) TOWN OF MOHAWK		NY							No
(14) TOWN OF MOIRA		NY							No

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								Yes	No
(271) TOWN OF MORRISTOWN		NY							No
(1) TOWN OF NANTICOKE		NY							No
(2) TOWN OF NEW HARTFORD		NY							No
(3) TOWN OF NEW HAVEN		NY							No
(4) TOWN OF NEWFANE		NY							No
(5) TOWN OF NEWSTEAD		NY							No
(6) TOWN OF NILES		NY							No
(7) TOWN OF NORWICH		NY							No
(8) TOWN OF NUNDA		NY							No
(9) TOWN OF OHIO		NY							No
(10) TOWN OF OLEAN		NY							No
(11) TOWN OF ONONDAGA		NY							No
(12) TOWN OF ORANGE		NY							No
(13) TOWN OF ORANGEVILLE		NY							No
(14) TOWN OF ORLEANS		NY							No

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								Yes	No
(286) TOWN OF OSWEGATCHIE		NY							No
(1) TOWN OF OSWEGO		NY							No
(2) TOWN OF OXFORD		NY							No
(3) TOWN OF PALERMO		NY							No
(4) TOWN OF PARISH		NY							No
(5) TOWN OF PARISHVILLE		NY							No
(6) TOWN OF PAVILION		NY							No
(7) TOWN OF PENDLETON		NY							No
(8) TOWN OF PERRY		NY							No
(9) TOWN OF PIERCEFIELD		NY							No
(10) TOWN OF PIERREPONT		NY							No
(11) TOWN OF PIKE		NY							No
(12) TOWN OF PITCAIRN		NY							No
(13) TOWN OF PITTSFIELD		NY							No
(14) TOWN OF PITTSTOWN		NY							No

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								Yes	No
(301) TOWN OF PLAINFIELD		NY							No
(1) TOWN OF PLATTSBURGH		NY							No
(2) TOWN OF POTSDAM		NY							No
(3) TOWN OF PULTENEY		NY							No
(4) TOWN OF PUTNAM		NY							No
(5) TOWN OF RATHBONE		NY							No
(6) TOWN OF REDFIELD		NY							No
(7) TOWN OF REMSEN		NY							No
(8) TOWN OF RICHFORD		NY							No
(9) TOWN OF RICHLAND		NY							No
(10) TOWN OF RODMAN		NY							No
(11) TOWN OF ROYALTON		NY							No
(12) TOWN OF RUSHFORD		NY							No
(13) TOWN OF RUSSELL		NY							No
(14) TOWN OF RUSSIA		NY							No

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								Yes	No
(316) TOWN OF RUTLAND		NY							No
(1) TOWN OF SALINA		NY							No
(2) TOWN OF SANDY CREEK		NY							No
(3) TOWN OF SANFORD		NY							No
(4) TOWN OF SANGERFIELD		NY							No
(5) TOWN OF SANTA CLARA		NY							No
(6) TOWN OF SCHUYLER FALLS		NY							No
(7) TOWN OF SCIO		NY							No
(8) TOWN OF SCRIBA		NY							No
(9) TOWN OF SHELDON		NY							No
(10) TOWN OF SHERIDAN		NY							No
(11) TOWN OF SIDNEY		NY							No
(12) TOWN OF SKANEATELES		NY							No
(13) TOWN OF SMYRNA		NY							No
(14) TOWN OF SPAFFORD		NY							No



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(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
(331) TOWN OF STAFFORD		NY							No
(1) TOWN OF STAMFORD		NY							No
(2) TOWN OF STARK		NY							No
(3) TOWN OF STEUBEN		NY							No
(4) TOWN OF THERESA		NY							No
(5) TOWN OF THURSTON		NY							No
(6) TOWN OF TOMPKINS		NY							No
(7) TOWN OF TRENTON		NY							No
(8) TOWN OF TRIANGLE		NY							No
(9) TOWN OF TROUPSBURG		NY							No
(10) TOWN OF TULLY		NY							No
(11) TOWN OF TYRONE		NY							No
(12) TOWN OF UNADILLA		NY							No
(13) TOWN OF VAN ETTEN		NY							No
(14) TOWN OF VETERAN		NY							No

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								Yes	No
(346) TOWN OF VICTORY		NY							No
(1) TOWN OF VIENNA		NY							No
(2) TOWN OF VILLENOVA		NY							No
(3) TOWN OF VOLNEY		NY							No
(4) TOWN OF WADDINGTON		NY							No
(5) TOWN OF WALTON		NY							No
(6) TOWN OF WARSAW		NY							No
(7) TOWN OF WATERTOWN		NY							No
(8) TOWN OF WATSON		NY							No
(9) TOWN OF WEST UNION		NY							No
(10) TOWN OF WETHERSFIELD		NY							No
(11) TOWN OF WHEATFIELD		NY							No
(12) TOWN OF WHEELER		NY							No
(13) TOWN OF WHITE CREEK		NY							No
(14) TOWN OF WILLIAMSTOWN		NY							No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
(361) TOWN OF WILLING		NY							No
(1) TOWN OF WILNA		NY							No
(2) TOWN OF WINDSOR		NY							No
(3) TOWN OF WIRT		NY							No
(4) TOWN OF WOLCOTT		NY							No
(5) TOWN OF WOODHULL		NY							No
(6) TOWN OF YORK		NY							No
(7) TOWN OF YORKSHIRE		NY							No
(8) TRADITIONAL LOGISTICS		NY							No
(9) TRANSERVICE LOGISTICS INC		NY							No
(10) TRANSIT MGMT OF DUTCHESS CO		NY							No
(11) TRANSPORT EMPLOYERS ASSOC		NY							No
(12) UNISOURCE WORLDWIDE INC		NY							No
(13) UNITED PARCEL SERVICE		NY							No
(14) UNITED RENTALS N AMERICA INC		NY							No

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								Yes	No
(376) UPSTATE NIAGARA COOPERATIVE		NY							No
(1) USF HOLLAND INC		NY							No
(2) UPSTONE MATERIALS INC		NY							No
(3) VAN AUKEN EXPRESS INC		NY							No
(4) VILLAGE OF ADAMS		NY							No
(5) VILLAGE OF ADDISON		NY							No
(6) VILLAGE OF AKRON		NY							No
(7) VILLAGE OF ALFRED		NY							No
(8) VILLAGE OF ALLEGANY		NY							No
(9) VILLAGE OF ATHENS		NY							No
(10) VILLAGE OF AVOCA		NY							No
(11) VILLAGE OF BAINBRIDGE		NY							No
(12) VILLAGE OF BATH		NY							No
(13) VILLAGE OF BELMONT		NY							No
(14) VILLAGE OF BERGEN		NY							No

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								Yes	No
(391) VILLAGE OF BROWNVILLE		NY							No
(1) VILLAGE OF CANISTEO		NY							No
(2) VILLAGE OF CARTHAGE		NY							No
(3) VILLAGE OF CATTARAUGUS		NY							No
(4) VILLAGE OF CAYUGA HEIGHTS		NY							No
(5) VILLAGE OF CHAMPLAIN		NY							No
(6) VILLAGE OF CHATEAUGAY		NY							No
(7) VILLAGE OF CLAYTON		NY							No
(8) VILLAGE OF COXSACKIE		NY							No
(9) VILLAGE OF DELHI		NY							No
(10) VILLAGE OF DEXTER		NY							No
(11) VILLAGE OF ENDICOTT		NY							No
(12) VILLAGE OF ILION		NY							No
(13) VILLAGE OF LITTLE VALLEY		NY							No
(14) VILLAGE OF MALONE		NY							No

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								Yes	No
(406) VILLAGE OF MEXICO		NY							No
(1) VILLAGE OF MONTOUR FALLS		NY							No
(2) VILLAGE OF NEW YORK MILLS		NY							No
(3) VILLAGE OF NORTH SYRACUSE		NY							No
(4) VILLAGE OF OXFORD		NY							No
(5) VILLAGE OF PAINTED POST		NY							No
(6) VILLAGE OF POTSDAM		NY							No
(7) VILLAGE OF SIDNEY		NY							No
(8) VILLAGE OF SODUS POINT		NY							No
(9) VILLAGE OF SOUTH CORNING		NY							No
(10) VILLAGE OF THERESA		NY							No
(11) VILLAGE OF WADDINGTON		NY							No
(12) VILLAGE OF WALTON		NY							No
(13) VILLAGE OF WATKINS GLEN		NY							No
(14) VILLAGE OF WAVERLY		NY							No

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								Yes	No
(421) VILLAGE OF WEST CARTHAGE		NY							No
(1) VILLAGE OF WHITEHALL		NY							No
(2) VILLAGE OF WHITESBORO		NY							No
(3) VILLAGE OF YORKVILLE		NY							No
(4) VILLAGE OF YOUNGSTOWN		NY							No
(5) W J W LOGISTICS SERVICE INC		NY							No
(6) WECKESSER BRICK COMPANY INC		NY							No
(7) WHITACRE ENGINEERING CO		NY							No
(8) WNYCOSH		NY							No
(9) YANK WASTE CO INC		NY							No
(10) YARUSSI CONSTRUCTION INC		NY							No
(11) A CAPPIONE INC		NY							No
(12) AJ MISSERT INC		NY							No
(13) ABF FREIGHT SYSTEMS INC		NY							No
(14) AGRI-MARK INC		NY							No

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								Yes	No
(436) AIRBORNE FREIGHT CORPORATION		NY							No
(1) TOWN OF DEPEYSTER		NY							No
(2) TOWN OF HAMDEN		NY							No
(3) TOWN OF HORSEHEADS		NY							No
(4) TOWN OF LEICESTER		NY							No
(5) TOWN OF NEW BERLIN		NY							No
(6) TOWN OF SARATOGA		NY							No
(7) TOWN OF ST ARMAND		NY							No
(8) TOWN OF URBANA		NY							No
(9) UPSTATE FARMS CHEESE LLC		NY							No
(10) VILLAGE OF DEPOSIT		NY							No
(11) BFI OF NORTH AMERICA INC		NY							No
(12) HIGHMARK		NY							No
(13) HMO		NY							No
(14) HMO-PPO BLUE		NY							No



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								Yes	No
(451) INFRASOURCE LLC		NY							No
(1) INTERCON CONSTRUCTION INC		NY							No
(2) KEEBLER COMPANY		NY							No
(3) LOCAL UNION NO 294		NY							No
(4) MEDICARE SUPPLEMENT - PLAN F		NY							No
(5) OTHER RECEIPTS		NY							No
(6) OTIS EASTERN SERVICE INC		NY							No
(7) PAID FAMILY MEDICAL LEAVE		NY							No
(8) RENTAL-INCOME		NY							No
(9) RETIREE DENTAL		NY							No
(10) SECURE COMP BLUE		NY							No
(11) SELF PAY LEGAL		NY							No
(12) THE HILLIS GROUP		NY							No
(13) TOWN OF BARKER		NY							No
(14) TOWN OF BINGHAMTON		NY							No

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								Yes	No
(466) TOWN OF KIRKWOOD		NY							No
(1) TOWN OF OGDEN		NY							No
(2) TOWN OF ROSSIE		NY							No
(3) UNIVERA-MEDICARE		NY							No
(4) VALLEY FARMS DAIRY DIVISION		NY							No
(5) VERITIV OPERATING COMPANY		NY							No
(6) VILLAGE OF NEW HARTFORD		NY							No