

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES % MERCEDES MAMBRU
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 842
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10108

D Employer identification number
13-1628401
E Telephone number
(646) 473-6336
G Gross receipts \$ 1,555,388,584

F Name and address of principal officer
MERCEDES MAMBRU
PO BOX 842
NEW YORK, NY 10108

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
J Website: HTTP://1199SEIUBENEFITS.ORG

K Form of organization
L Year of formation 1949
M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HEALTH & WELFARE BENEFITS TO MEMBERS AND THEIR ELIGIBLE DEPENDENTS

Table with 2 columns: Description, Amount. Rows 2-7b including voting members, employees, volunteers, and revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19 including revenue, expenses, and net assets.

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: MERCEDES MAMBRU DIRECTOR OF FINANCE
Date: 2017-11-14

Paid Preparer Use Only
Print/Type preparer's name: DAVID M HIGHFILL
Preparer's signature: DAVID M HIGHFILL
Date: 2017-11-14
Firm's name: KPMG LLP
Firm's address: 345 Park Avenue, New York, NY 101540102

**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

TO PROVIDE HEALTH & WELFARE BENEFITS TO MEMBERS AND THEIR ELIGIBLE 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)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		
<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? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .		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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .		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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️ . . . . .		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? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .	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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .		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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ . . . . .		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		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>	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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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>		
<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>		
<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>		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>		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>		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>		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>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		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>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		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>		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>		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>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
<b>36 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>		
<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>		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 . . . . .	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 [X]

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and other IRS filings.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (36), 1b (36), 2, 3, 4, 5, 6, 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a (No), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18 (Own website, Another's website, Upon request, Other), 19, 20 (MERCEDES MAMBRU PO BOX 842 NEW YORK, NY 10108 (646) 473-6336).

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	1,916,645	2,025,649	1,565,933

**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 ▶ **30**

	Yes	No
<b>3</b> 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> . . . . .		No
<b>4</b> 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> . . . . .	Yes	
<b>5</b> 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> . . . . .		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
CUSHMAN WAKEFIELD INC, 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	REAL ESTATE	27,232,195
MEDCO HEALTH SOLUTIONS, 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07047	CLAIMS PROCESSING	3,487,388
CAREALLIES, CIGNA BEHAVIORIAL HEALTH PO BOX 145 MINNEAPOLIS, MN 07047	CLAIMS PROCESSING	2,642,789
The Trizetto Group, PO Box 122140 DALLAS, TX 753122140	IT Solutions	1,915,380
DHU REALTY CORPORATION, EAST 310 W 43RD STREET 5TH FLOOR NEW YORK, NY 10036	REAL ESTATE SERVICES	1,599,176

**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 ▶ **104**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		0			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> EMPLOYER PLAN CONTRIBUTIONS	900099	1,513,406,948	1,513,406,948		
	<b>b</b> COBRA CONTRIBUTIONS	900099	2,594,405	2,594,405		
	<b>c</b> ADVANCE TRAINING INITIATIVE	900099	8,672,160	8,672,160		
	<b>d</b> INTEREST/CHARGES EMPLOYER DELINQUENCY	900099	3,818,567	3,818,567		
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		1,528,492,080				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		8,547,155		8,547,155	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b> Royalties . . . . .		0			
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)	0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		16,234,056		
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)		16,234,056		
	<b>d</b> Net gain or (loss) . . . . .		16,234,056		16,234,056	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0		
		<b>b</b> Less direct expenses . . . . .	<b>b</b>	0		
<b>c</b> Net income or (loss) from fundraising events . . . . .			0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0			
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue	Business Code					
<b>11a</b> AMALGAMATED LIFE REFUNDS	900099	2,115,293	2,115,293			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		2,115,293				
<b>12 Total revenue.</b> See Instructions . . . . .		1,555,388,584	1,530,607,373		24,781,211	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members	1,446,916,660			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,766,276			
<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)	0			
<b>7</b> Other salaries and wages	43,664,386			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,708,130			
<b>9</b> Other employee benefits	13,995,751			
<b>10</b> Payroll taxes	3,537,448			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	1,023,868			
<b>c</b> Accounting	395,605			
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees	518,709			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,326,551			
<b>12</b> Advertising and promotion	0			
<b>13</b> Office expenses	6,751,973			
<b>14</b> Information technology	4,443,843			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	11,638,883			
<b>17</b> Travel	0			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	0			
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	8,489,019			
<b>23</b> Insurance	1,133,685			
<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> PRESCRIPTION ADMIN CHARGES	4,577,138			
<b>b</b> MANAGED CARE - PRECERT	2,605,804			
<b>c</b> MVP ADMIN CHARGES	731,119			
<b>d</b> OTHER EXPENSES	661,373			
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,559,886,221			
<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 . . . . .	29,276,728	<b>1</b>	26,205,015
	<b>2</b> Savings and temporary cash investments . . . . .	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	192,299,369	<b>4</b>	234,824,577
	<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	0	<b>5</b>	0
	<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	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,171,589	<b>9</b>	8,104,768
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	150,227,974		
	<b>b</b> Less accumulated depreciation	104,198,531		
	<b>11</b> Investments—publicly traded securities . . . . .	43,665,140	<b>10c</b>	46,029,443
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	271,107,824	<b>11</b>	267,401,762
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	204,841,784	<b>12</b>	141,114,763
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	88,584,982	<b>15</b>	66,798,835	
	839,947,416	<b>16</b>	790,479,163	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	27,597,508	<b>17</b>	28,773,234
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<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	293,528,291	<b>25</b>	263,738,261
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	321,125,799	<b>26</b>	292,511,495
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	518,821,617	<b>27</b>	497,967,668
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	518,821,617	<b>33</b>	497,967,668
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	839,947,416	<b>34</b>	790,479,163

**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>	1,555,388,584
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,559,886,221
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-4,497,637
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	518,821,617
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,143,602
<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>	-11,212,710
<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>	497,967,668

**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:** 13-1628401

**Name:** 1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

Form 990 (2016)

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

TO PROVIDE HEALTH & WELFARE BENEFITS TO APPROXIMATELY 150,143 MEMBERS AND THEIR ELIGIBLE DEPENDENTS

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
David Brodsky ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
Jeffrey Cohen ..... EMPLOYER TRUSTEE	1 0 ..... 6 0	X						0	0	0
Thomas Doherty ..... EMPLOYER TRUSTEE	1 0 ..... 2 0	X						0	0	0
Rebecca Gordon ..... EMPLOYER TRUSTEE	1 0 ..... 6 0	X						0	0	0
Howard Green ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
Marc Leff ..... EMPLOYER TRUSTEE	1 0 ..... 0 0	X						0	0	0
Bruce McIver ..... EMPLOYER TRUSTEE	1 0 ..... 5 0	X						0	0	0
Michael N Rosenblut ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
Frank Scheets ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
Roseann Simonelli ..... EMPLOYER TRUSTEE	1 0 ..... 5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Carmen Suardy ..... EMPLOYER TRUSTEE	1 0 ..... 4 0	X						0	0	0
Audrey Wathen ..... EMPLOYER TRUSTEE	1 0 ..... 2 0	X						0	0	0
Stacie Williams ..... EMPLOYER TRUSTEE	1 0 ..... 5 0	X						0	0	0
Keith Wolf ..... UNION TRUSTEE	1 0 ..... 1 0	X						0	0	0
Norma Amsterdam ..... UNION TRUSTEE	1 0 ..... 6 0	X						0	0	0
Yvonne Armstrong ..... UNION TRUSTEE	1 0 ..... 4 0	X						0	0	0
Lisa Brown ..... UNION TRUSTEE	1 0 ..... 3 0	X						0	0	0
Maria Castaneda ..... UNION TRUSTEE	1 0 ..... 6 0	X						0	0	0
George Gresham ..... UNION TRUSTEE	1 0 ..... 5 0	X						0	0	0
Steve Kramer ..... UNION TRUSTEE	1 0 ..... 4 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
Dalton Mayfield ..... UNION TRUSTEE	1 0 ..... 0 0	X						0	0	0
Joyce Neil ..... UNION TRUSTEE	1 0 ..... 3 0	X						0	0	0
Bruce Popper ..... UNION TRUSTEE	1 0 ..... 0 0	X						0	0	0
Helen Schaub ..... UNION TRUSTEE	1 0 ..... 1 0	X						0	0	0
Laurie Vallone ..... UNION TRUSTEE	1 0 ..... 2 0	X						0	0	0
Estela Vazquez ..... UNION TRUSTEE	1 0 ..... 3 0	X						0	0	0
Gladys Wrenick ..... UNION TRUSTEE	1 0 ..... 2 0	X						0	0	0
JACQUELINE ALLEYNE ..... UNION TRUSTEE	1 0 ..... 1 0	X						0	0	0
MICHAEL ASHBY ..... UNION TRUSTEE	1 0 ..... 1 0	X						0	0	0
VERONICA TURNER ..... Union Trustee	1 0 ..... 1 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
ANGELA DOYLE ..... UNION TRUSTEE	1 0 ..... 4 0	X						0	0	0
LAWRENCE PORTER END 062016 ..... UNION TRUSTEE	1 0 ..... 1 0	X						0	0	0
BRUCE RICHARD END 062016 ..... UNION TRUSTEE	1 0 ..... 4 0	X						0	0	0
NEVA SHILLINGFORD ..... UNION TRUSTEE	1 0 ..... 4 0	X						0	0	0
ELLIOT BROOKS ..... EMPLOYER TRUSTEE	1 0 ..... 0 0	X						0	0	0
DENNIS BUCHANAN ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
TRACI BURCH ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
SHEILA GARVEY ..... EMPLOYER TRUSTEE	1 0 ..... 1 0	X						0	0	0
MARIA ACOSTA ..... CFO	15 0 ..... 15 0			X				148,544	132,435	117,757
MITRA BEHROOZI ..... EXECUTIVE OFFICER	15 0 ..... 15 0			X				263,828	250,171	200,842

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
KATHERINE M BOTLEY ..... BENEFITS CHIEF OF STAFF	15 0 .....			X				137,478	130,362	103,230
VAN DUNN ..... CHIEF MEDICAL OFFICER	15 0 .....			X				116,131	110,120	88,740
LORRAINE MONCHAK ..... CHIEF INVESTMENTS OFFICER	15 0 .....			X				393,021	372,676	306,849
DONNA REY ..... CHIEF OPERATING OFFICER	15 0 .....			X				204,157	182,016	154,609
GLENN L DI BIASI ..... CHIEF TECHNOLOGY OFFICER	15 0 .....					X		145,572	129,785	109,679
BRANDY D SHILOH ..... CHIEF OF STAFF - STRATEGIC OPS	15 0 .....					X		164,743	146,876	125,156
STACEY MILLMAN ..... CHIEF COMMUNICATION OFFICER	15 0 .....					X		151,121	143,298	114,426
JOSHUA SORENSEN ..... NBF-INVESTMENT ANALYST	1 0 .....					X		11,803	256,994	111,234
JEFFREY STEIN ..... FUND COUNSEL	15 0 .....					X		180,247	170,916	133,411

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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.

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

**Employer identification number**  
13-1628401

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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
- |  |               |    |
|--|---------------|----|
|  | Yes           | No |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <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 . . . . .				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		56,505,641	40,853,989	15,652,652
<b>d</b> Equipment . . . . .		88,900,435	58,719,130	30,181,305
<b>e</b> Other . . . . .		4,821,948	4,626,462	195,486
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				46,029,443

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) CORPORATE BONDS	141,114,763	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	141,114,763	

**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)		
<b>Total.</b> (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) ACCRUED INVESTMENT INCOME	836,233
(2) DUE FROM PHARMACY & OTHER	48,760,416
(3) DUE FROM BROKERS	3,791,586
(4) DUE FROM RELATED ENTITIES	6,792,950
(5) ADVANCE TRAINING INITIATIVE	6,617,650
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	66,798,835

**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	0
SECURITY LENDING AGREEMENT	37,107,307
DUE TO BROKERS	14,210,908
DUE TO RELATED ENTITIES	10,603,854
BENEFIT OBLIGATIONS	201,816,192
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	263,738,261

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>	1,549,726,273
<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>		-5,143,602
<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>	-5,143,602
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,554,869,875
<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>		518,709
<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>	518,709
<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>	1,555,388,584

**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>	1,559,367,512
<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>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,559,367,512
<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>		518,709
<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>	518,709
<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>	1,559,886,221

**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:** 13-1628401

**Name:** 1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

## Supplemental Information

Return Reference	Explanation
FIN 48 FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2 U S GAAP requires Plan management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of liability (or asset) or disclosure in financial statements The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress The Plan administrator believes it is no longer subject to federal income tax examinations for years prior to 2013



**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES	Employer identification number 13-1628401
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</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.	<b>1b</b>									
<b>2</b> 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?	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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:										
<b>a</b> The organization?	<b>5a</b>									
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>									
<b>6</b> 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:										
<b>a</b> The organization?	<b>6a</b>									
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>									
<b>8</b> 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.	<b>8</b>									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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
COMPENSATION ALLOCATION	FORM 990, SCHEDULE J, PART II ALL OFFICERS AND KEY EMPLOYEES ARE PAID BY THE 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES (NBF) FOR THEIR SERVICES PERFORMED FOR ALL 1199SEIU FUNDS. THEIR SALARY IS THEN ALLOCATED TO EACH FUND BASED AN ALLOCATION STUDY AND IS REPORTED AS IF PAID BY THE FILING ORGANIZATION. THE AMOUNT REPORTED IN SCHEDULE J, PART II, LINE (I) REPRESENTS THE AMOUNT ALLOCATED TO NBF AND THE AMOUNTS REPORTED ON LINE (II) REPRESENT THE TOTAL SALARY AND BENEFITS RECEIVED FOR SERVICES PROVIDED TO ALL 1199SEIU FUNDS.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1628401  
**Name:** 1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARIA ACOSTACFO	(i)	148,544			15,983	46,271	210,798	0
	(ii)	132,435			14,250	-	-	0
1 MITRA BEHROOZI EXECUTIVE OFFICER	(i)	245,978		17,850	26,467	76,622	366,917	0
	(ii)	233,245		16,926	25,097	-	-	0
2 KATHERINE M BOTLEY BENEFITS CHIEF OF STAFF	(i)	126,428		11,050	13,604	39,382	190,464	0
	(ii)	119,884		10,478	12,900	-	-	0
3 VAN DUNN CHIEF MEDICAL OFFICER	(i)	108,684		7,447	11,694	33,855	161,680	0
	(ii)	103,058		7,062	11,089	-	-	0
4 LORRAINE MONCHAK CHIEF INVESTMENTS OFFICER	(i)	375,808		17,213	40,437	117,064	550,522	0
	(ii)	356,354		16,322	38,344	-	-	0
5 DONNA REY CHIEF OPERATING OFFICER	(i)	195,030		9,127	20,985	60,752	285,894	0
	(ii)	173,879		8,137	18,709	-	-	0
6 GLENN L DI BIASI CHIEF TECHNOLOGY OFFICER	(i)	138,352		7,220	14,887	43,097	203,556	0
	(ii)	123,348		6,437	13,272	-	-	0
7 BRANDY D SHILOH CHIEF OF STAFF - STRATEGIC OPS	(i)	157,877		6,866	16,988	49,179	230,910	0
	(ii)	140,755		6,121	15,145	-	-	0
8 STACEY MILLMAN CHIEF COMMUNICATION OFFICER	(i)	143,471		7,650	15,332	42,078	208,531	0
	(ii)	136,044		7,254	14,638	-	-	0
9 JOSHUA SORENSEN NBF-INVESTMENT ANALYST	(i)	11,654		149	1,254	3,630	16,687	0
	(ii)	253,758		3,236	27,304	-	-	0
10 JEFFREY STEIN FUND COUNSEL	(i)	163,392		16,855	17,581	50,897	248,725	0
	(ii)	154,934		15,982	16,671	-	-	0
					48,262	235,849		

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

Employer identification number

13-1628401

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
UNRELATED BUSINESS INCOME TAX	FORM 990, PART V, LINE 3a UNDER INTERNAL REVENUE CODE (IRC) SECTION 419A(F)(5)(A), COLLECTIVE BARGAINING AGREEMENTS ARE EXEMPT FROM ACCOUNT LIMIT REQUIREMENTS SET UNDER IRC SECTION 419A(C), AND ARE THEREFORE NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX UNDER IRC SECTION 512(A)(3) ON ITS EXEMPT FUNCTION INCOME THE FUND DOES NOT HAVE UNRELATED BUSINESS INCOME

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS RELATIONSHIP	FORM 990, PART VI, LINE 2 ALL OF THE UNION TRUSTEES ARE ALSO EMPLOYEES OF 1199SEIU (THE UNION) AND THEREFORE HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
POWER TO ELECT	FORM 990, PART VI, LINES 7A THE UNION TRUSTEES ARE APPOINTED BY 1199SEIU UNITED HEALTHCARE WORKERS EAST, AND THE EMPLOYER TRUSTEES ARE APPOINTED BY THE LEAGUE OF VOLUNTARY HOSPITALS AND HOMES OF NEW YORK

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11B THE CHIEF FINANCIAL OFFICER AND FINANCE TEAM REVIEW THE DRAFT FORM 990 AND CONFER WITH THE ACCOUNTANTS AND LEGAL COUNSEL TO ENSURE THE ACCURACY OF THE RETURN ANY CONCERNS ARE NOTED AND ADDRESSED AND MANAGEMENT ENSURES THAT THE CHANGES ARE INCORPORATED IN THE FORM 990 THE COMPLETED FORM 990 IS THEN SIGNED BY AN OFFICER



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C TRUSTEES AND EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE OR UPDATE TO THE EXECUTIVE DIRECTOR, OR DESIGNEE, THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTERESTS FOR EACH INTEREST DISCLOSED BY A TRUSTEE, THE EXECUTIVE DIRECTOR OR DESIGNEE WILL DETERMINE WHETHER TO (A) TAKE NO ACTION (B) ASSURE FULL DISCLOSURE TO THE TRUSTEES (C) ASK THE TRUSTEE TO BE RECUSED FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS, AND/OR (D) ASK THE TRUSTEE TO RESIGN REGARDING EMPLOYEES, COMPLETED CONFLICTS OF INTEREST DISCLOSURE FORMS WILL BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND DISCLOSED CONFLICTS WILL BE REVIEWED BY CHIEF OF HUMAN RESOURCES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION FOR ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE FUND IS DETERMINED BY THE CROSS FUNDS COMPENSATION COMMITTEE (THE "COMMITTEE"), COMPRISED OF INDEPENDENT MEMBERS THE COMMITTEE UTILIZES APPROPRIATE DATA AS TO COMPARABILITY IN ITS DETERMINATIONS, INCLUDING INFORMATION PROVIDED BY INDEPENDENT COMPENSATION CONSULTANTS THE COMMITTEE DOCUMENTS THE BASIS FOR ANY COMPENSATION DETERMINATIONS CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE THE COMMITTEE DETERMINES COMPENSATION PERIODICALLY AS IT DEEMS APPROPRIATE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19 SUMMARY PLAN DESCRIPTIONS AND FINANCIAL REPORTS ARE MADE PUBLIC PURSUANT TO IRS REQUIREMENTS WRITTEN REQUESTS FOR OTHER INFORMATION WILL BE FORWARDED TO GENERAL COUNSEL'S OFFICE FOR CONSIDERATION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
RELATED ORGANIZATION COMPENSATION	FORM 990, PART VII, SECTION A, LINE 1 THE EMPLOYER TRUSTEES REPORTED ON PART VII MAY HAVE RECEIVED COMPENSATION FROM A RELATED TAX-EXEMPT ORGANIZATION REPORTED IN SCHEDULE R, PART II THE INFORMATION WAS NOT PROVIDED DIRECTLY TO THE FILING ORGANIZATION BUT IS MAINTAINED AT THE RELATED TAX-EXEMPT ORGANIZATION'S RESPECTIVE ADMINISTRATIVE OFFICES AND IS AVAILABLE UPON REQUEST

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

Employer identification number  
13-1628401

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	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

	Yes	No
<b>1</b> 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?		
<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 . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	Yes

**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





**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:** 13-1628401

**Name:** 1199SEIU NATIONAL BENEFIT FUND FOR  
HEALTH AND HUMAN SERVICE EMPLOYEES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 330 WEST 42ND STREET NEW YORK, NY 10036 13-3604862	PENSION FUND	NY	401(A)		NA		No
(1) 330 WEST 42ND STREET NEW YORK, NY 10036 13-2637580	EDUC TRAINING	NY	501(C)(3)	10	NA		No
(2) 330 WEST 42ND STREET NEW YORK, NY 10036 13-3712851	BENEFIT FUND	NY	501(C)(9)		NA		No
(3) 330 WEST 42ND STREET NEW YORK, NY 10036 13-3946135	EDUC TRAINING	NY	501(C)(9)		NA		No
(4) 330 WEST 42ND STREET NEW YORK, NY 10036 13-3800331	LABOR MNGT	NY	501(C)(5)		NA		No
(5) 330 WEST 42ND STREET 2 FL NEW YORK, NY 10036 13-3641466	CHILDCARE	NY	501(C)(9)		NA		No
(6) 330 WEST 42ND STREET NEW YORK, NY 10036 14-4197609	HEALTHCARE	NY	501(C)(3)	10	NA		No
(7) 330 WEST 42ND STREET NEW YORK, NY 10036 13-2623987	BENEFIT FUND	NY	501(C)(9)		NA		No
(8) 330 WEST 42ND STREET NEW YORK, NY 10036 13-4063281	DAY CARE CNTR	NY	501(C)(3)	7	NA		No
(9) 330 WEST 42ND STREET NEW YORK, NY 10036 13-1510821	LABOR UNION	NY	501(C)(5)		NA		No
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(81)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(101)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(121)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		



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(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
(141)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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(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
(161)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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(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
(181)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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(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
(201)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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(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
(221)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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						Yes	No
(241)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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						Yes	No
(261)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		
(19)					N/A		

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						Yes	No
(281)					N/A		
(1)					N/A		
(2)					N/A		
(3)					N/A		
(4)					N/A		
(5)					N/A		
(6)					N/A		
(7)					N/A		
(8)					N/A		
(9)					N/A		
(10)					N/A		
(11)					N/A		
(12)					N/A		
(13)					N/A		
(14)					N/A		
(15)					N/A		
(16)					N/A		
(17)					N/A		
(18)					N/A		

















