

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 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
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 \$ 1,565,102,819

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? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP //1199SEIUBENEFITS ORG

K Form of organization Corporation Trust Association Other ▶

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

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)	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	36
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,396
6 Total number of volunteers (estimate if necessary)	36
7a Total unrelated business revenue from Part VIII, column (C), line 12	-49,104
7b Net unrelated business taxable income from Form 990-T, line 34	1,268,177

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,626,902,280	1,551,579,666
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,804,290	13,523,153
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,642,706,570	1,565,102,819
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	1,482,303,242	1,612,620,609
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,177,124	68,170,778
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,737,763	48,828,257
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,597,218,129	1,729,619,644
19 Revenue less expenses Subtract line 18 from line 12	45,488,441	-164,516,825
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	859,037,937	709,556,249
21 Total liabilities (Part X, line 26)	301,569,148	381,570,760
22 Net assets or fund balances Subtract line 21 from line 20	557,468,789	327,985,489

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: ***** Date: 2019-11-14

MERCEDES MAMBRU DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-11-14 Check if self-employed PTIN: P01517891

Firm's name ▶ KPMG LLP Firm's EIN ▶

Firm's address ▶ 345 Park Avenue Phone no (212) 758-9700
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, SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data














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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19,657
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,396			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a		No		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	Yes			
b If "Yes," enter the name of the foreign country ▶ <u>JA , IS , MY , CO , IN , HU</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b				
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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: MERCEDES MAMBRU PO BOX 842 NEW YORK, NY 10108 (646) 473-6336

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f ▶		0		

Program Service Revenue			Business Code			
	2a EMPLOYER PLAN CONTRIBUTIONS		900099	1,543,172,524	1,543,172,524	
b COBRA CONTRIBUTIONS		900099	2,781,400	2,781,400		
c ADVANCE TRAINING INITIATIVE		900099	1,620,546	1,620,546		
d INTEREST/CHARGES EMPLOYER DELINQUECE		900099	4,005,196	4,005,196		
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▶			1,551,579,666			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		9,675,483		-49,104	9,724,587	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		0				
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		3,847,670		
	b Less cost or other basis and sales expenses						
	c Gain or (loss)		3,847,670				
	d Net gain or (loss) ▶			3,847,670		3,847,670	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a			0			
	b Less direct expenses b			0			
	c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities See Part IV, line 19 a			0			
b Less direct expenses b			0				
c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances a			0				
b Less cost of goods sold b			0				
c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			0				
12 Total revenue. See Instructions ▶			1,565,102,819	1,551,579,666	-49,104	13,572,257	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	1,612,620,609	0		
5 Compensation of current officers, directors, trustees, and key employees.	2,104,287			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	43,065,093			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	4,953,776			
9 Other employee benefits.	14,581,403			
10 Payroll taxes.	3,466,219			
11 Fees for services (non-employees)				
a Management.	0			
b Legal.	750,810			
c Accounting.	412,401			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	1,005,394			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,334,736			
12 Advertising and promotion.	0			
13 Office expenses.	5,260,303			
14 Information technology.	3,087,138			
15 Royalties.	0			
16 Occupancy.	15,312,050			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	136,600			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,393,378			
23 Insurance.	895,479			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRESCRIPTION ADMIN CHARGES	5,828,716			
b MANAGED CARE - PRECERT	2,742,286			
c MVP ADMIN CHARGES	920,433			
d OTHER EXPENSES	748,533			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	1,729,619,644	0		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	47,054,042	1	46,024,746
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	215,820,915	4	192,429,147
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	9,557,690	9	10,110,601
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 177,176,971		
	b Less accumulated depreciation	10b 140,157,570	45,035,416	10c 37,019,401
	11 Investments—publicly traded securities	253,138,856	11	28,340,570
	12 Investments—other securities See Part IV, line 11	202,523,358	12	335,862,291
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	85,907,660	15	59,769,493
16 Total assets. Add lines 1 through 15 (must equal line 34)	859,037,937	16	709,556,249	
Liabilities	17 Accounts payable and accrued expenses	31,169,906	17	20,277,229
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	270,399,242	25	361,293,531
	26 Total liabilities. Add lines 17 through 25	301,569,148	26	381,570,760
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	557,468,789	27	327,985,489
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	557,468,789	33	327,985,489	
34 Total liabilities and net assets/fund balances	859,037,937	34	709,556,249	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,565,102,819
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,729,619,644
3	Revenue less expenses Subtract line 2 from line 1	3	-164,516,825
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	557,468,789
5	Net unrealized gains (losses) on investments	5	-20,977,681
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-43,988,794
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	327,985,489

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-1628401

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

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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	10 40	X						0	0	0
Jeffrey Cohen EMPLOYER TRUSTEE	10 60	X						0	0	0
Thomas Doherty EMPLOYER TRUSTEE (END 7/2018)	10 00	X						0	0	0
Rebecca Gordon EMPLOYER TRUSTEE	10 70	X						0	0	0
Howard Green EMPLOYER TRUSTEE	10 10	X						0	0	0
Marc Leff EMPLOYER TRUSTEE	10 00	X						0	0	0
Bruce McIver EMPLOYER TRUSTEE	10 60	X						0	0	0
Michael N Rosenblut EMPLOYER TRUSTEE	10 10	X						0	0	0
Frank Scheets EMPLOYER TRUSTEE (END 4/2018)	10 00	X						0	0	0
Carmen Suardy EMPLOYER TRUSTEE	10 30	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			
Audrey Wathen EMPLOYER TRUSTEE	1 0 3 0	X						0	0	0
Stacie Williams EMPLOYER TRUSTEE	1 0 4 0	X						0	0	0
Keith Wolf EMPLOYER TRUSTEE	1 0 0 0	X						0	0	0
JAMES CAREY Employer Trustee	1 0 0 0	X						0	0	0
Guy Mennonna Employer Trustee	1 0 3 0	X						0	0	0
Susan Bornstein Employer Trustee	1 0 0 0	X						0	0	0
Jordy Rabinowitz Employer Trustee	1 0 0 0	X						0	0	0
Norma Amsterdam UNION TRUSTEE	1 0 7 0	X						0	0	0
Yvonne Armstrong UNION TRUSTEE	1 0 4 0	X						0	0	0
Lisa Brown UNION TRUSTEE	1 0 2 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			
Maria Castaneda UNION TRUSTEE	10 80	X						0	0	0
George Gresham UNION TRUSTEE	10 60	X						0	0	0
Steve Kramer UNION TRUSTEE	10 40	X						0	0	0
Dalton Mayfield UNION TRUSTEE (END 3/2018)	10 00	X						0	0	0
Joyce Neil UNION TRUSTEE	10 60	X						0	0	0
Bruce Popper UNION TRUSTEE	10 00	X						0	0	0
Helen Schaub UNION TRUSTEE	10 00	X						0	0	0
Laurie Vallone UNION TRUSTEE	10 30	X						0	0	0
Estela Vazquez UNION TRUSTEE	10 30	X						0	0	0
Gladys Wrenick UNION TRUSTEE (END 1/2018)	10 00	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			
Jacqueline alleyne union trustee	1 0 6 0	X						0	0	0
Michael Ashby UNION TRUSTEE	1 0 1 0	X						0	0	0
Veronica Turner Union Trustee	1 0 5 0	X						0	0	0
Victor Rivera Union Trustee	1 0 0 0	X						0	0	0
Nadine Williamson Union Trustee	1 0 0 0	X						0	0	0
Carmen Aldahondo Employer Trustee (7/18-12/18)	1 0 1 0	X						0	0	0
Mary DiGangi Employer Trustee (BEG 3/2018)	1 0 1 0	X						0	0	0
Brian P Mitchell Employer Trustee (BEG 12/2018)	1 0 0 0	X						0	0	0
Paul Stuart Employer Trustee (BEG 7/2018)	1 0 2 0	X						0	0	0
Patrick Forde Union Trustee (BEG 6/2018)	1 0 0 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			
MITRA BEHROOZI EXECUTIVE OFFICER	14 0 14 0			X				313,462	317,323	310,296
VAN H DUNN CHIEF MEDICAL OFFICER	14 0 14 0			X				166,690	168,742	191,834
LORRAINE MONCHAK CHIEF INVESTMENTS OFFICER	14 0 14 0			X				485,705	491,687	460,163
DONNA S REY CHIEF OPERATING OFFICER	15 0 15 0			X				249,149	246,836	250,779
SAMUEL HELLER CHIEF FINANCIAL OFFICER	14 0 14 0			X				108,873	107,862	96,491
GLENN L DI BIASI CHIEF TECHNOLOGY OFFICER	14 0 14 0					X		171,848	170,253	133,575
BRANDY D SHILOH CHIEF OF STAFF - STRATEGIC OPS	14 0 14 0					X		208,344	206,410	213,892
STACEY MILLMAN CHIEF COMMUNICATION OFFICER	14 0 14 0					X		185,715	188,002	173,311
JEFFREY STEIN FUND COUNSEL	14 0 14 0					X		224,523	227,289	220,392
DILAY ALTINER NBF - Portfolio Manager	1 0 30 0					X		11,354	288,525	133,507

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
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
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		68,060,382	57,399,521	10,660,861
d Equipment		103,825,429	77,908,657	25,916,772
e Other		5,291,160	4,849,392	441,768
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				37,019,401

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) CASH AND CASH EQUIVALENTS	88,040,067	F
(B) GOVERNMENT BONDS	351,024	F
(C) SHORT-TERM SECURITIES	521,922	F
(D) GOVERNMENT AGENCY SECURITIES	87,365,495	
(E) CORPORATE DEBT	64,482,744	
(F) MUTUAL FUNDS	3,110,653	
(G) HEDGE FUND	91,990,386	
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	335,862,291	

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) ACCRUED INVESTMENT INCOME	1,127,036
(2) DUE FROM PHARMACY & OTHER	49,308,173
(3) DUE FROM BROKERS	958,195
(4) DUE FROM RELATED ENTITIES	7,934,111
(5) ADVANCE TRAINING INITIATIVE	441,978
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	59,769,493

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	521,922
DUE TO BROKERS	5,655,246
DUE TO RELATED ENTITIES	38,464,352
BENEFIT OBLIGATIONS	254,238,119
DUE TO EMPLOYER	62,413,892
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	361,293,531

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,543,119,744
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-20,977,681
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-20,977,681
3	Subtract line 2e from line 1	3	1,564,097,425
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,005,394
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,005,394
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,565,102,819

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

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

1	Total expenses and losses per audited financial statements	1	1,728,614,250
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,728,614,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,005,394
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	1,005,394
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,729,619,644

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	

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 require 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, 2018, 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 2015

Schedule J
(Form 990)

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

2018

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

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		
	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
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?		
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		
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		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		
a	The organization?		
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
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		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>FORM 990, SCHEDULE J, PART I, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED TAXABLE DISTRIBUTIONS DURING 2018 MITRA BEHROOZI \$76,129 LORRAINE MONCHAK \$94,281 DONNA S REY \$45,208 JEFFREY STEIN \$48,328 BRANDY D SHILOH \$38,649 STACEY MILLMAN \$37,040 GLENN L DI BIASI \$36,002 THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COL B(III) THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED DEFERRED CONTRIBUTIONS DURING 2018 MITRA BEHROOZI \$72,074 LORRAINE MONCHAK \$74,233 VAN H DUNN \$48,924 DONNA S REY \$59,375 JEFFREY STEIN \$51,737 BRANDY D SHILOH \$48,774 STACEY MILLMAN \$44,613 THE ABOVE AMOUNTS ARE INCLUDED ON SCHEDULE J, PART II, COL C</p>



Schedule J (Form 990) 2018

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				
MITRA BEHROOZI EXECUTIVE OFFICER	(i)	265,908	0	47,554	101,909	88,547	503,918	0
	(ii)	269,183	0	48,140	30,202	89,638	437,163	0
VAN H DUNN CHIEF MEDICAL OFFICER	(i)	159,519	0	7,171	66,822	53,120	286,632	0
	(ii)	161,483	0	7,259	18,118	53,774	240,634	0
LORRAINE MONCHAK CHIEF INVESTMENTS OFFICER	(i)	430,781	0	54,924	122,567	143,450	751,722	0
	(ii)	436,086	0	55,601	48,929	145,217	685,833	0
DONNA S REY CHIEF OPERATING OFFICER	(i)	215,967	0	33,182	83,606	71,917	404,672	0
	(ii)	213,962	0	32,874	24,007	71,249	342,092	0
GLENN L DI BIASI CHIEF TECHNOLOGY OFFICER	(i)	150,717		21,131	16,910	50,189	238,947	0
	(ii)	149,318		20,935	16,753	49,723	236,729	0
BRANDY D SHILOH CHIEF OF STAFF - STRATEGIC OPS	(i)	186,306		22,038	69,678	62,040	340,062	0
	(ii)	184,577		21,833	20,710	61,464	288,584	0
STACEY MILLMAN CHIEF COMMUNICATION OFFICER	(i)	158,178		27,537	59,945	42,078	287,738	0
	(ii)	160,126		27,876	17,966	53,322	259,290	0
JEFFREY STEIN FUND COUNSEL	(i)	188,256		36,267	72,859	62,689	360,071	0
	(ii)	190,575		36,714	21,383	63,461	312,133	0
SAMUEL HELLER CHIEF FINANCIAL OFFICER	(i)	108,873			12,216	36,255	157,344	0
	(ii)	107,862			12,102	35,918	155,882	0
DILAY ALTINER NBF - Portfolio Manager	(i)	11,354			1,274	3,781	16,409	0
	(ii)	288,525			32,373	96,079	416,977	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A THOUGH THE FUND DOES NOT UNDERTAKE PROGRAM SERVICES AND DOES NOT REPORT ANY EXPENSES ON FORM 990, PART IX, COL (B), IT PROVIDES HEALTH & WELFARE BENEFITS TO APPROXIMATELY 152,409 MEMBERS AND THEIR ELIGIBLE DEPENDENTS UNRELATED BUSINESS INCOME TAX 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

Return Reference	Explanation
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

Return Reference	Explanation
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 ON 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 HUMAN RESOURCES management

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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

Return Reference	Explanation
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 WITH VERY LIMITED EXCEPTION, NO ONE RESPONDED TO THE REQUEST MADE FOR COMPENSATION INFORMATION OTHER CHANGES IN NET ASSETS FORM 990, PART XI, LINE 9 CHANGE IN BENEFITS REPORTED & PAID \$(43,988,794)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

