

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
BUILDING SERVICE 32BJ HEALTH FUND
% DEANNE RODNEY
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
25 WEST 18TH STREET
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100114676

D Employer identification number
13-2928869
E Telephone number
(212) 539-2778
G Gross receipts \$ 1,465,825,160

F Name and address of principal officer
HECTOR FIGUEROA
25 WEST 18TH STREET
NEW YORK, NY 10011

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: ▶ WWW 32BJFUNDS ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1978

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide health, death, life insurance, accidental death & dismemberment and long-term disability benefits to its eligible participants & dependents under collective bargaining

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	0
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	438
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	182,673

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	1,267,042,500	1,435,598,475
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,513,047	4,236,623
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,822,337	6,497,868
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,275,377,884	1,446,332,966
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)	1,061,558,180	1,163,171,851
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,827,221	27,274,056
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)	64,696,861	65,752,455
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,153,082,262	1,256,198,362
19 Revenue less expenses Subtract line 18 from line 12	122,295,622	190,134,604

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,146,333,179	1,350,753,304
21 Total liabilities (Part X, line 26)	4,646,591	3,860,581
22 Net assets or fund balances Subtract line 21 from line 20	1,141,686,588	1,346,892,723

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 2019-04-30
HECTOR FIGUEROA HOWARD ROTHSCHILD TRUSTEES
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name RICHARD L RUVELSON
Preparer's signature RICHARD L RUVELSON
Date 2019-05-01
Check if self-employed PTIN P00234075
Firm's name ▶ WITHUMSMITHBROWNPC Firm's EIN ▶
Firm's address ▶ 4600 EAST WEST HWY 900 Phone no (301) 272-6000
BETHESDA, MD 208143423

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

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)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 🗑️		No
8	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
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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️		No
10	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
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? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️		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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	Yes	
12a	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	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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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

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

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 (8), 1b (0), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HECTOR J FIGUEROA TRUSTEE/CHAIRMAN	1 0 39 0	X		X				0	222,681	68,217
(2) HOWARD I ROTHSCHILD TRUSTEE/SECRETARY	1 0 39 0	X		X				0	660,268	129,928
(3) SHIRLEY ALDEBOL TRUSTEE	1 0 39 0	X						0	146,290	51,831
(4) CHARLES DOREGO TRUSTEE	1 0 39 0	X						0	0	0
(5) KEVIN DOYLE TRUSTEE	1 0 7 65	X						0	33,750	0
(6) LARRY ENGELSTEIN TRUSTEE	1 0 39 0	X						0	200,560	58,316
(7) JOHN SANTORA TRUSTEE	1 0 39 0	X						0	0	0
(8) FRED WARD TRUSTEE	1 0 39 0	X						0	0	0
(9) MICHAEL BADOWSKI DEPUTY TRUSTEE	1 0 39 0	X						0	170,055	36,557
(10) KYLE BRAGG DEPUTY TRUSTEE	1 0 39 0	X						0	203,706	64,831
(11) LENORE FRIEDLAENDER DEPUTY TRUSTEE	1 0 39 0	X						0	159,039	55,156
(12) EMANUEL PASTREICH DEPUTY TRUSTEE	1 0 39 0	X						0	140,585	45,728
(13) JOHN SANTOS DEPUTY TRUSTEE	1 0 39 0	X						0	146,473	52,427
(14) HARRY WEINBERG DEPUTY TRUSTEE	1 0 39 0	X						0	235,165	36,648
(15) SUSAN COWELL EXEC DIRECTOR (THRU 12/2017)	13 0 22 0			X				269,387	0	33,576
(16) PETER GOLDBERGER EXEC DIRECTOR (EFF 1/2018)	19 0 16 0			X				234,173	0	32,439
(17) ELAINE POMMELLS DIR OF FINANCE & ADMIN	21 0 14 0			X				194,449	0	30,844

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			
(18) STEVE JENKINS DIRECTOR OF OPERATIONS	0 0 35 0			X				0	146,761	47,303
(19) ANGELO DASCOLI DIRECTOR OF HEALTH FUND	35 0 0 0				X			222,574	0	31,901
(20) RANDI FARBER DIRECTOR, TECH & OPERATIONS	23 0 12 0					X		217,698	0	31,730
(21) MARGARET NAPIER DIRECTOR OF COMPLIANCE	12 0 23 0					X		203,814	0	32,383
(22) PETER HAMARICH DIRECTOR OF HR (THRU 1/1/2018)	20 0 15 0					X		201,415	0	31,068
(23) THOMAS ORMSBY DIR OF BILLING & COLLECTIONS	28 0 7 0					X		200,386	0	31,090
(24) ALAN LANGER DIRECTOR OF ACCOUNTING	15 0 20 0					X		199,037	0	31,006
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,942,933	2,465,333	932,979

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 ▶ 32

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
EMPIRE BLUE CROSS BLUE SHIELD, ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 11006	Medical Claims Admin	37,792,287
DELTA DENTAL, PO BOX 2105 MECHANICSBURG, PA 17055	Dental Claims Admin	2,741,224
INDEPENDENCE BLUE CROSS, 1901 MARKET STREET PHILADELPHIA, PA 19103	MEDICAL CLAIMS ADMIN	2,416,287
SCHULTHEIS PANETTIERI LLP, 210 MARCUS BLVD HAUPPAUGE, NY 11788	PAYROLL AUDITOR	1,472,440
VITECH SYSTEMS GROUP, 404 PARK AVE S NEW YORK, NY 10016	COMPUTER CONSULTANT	1,438,910

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 ▶ 20

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 EMPLOYERS' CONTRIBUTIONS		525100	1,427,059,804	1,427,059,804		
b PARTICIPANTS' CONTRIBUTIONS		525100	1,370,449	1,370,449			
c RENTAL INCOME FROM AFFILIATES		531120	7,168,222	7,168,222			
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			1,435,598,475				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,970,993			2,970,993
	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				
	b Less cost or other basis and sales expenses	20,757,824					
	c Gain or (loss)	19,492,194					
	d Net gain or (loss)	1,265,630		1,265,630			1,265,630
	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 INTEREST INCOME - EMPLOYERS	900099		4,707,713	4,707,713			
b REIMBURSED ADMINISTRATIVE EXPENSES	900099		1,684,503	1,684,503			
c LIQUIDATED DAMAGES - EMPLOYERS	900099		83,545	83,545			
d All other revenue			22,107	22,107			
e Total. Add lines 11a-11d			6,497,868				
12 Total revenue. See Instructions			1,446,332,966	1,442,096,343		4,236,623	

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	1,163,171,851			
5 Compensation of current officers, directors, trustees, and key employees	827,844			
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	18,521,665			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,525,020			
9 Other employee benefits	3,804,788			
10 Payroll taxes	1,594,739			
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,815,355			
c Accounting	126,838			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	577,256			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,789,773			
12 Advertising and promotion	0			
13 Office expenses	835,678			
14 Information technology	818,238			
15 Royalties	0			
16 Occupancy	5,088,884			
17 Travel	14,164			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	44,778			
20 Interest	402			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,158,328			
23 Insurance	478,868			
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 MEMBER BENEFIT COMMUNICATIONS	1,129,106			
b TRANSITIONAL REINSURANCE FEE	414,884			
c EDUCATION AND PROMOTION	426,419			
d DUES AND SUBSCRIPTIONS	17,238			
e All other expenses	16,246			
25 Total functional expenses. Add lines 1 through 24e	1,256,198,362			
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	8,878,655	1	7,146,449
	2 Savings and temporary cash investments	77,291,170	2	76,121,030
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	128,952,165	4	132,953,521
	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	5,603,358	9	3,521,359
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 177,568,358		
	b Less accumulated depreciation	10b 25,280,638		
		157,214,928	10c	152,287,720
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	742,311,779	12	945,516,422
	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	26,081,124	15	33,206,803	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,146,333,179	16	1,350,753,304	
Liabilities	17 Accounts payable and accrued expenses	2,308,344	17	2,922,023
	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	2,338,247	25	938,558
	26 Total liabilities. Add lines 17 through 25	4,646,591	26	3,860,581
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	1,141,686,588	32	1,346,892,723
	33 Total net assets or fund balances	1,141,686,588	33	1,346,892,723
	34 Total liabilities and net assets/fund balances	1,146,333,179	34	1,350,753,304

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	1,446,332,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,256,198,362
3	Revenue less expenses Subtract line 2 from line 1	3	190,134,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,141,686,588
5	Net unrealized gains (losses) on investments	5	15,071,531
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,346,892,723

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>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?</p>		No
<p>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</p>		

Additional Data

Software ID:

Software Version:

EIN: 13-2928869

Name: BUILDING SERVICE 32BJ HEALTH FUND

Form 990 (2017)

Form 990, Part III, Line 4a:

The plan provides various health benefits to approximately 114,500 eligible participants

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
BUILDING SERVICE 32BJ HEALTH FUND

Employer identification number
13-2928869

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 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,030,920		11,030,920
b Buildings		142,129,564	12,787,580	129,341,984
c Leasehold improvements				
d Equipment		24,407,874	12,493,058	11,914,816
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				152,287,720

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) SSGA COMMINGLED FUNDS	774,400,844	F
(B) PRIMUS HIGH YIELD BOND FUND LP	50,334,253	F
(C) LONGVIEW LARGE CAP 500 INDEX	73,139,851	F
(D) PAYDEN EMERGING MKTS BOND FD	31,280,593	F
(E) LSV EMERGING MKTS EQUITY FD LP	16,200,749	F
(F) DEF COMP ANNUITY CONTRACT	160,132	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	945,516,422	

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO BROKER	778,426
DEFERRED COMPENSATION	160,132
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	938,558

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	1,451,974,516
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	15,071,531
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	15,071,531
3	Subtract line 2e from line 1	3	1,436,902,985
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	577,256
b	Other (Describe in Part XIII)	4b	8,852,725
c	Add lines 4a and 4b	4c	9,429,981
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,446,332,966

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	1,246,768,381
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	1,246,768,381
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	577,256
b	Other (Describe in Part XIII)	4b	8,852,725
c	Add lines 4a and 4b	4c	9,429,981
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,256,198,362

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: 13-2928869

Name: BUILDING SERVICE 32BJ HEALTH FUND

Supplemental Information

Return Reference	Explanation
PART X, LINE 2 - FIN 48 FOOTNOTE	Accounting principles generally accepted in the United States of America require management to evaluate tax positions and recognize an income tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has evaluated the tax positions taken by the Plan and concluded that as of June 30, 2018 there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits in progress for any tax periods. In addition, there have been no tax related interest or penalties for the periods presented in these financial statements.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER REVENUES NOT INCLUDED ON F/S, INCLUDED ON RETURN	THE FOLLOWING REVENUES WERE NETTED AGAINST EXPENSES FOR FINANCIAL STATEMENT PURPOSES \$1,684,503 REIMBURSED ADMINISTRATIVE EXPENSES \$7,168,222 RENTAL INCOME FROM AFFILIATES ----- --- \$8,852,725 =====

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B-OTHER EXPENSES NOT INCLUDED ON F/S, INCLUDED ON RETURN	THE FOLLOWING REVENUES WERE NETTED AGAINST EXPENSES FOR FINANCIAL STATEMENT PURPOSES \$1,684,503 REIMBURSED ADMINISTRATIVE EXPENSES \$7,168,222 RENTAL INCOME FROM AFFILIATES ----- --- \$8,852,725 =====

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BUILDING SERVICE 32BJ HEALTH FUND

Employer identification number
13-2928869

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</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 indemnification 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 indemnification 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 indemnification 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)									
<p>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.</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a									
	5b									
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a									
	6b									
<p>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.</p>	7									
<p>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.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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
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Additional Data

Software ID:
Software Version:
EIN: 13-2928869
Name: BUILDING SERVICE 32BJ HEALTH FUND

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 HECTOR J FIGUEROA TRUSTEE/CHAIRMAN	(i)	0			0	0	0	0
	(ii)	214,020	0	8,661	48,343	19,874	290,898	0
1 HOWARD I ROTHSCHILD TRUSTEE/SECRETARY	(i)	0			0	0	0	0
	(ii)	477,668	182,600		110,815	19,113	790,196	0
2 SHIRLEY ALDEBOL TRUSTEE	(i)	0			0	0	0	0
	(ii)	135,718	0	10,572	32,978	18,853	198,121	0
3 LARRY ENGELSTEIN TRUSTEE	(i)	0			0	0	0	0
	(ii)	197,338	0	3,222	39,412	18,904	258,876	0
4 MICHAEL BADOWSKI DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	159,867	10,188		18,026	18,531	206,612	0
5 KYLE BRAGG DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	195,435	0	8,271	44,696	20,135	268,537	0
6 LENORE FRIEDLAENDER DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	150,452	0	8,587	35,869	19,287	214,195	0
7 EMANUEL PASTREICH DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	134,803	0	5,782	27,141	18,587	186,313	0
8 JOHN SANTOS DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	135,718	0	10,755	32,978	19,449	198,900	0
9 HARRY WEINBERG DEPUTY TRUSTEE	(i)	0			0	0	0	0
	(ii)	220,990	14,175		18,517	18,131	271,813	0
10 SUSAN COWELL EXEC DIRECTOR (THRU 12/2017)	(i)	250,010	14,430	4,947	16,129	17,816	303,332	0
	(ii)	0			0	0	0	0
11 PETER GOLDBERGER EXEC DIRECTOR (EFF 1/2018)	(i)	224,513	8,745	915	14,992	20,576	269,741	0
	(ii)	0			0	0	0	0
12 ELAINE POMMELLS DIR OF FINANCE & ADMIN	(i)	190,307	3,846	296	13,397	19,816	227,662	0
	(ii)	0			0	0	0	0
13 STEVE JENKINS DIRECTOR OF OPERATIONS	(i)	0			0	0	0	0
	(ii)	146,761			29,487	19,344	195,592	0
14 ANGELO DASCOLI DIRECTOR OF HEALTH FUND	(i)	210,714	11,860		14,454	17,816	254,844	0
	(ii)	0			0	0	0	0
15 RANDI FARBER DIRECTOR, TECH & OPERATIONS	(i)	208,781	8,090	827	14,283	19,259	251,240	0
	(ii)	0			0	0	0	0
16 MARGARET NAPIER DIRECTOR OF COMPLIANCE	(i)	192,696	11,118		13,896	22,638	240,348	0
	(ii)	0			0	0	0	0
17 PETER HAMARICH DIRECTOR OF HR (THRU 1/1/2018)	(i)	189,456	11,214	745	13,621	18,896	233,932	0
	(ii)	0			0	0	0	0
18 THOMAS ORMSBY DIR OF BILLING & COLLECTIONS	(i)	191,738	7,500	1,148	13,643	20,876	234,905	0
	(ii)	0			0	0	0	0
19 ALAN LANGER DIRECTOR OF ACCOUNTING	(i)	187,726	10,926	385	13,559	19,376	231,972	0
	(ii)	0			0	0	0	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.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BUILDING SERVICE 32BJ HEALTH FUND

Employer identification number

13-2928869

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 1 - ORGANIZATION'S MISSION	ESTABLISHED TO PROVIDE HEALTH BENEFITS (MEDICAL, HOSPITAL, PRESCRIPTION, DENTAL, VISION, DISEASE MANAGEMENT), DEATH BENEFITS, LIFE INSURANCE, ACCIDENTAL DEATH AND DISMEMBERMENT AND LONG-TERM DISABILITY TO ITS ELIGIBLE PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS IN ACCORDANCE WITH A COLLECTIVE BARGAINING AGREEMENT OR PARTICIPATION AGREEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 1A - EXECUTIVE COMMITTEE	THE EXECUTIVE COMMITTEE OF THE 32BJ HEALTH FUND SHALL CONSIST OF TWO TRUSTEES OF THE FUND THE COMMITTEE IS DELEGATED FULL AUTHORITY TO ACT ON SUCH MATTERS AS IT SHALL DETERMINE TO REQUIRE ACTION BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT FOR AMENDMENTS TO THE TRUST AGREEMENT AND ANY MATTERS WHICH REQUIRE UNANIMOUS ACTION BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 2 - BUSINESS RELATIONSHIP	TRUSTEES HECTOR FIGUEROA, LARRY ENGELSTEIN AND SHIRLEY ALDEBOL SERVE AS PRESIDENT, EXECUTIVE VICE PRESIDENT AND VICE PRESIDENT OF SERVICE EMPLOYEES INTERNATIONAL UNION LOCAL 32BJ, RESPECTIVELY TRUSTEE KEVIN DOYLE SERVES AS A CONSULTANT FOR THE SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 32BJ DEPUTY TRUSTEES KYLE BRAGG, LENORE FRIEDLAENDER, MANNY PASTREICH AND JOHN SANTOS SERVE AS SECRETARY TREASURER, ASSISTANT TO THE PRESIDENT, AT LARGE BOARD AND VICE PRESIDENT OF SERVICE EMPLOYEE INTERNATIONAL UNION LOCAL 32BJ, RESPECTIVELY TRUSTEE HOWARD ROTHSCHILD AND DEPUTY TRUSTEES MICHAEL BADOWSKI AND HARRY WEINBERG SERVE AS PRESIDENT, EMPLOYEE AND EMPLOYEE OF REALTY ADVISORY BOARD ON LABOR RELATIONS, INC , RESPECTIVELY

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A - APPOINTMENT OF TRUSTEES	If a union trustee vacancy arises, the fund's trust agreement provides that the service employees international union local 32BJ has the power to appoint a successor union trustee for the fund. If an employer trustee vacancy arises, the fund's trust agreement provides that the realty advisory board has the power to appoint a successor employer trustee for the fund.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B - REVIEW OF FORM 990	The form 990 is reviewed by the Fund's Accounting Department. The final form 990 is then provided to the board of trustees for their review and approval prior to filing the return.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY	The fund is subject to the requirements of the employee retirement income security act, as amended ("ERISA") and the fiduciary standards of ERISA, including the prohibited transactions provisions, which constitutes the fund's conflict of interest policy. The board of trustees monitors and enforces compliance with those provisions as required by ERISA along with the assistance of the fund's professionals. In addition, the fund has an established Code of Ethical Conduct policy which, includes a conflicts of interest policy.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINES 15A/15B- TOP MGT OFFICIALS COMPENSATION	The fund retained an independent compensation consultant that conducted searches on a local and national level for similar jobs and determined reasonableness of the fund's compensation based on the benefits the fund provides and other internal factors. The consultant also built a salary structure foundation for the fund and that structure is reviewed annually and adjusted when appropriate. In addition, the director of human resources subscribes to an online compensation survey that is used as a tool in reviewing the fund's compensation for comparability purposes against the current job market.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19 - GOVERNING DOCUMENTS	The fund makes its governing documents, policies, and financial statements available to participants, beneficiaries, the sponsoring union, and contributing employers as required by ERISA

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BUILDING SERVICE 32BJ HEALTH FUND

Employer identification number

13-2928869

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)ABM JANITORIAL SERVICES INC									
(2)ALLIED UNIVERSAL SECURITY SERVICES									
(3)COLLINS BUILDING SERVICES INC									
(4)C&W FACILITY SERVICES INC									
(5)HARVARD MAINTENANCE INC									
(6)PRITCHARD INDUSTRIES INC									

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	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
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 VII Supplemental Information

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

Return Reference	Explanation
PART IV - CONTRIBUTING EMPLOYERS	BASED ON THE HIGH VOLUME OF CONTRIBUTING EMPLOYERS TO THE FUND, THE FUND IS DISCLOSING THOSE THAT CONTRIBUTED GREATER THAN 1% OF ALL CONTRIBUTIONS TO THE FUND THE FUND WILL MAKE AVAILABLE UPON REQUEST, THE LIST OF ALL OTHER CONTRIBUTORS TO THE FUND

Schedule Form 990 2012

