

2949324301011 9

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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending SEP 30, 2018

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SEIU LOCAL 1 & PARTICIPATING EMPLOYERS HEALTH TRUST		D Employer identification number 36-2857218
	Doing business as		E Telephone number 312-233-8800
	Number and street (or P.O. box if mail is not delivered to street address) 111 EAST WACKER DRIVE, 17TH FLOOR	Room/suite	G Gross receipts \$ 668,508,562.
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60601		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
F Name and address of principal officer THOMAS BALANOFF 111 EAST WACKER DRIVE, 17TH FLOOR, CHICAGO, IL 60601			
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (9) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: SEIU25.ORG			
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation 1974 M State of legal domicile: IL			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities HEALTH CARE COVERAGE FOR ELIGIBLE PARTICIPANTS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	29,575.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,314,657.	131,275,784.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	656,332.	749,253.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,633,149.	132,686,107.
	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)	108,846,206.	110,738,443.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,390,796.	1,481,488.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,175,501.	1,141,728.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	111,412,503.	113,361,659.
	19 Revenue less expenses - Subtract line 18 from line 12	15,220,646.	19,324,448.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	73,691,616.	96,759,810.
	22 Net assets or fund balances - Subtract line 21 from line 20	10,514,690.	14,143,821.

Part III 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
	THOMAS BALANOFF, CHAIRMAN	7-18-19
Paid	Print/Type preparer's name DANIELLE M. TYLER	Preparer's signature <i>Dani Tyler</i>
Preparer	Firm's name BANSLEY AND KIENER, LLP	Date 07/01/19
Use Only	Firm's address 8745 W HIGGINS RD STE 200 CHICAGO, IL 60631-2704	Check <input type="checkbox"/> if self-employed PTIN P01433924
		Firm's EIN 36-2152389
		Phone no 312-263-2700

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

☒ Yes ☐ No

942

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Form 990 (2017)

36-2857218 Page 2

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 BENEFITS (HOSPITAL, SURGICAL, MAJOR MEDICAL AND
DISABILITY) TO ELIGIBLE PARTICIPANTS.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
TO PROVIDE HEALTH BENEFITS (HOSPITAL, SURGICAL, MAJOR MEDICAL AND
DISABILITY) TO ELIGIBLE PARTICIPANTS.

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 ▶

Form 990 (2017)

DDJR
36-2857218 Page 3

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Form 990 (2017)

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>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>	X	
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X

Form 990 (2017)

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Form 990 (2017)

36-2857218 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		
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>		
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Form 990 (2017)

36-2857218 Page 5

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.		
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).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	X	
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)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
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.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Form 990 (2017)

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Form 990 (2017)

36-2857218 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6			
b Enter the number of voting members included in line 1a, above, who are independent.		0		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9			X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		X
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official.	X	
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **JAMES MCARDLE - 312-233-8800**
111 EAST WACKER DR., 17TH FLOOR, CHICAGO, IL 60601

Form 990 (2017)

Page 8

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	1
---	---	---

	Yes	No
3		X
4	X	
5		X

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5
---	--	---

732008 11-28-17

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Form 990 (2017)

36-2857218 Page 9

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	Business Code					
	2 a EMPLOYER CONTRIBUTIONS	900099	130,612,304.	130,612,304.		
	b LIQUIDATED DAMAGES	900099	344,552.	344,552.		
	c COBRA CONTRIBUTIONS	900099	318,928.	318,928.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		131,275,784.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,436,214.			1,436,214.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 642,600.				
	b Less rental expenses	3,265.				
	c Rental income or (loss)	639,335.				
	d Net rental income or (loss)		639,335.			639,335.
	7 a Gross amount from sales of assets other than inventory	(i) Securities 535,132,229.				
	b Less cost or other basis and sales expenses	535,819,190.				
	c Gain or (loss)	-686,961.				
	d Net gain or (loss)		-686,961.			-686,961.
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	21,735.	21,735.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		21,735.				
12 Total revenue See instructions		132,686,107.	131,297,519.	0.	1,388,588.	

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Form 990 (2017)

36-2857218 Page 10

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	110,738,443.			
5 Compensation of current officers, directors, trustees, and key employees	146,252.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	876,846.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	236,381.			
9 Other employee benefits	150,157.			
10 Payroll taxes	71,852.			
11 Fees for services (non-employees)				
a Management				
b Legal	107,288.			
c Accounting	83,947.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	139,948.			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)	158,844.			
12 Advertising and promotion				
13 Office expenses	159,407.			
14 Information technology	171,698.			
15 Royalties				
16 Occupancy	162,981.			
17 Travel	11,433.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,959.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,191.			
23 Insurance	48,317.			
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 PCORI FEES	56,039.			
b UBTI - QUALIFIED TRANSP	8,676.			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	113,361,659.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Form 990 (2017)

36-2857218 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non interest-bearing	41,362.	1	0.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,230,468.	4	12,053,010.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	44,348.	9	48,207.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,231,512.		
	10b Less accumulated depreciation	4,041,900.		
	10c	202,572.	10c	189,612.
	11 Investments - publicly traded securities	61,895,472.	11	83,982,623.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	277,394.	15	486,358.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	73,691,616.	16	96,759,810.	
Liabilities	17 Accounts payable and accrued expenses	116,176.	17	130,421.
	18 Grants payable		18	
	19 Deferred revenue	63,903.	19	103,120.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	10,334,611.	25	13,910,280.
	26 Total liabilities. Add lines 17 through 25	10,514,690.	26	14,143,821.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets			27	
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34				
30 Capital stock or trust principal, or current funds		0.	30	0.
31 Paid in or capital surplus, or land, building, or equipment fund		0.	31	0.
32 Retained earnings, endowment, accumulated income, or other funds		63,176,926.	32	82,615,989.
33 Total net assets or fund balances		63,176,926.	33	82,615,989.
34 Total liabilities and net assets/fund balances		73,691,616.	34	96,759,810.

Form 990 (2017)

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Form 990 (2017)

36-2857218 Page 12

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	132,686,107.
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,361,659.
3	Revenue less expenses Subtract line 2 from line 1	3	19,324,448.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,176,926.
5	Net unrealized gains (losses) on investments	5	114,615.
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	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,615,989.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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	X	
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?		X
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		

Form 990 (2017)

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 instructions and the latest information.

OMB No 1545-0047

2017Open to Public
InspectionName of the organization **SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**Employer identification number
36-2857218**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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	▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule D (Form 990) 2017

732051 10-09-17

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule D (Form 990) 2017

36-2857218 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 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	60,669.			60,669.
b Buildings	3,931,932.		3,908,451.	23,481.
c Leasehold improvements				
d Equipment				
e Other		238,911.	133,449.	105,462.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				189,612.

Schedule D (Form 990) 2017

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Schedule D (Form 990) 2017

36-2857218 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end of year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1 (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CLAIMS INCURRED BUT NOT REPORTED	8,669,000.
(3) CLAIMS PAYABLE	3,514,000.
(4) ACCUMULATED ELIGIBILITY CREDITS	1,511,000.
(5) BANK OVERDRAFT	216,280.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

13,910,280.

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 ☒

Schedule D (Form 990) 2017

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS

Schedule D (Form 990) 2017

HEALTH TRUST

36-2857218 Page 4

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	132,660,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	114,615.	
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	114,615.	
3	Subtract line 2e from line 1	3	132,546,159.	
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	139,948.	
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c	139,948.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	132,686,107.	

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	109,592,711.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	109,592,711.	
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	139,948.	
b	Other (Describe in Part XIII)	4b	3,629,000.	
c	Add lines 4a and 4b	4c	3,768,948.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	113,361,659.	

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.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE PLAN ADMINISTRATOR TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY FOR ANY UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE PLAN BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INCREASE IN PLAN'S BENEFIT OBLIGATIONS 3,629,000.

Part XIII	Supplemental Information <i>(continued)</i>
------------------	--

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Employer identification number

36-2857218

Part I Questions Regarding Compensation

- 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"/> 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 (such as, maid, chauffeur, chef) |

- b** If any of the boxes on 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, and officers, including the CEO/Executive Director, regarding the items checked on 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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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

Only section 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 on 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)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Page 2

1

row (ii)

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Employer identification number
36-2857218

FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEE'S WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD
OF TRUSTEES (GOVERNING BODY).

FORM 990, PART VI, SECTION B, LINE 11B:

THE FUND MANAGER IS RESPONSIBLE FOR THE REVIEW AND FILING OF THE FORM 990.
A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12:

THE TRUSTEES EXPECT PERSONS INVOLVED WITH THE HEALTH FUND TO FULLY DISCLOSE
ANY RELATIONSHIPS WITH OTHER PARTIES THAT MAY BE CONSIDERED TO BE, OR THAT
MAY HAVE THE POTENTIAL TO BE, A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

SALARIES ARE REVIEWED ANNUALLY AND APPROVED BY THE BOARD OF TRUSTEES. THE
FUND MANAGER'S SALARY AND BENEFITS ARE SHARED WITH SEIU LOCAL 1 &
PARTICIPATING EMPLOYERS PENSION TRUST. THE FUND MANAGER'S TOTAL
COMPENSATION, LISTED ON PAGE 7 AND ON SCHEDULE J, IS ALLOCATED BETWEEN THE
HEALTH FUND AND THE SEIU LOCAL 1 & PARTICIPATING EMPLOYERS PENSION TRUST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE HEALTH FUND OFFICE.

FORM 990, PART XII, LINE 2C

THE BOARD OF TRUSTEES SELECT THE INDEPENDENT AUDITORS. THE OVERSIGHT OF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Employer identification number
36-2857218

THE AUDIT IS PERFORMED BY THE FUND MANAGER.

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

[illegible]

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
ABM JANITORIAL SERVICES	CONTRIBUTING EMPLOYER								X
HARVARD MAINTENANCE	CONTRIBUTING EMPLOYER								X
MILLARD GROUP INC	CONTRIBUTING EMPLOYER								X
SECURITAS USA INC	CONTRIBUTING EMPLOYER								X
TOTAL FACILITY MAINT. INC	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TITAN SEC SERV INC	CONTRIBUTING EMPLOYER								X
RJB PROPERTIES INC	CONTRIBUTING EMPLOYER								X
PREMIER SECURITY	CONTRIBUTING EMPLOYER								X
VARGAS GROUP LTD	CONTRIBUTING EMPLOYER								X
DIVERSE FAC SOLUTIONS	CONTRIBUTING EMPLOYER								X
A & R JANITORIAL SRVCS	CONTRIBUTING EMPLOYER								X
ARAMARK - 2145 SHERIDAN	CONTRIBUTING EMPLOYER								X
ALLIED UNIVERSAL SEC	CONTRIBUTING EMPLOYER								X
ABLE BUILDING MAINTENANCE	CONTRIBUTING EMPLOYER								X
SECURAMERICA LLC	CONTRIBUTING EMPLOYER								X
ARAMARK - INDIAN PR	CONTRIBUTING EMPLOYER								X
CITY COLLEGES OF CHICAGO	CONTRIBUTING EMPLOYER								X

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
KIMCO FACILITY SERVICES	CONTRIBUTING EMPLOYER								X
UNION HEALTH SERVICE	CONTRIBUTING EMPLOYER								X
MIDWAY BUILDING SERV LTD	CONTRIBUTING EMPLOYER								X
WHELAN SECURITY OF IL INC	CONTRIBUTING EMPLOYER								X
SOS SECURITY LLC	CONTRIBUTING EMPLOYER								X
DTZ UGL UNICCO	CONTRIBUTING EMPLOYER								X
BMS OF CHICAGO LLC	CONTRIBUTING EMPLOYER								X
GERALEX JANITORIAL SERV	CONTRIBUTING EMPLOYER								X
SECURITAS USA SUBURBAN	CONTRIBUTING EMPLOYER								X
UG2	CONTRIBUTING EMPLOYER								X
SMITH MAINTENANCE CO	CONTRIBUTING EMPLOYER								X
MAINT ENGINEERING GSF	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
UNIVERSAL PROTECTION SERV	CONTRIBUTING EMPLOYER								X
ARAMARK - MCCORMICK	CONTRIBUTING EMPLOYER								X
KCR MAINTENANCE	CONTRIBUTING EMPLOYER								X
TRIAD CONSULTING SERVICES	CONTRIBUTING EMPLOYER								X
EBM INC	CONTRIBUTING EMPLOYER								X
HARVARD PROTECT	CONTRIBUTING EMPLOYER								X
DANMARK SECURITY LLC	CONTRIBUTING EMPLOYER								X
ALLIED UNIVERSAL SUB	CONTRIBUTING EMPLOYER								X
RIDGE MAINTENANCE GROUP	CONTRIBUTING EMPLOYER								X
MERIDIAN MGMT CORP	CONTRIBUTING EMPLOYER								X
A & A MAINTENANCE	CONTRIBUTING EMPLOYER								X
G4S SECURE SOLUTIONS USA	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ANDREWS INTERNATIONAL	CONTRIBUTING EMPLOYER								X
DIGBY'S DET & SEC AGENCY	CONTRIBUTING EMPLOYER								X
CRESCENT CLEANING CO.	CONTRIBUTING EMPLOYER								X
SODEXO INC	CONTRIBUTING EMPLOYER								X
ALLIED UNIVERSAL SEC SUB	CONTRIBUTING EMPLOYER								X
GCA SERVICES GROUP	CONTRIBUTING EMPLOYER								X
GUARD MANAGEMENT SRVS GRP	CONTRIBUTING EMPLOYER								X
COMMAND SECURITY CORP	CONTRIBUTING EMPLOYER								X
ABM JAN SERV INDIANA	CONTRIBUTING EMPLOYER								X
CLORICA MANAGEMENT CORP	CONTRIBUTING EMPLOYER								X
GLOBETROTTERS INT'L INC	CONTRIBUTING EMPLOYER								X
ROOSEVELT UNIVERSITY	CONTRIBUTING EMPLOYER								X

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ABM SECURITY	CONTRIBUTING EMPLOYER								X
ALL IN ONE SUPPLY LLC	CONTRIBUTING EMPLOYER								X
SCRUB INC	CONTRIBUTING EMPLOYER								X
SKYTECH ENTERPRISES LTD	CONTRIBUTING EMPLOYER								X
JEWISH FED OF METRO CHGO	CONTRIBUTING EMPLOYER								X
TACTICAL SECURITY	CONTRIBUTING EMPLOYER								X
AMERICAN MTCE AIRPORT GRP	CONTRIBUTING EMPLOYER								X
CHICAGO HILTON & TOWERS	CONTRIBUTING EMPLOYER								X
BLACK KNIGHT SECURITY	CONTRIBUTING EMPLOYER								X
PALMER HOUSE HILTON	CONTRIBUTING EMPLOYER								X
STAR DETECTIVE & SEC	CONTRIBUTING EMPLOYER								X
APACHE CO	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
JACKSON MGMT & INVESTMTS	CONTRIBUTING EMPLOYER								X
MERCHANDISE MART PROP INC	CONTRIBUTING EMPLOYER								X
FACT FINDERS GROUP INC	CONTRIBUTING EMPLOYER								X
BP NAPERVILLE/ EUREST SER	CONTRIBUTING EMPLOYER								X
ARAMARK - NU	CONTRIBUTING EMPLOYER								X
ARAMARK - BOEING	CONTRIBUTING EMPLOYER								X
WE'RE CLEANING	CONTRIBUTING EMPLOYER								X
MONTAUK COMPANY	CONTRIBUTING EMPLOYER								X
DE PAUL UNIVERSITY	CONTRIBUTING EMPLOYER								X
MELGAR FACILITY MTCE	CONTRIBUTING EMPLOYER								X
SECURITY PARTNERS INTL	CONTRIBUTING EMPLOYER								X
ALLIED UNIVERSAL SEC DT	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BERGER REALTY GROUP	CONTRIBUTING EMPLOYER								X
PREFERRED BLDG SERVICES	CONTRIBUTING EMPLOYER								X
LOGISTICS TECH SERVICES	CONTRIBUTING EMPLOYER								X
ZENITH FACILITY SERVICES	CONTRIBUTING EMPLOYER								X
PRUDENTIAL PROTECTIVE SRV	CONTRIBUTING EMPLOYER								X
ISS	CONTRIBUTING EMPLOYER								X
DE PAUL UNIVERSITY	CONTRIBUTING EMPLOYER								X
ADMIRAL SECURITY SERV	CONTRIBUTING EMPLOYER								X
KLEAN - KO INC.	CONTRIBUTING EMPLOYER								X
UNITED NETWORK BUREAU	CONTRIBUTING EMPLOYER								X
COVENANT SECURITY SERVICE	CONTRIBUTING EMPLOYER								X
HARD SURFACE FINISHERS	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ECO CLEAN MAINTENANCE	CONTRIBUTING EMPLOYER								X
LAB CORP	CONTRIBUTING EMPLOYER								X
EUREST SERVICES	CONTRIBUTING EMPLOYER								X
TOTAL MAINTENANCE MGMT	CONTRIBUTING EMPLOYER								X
ARAMARK - JAMES ALLEN	CONTRIBUTING EMPLOYER								X
WRIGLEY FIELD ENTERPRISES	CONTRIBUTING EMPLOYER								X
CMC & MAINTENANCE INC	CONTRIBUTING EMPLOYER								X
CWS MTCE CO	CONTRIBUTING EMPLOYER								X
DRAKE HOTEL	CONTRIBUTING EMPLOYER								X
INNOVATIVE FACILITY SRVCS	CONTRIBUTING EMPLOYER								X
CHICAGO MANAGEMENT PERSON	CONTRIBUTING EMPLOYER								X
1440 N LAKE SHORE BL	CONTRIBUTING EMPLOYER								X

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHICAGO FIVE-O	CONTRIBUTING EMPLOYER								X
SUDLER PROP MGMT	CONTRIBUTING EMPLOYER								X
FIRSTSERVICE RESIDENTIAL	CONTRIBUTING EMPLOYER								X
TOLEDO BUILDING SERVICES	CONTRIBUTING EMPLOYER								X
JALMEX INC	CONTRIBUTING EMPLOYER								X
MARC REALTY	CONTRIBUTING EMPLOYER								X
MCCAFFERY INTERESTS	CONTRIBUTING EMPLOYER								X
VOLARE EAGLE SERVICES	CONTRIBUTING EMPLOYER								X
4300 N MARINE DR CONDO	CONTRIBUTING EMPLOYER								X
RESIDENCES AT RIVER BEN	CONTRIBUTING EMPLOYER								X
ANCHOR MECHANICAL INC	CONTRIBUTING EMPLOYER								X
747 N WABASH PARTNERS LLC	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
KARD DBA DEPENDABLE	CONTRIBUTING EMPLOYER								X
INTER CAPITAL REALTY CO	CONTRIBUTING EMPLOYER								X
3150 N SHERIDAN C.A.	CONTRIBUTING EMPLOYER								X
EAST LAKE MANAGEMENT	CONTRIBUTING EMPLOYER								X
S&A CLEANING SERVICES	CONTRIBUTING EMPLOYER								X
BUILDING GROUP	CONTRIBUTING EMPLOYER								X
1000 W WASHINGTON CONDO	CONTRIBUTING EMPLOYER								X
WEST SIDE REALTY-LH705	CONTRIBUTING EMPLOYER								X
MILLENNIUM PK LIVING INC	CONTRIBUTING EMPLOYER								X
CMS SOURCING SOLUTIONS	CONTRIBUTING EMPLOYER								X
ANDY FRAIN SERVICES INC	CONTRIBUTING EMPLOYER								X
MENDEZ CLEANING SERVICES	CONTRIBUTING EMPLOYER								X

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
600 N FAIRBANKS CONDO ASS	CONTRIBUTING EMPLOYER								X
CUSTODIAL PLUS LLC	CONTRIBUTING EMPLOYER								X
SERVICE MASTER CHGO	CONTRIBUTING EMPLOYER								X
JACKSON TOWERS	CONTRIBUTING EMPLOYER								X
UNITED MAINTENANCE CO.	CONTRIBUTING EMPLOYER								X
CUSHMAN & WAKEFIELD	CONTRIBUTING EMPLOYER								X
MB FINANCIAL BANK	CONTRIBUTING EMPLOYER								X
CONGREGATION RODFEI ZEDEK	CONTRIBUTING EMPLOYER								X
LINCOLN PROPERTY COMPANY	CONTRIBUTING EMPLOYER								X
LEGUM & NORMAN MID-WEST	CONTRIBUTING EMPLOYER								X
WESLEY REALTY GROUP	CONTRIBUTING EMPLOYER								X
MULTISYSTEM BLDG MAINT	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
INTER UNION OPER ENG LI50	CONTRIBUTING EMPLOYER								X
B & C SERVICES OF IL	CONTRIBUTING EMPLOYER								X
C-R ADLAKE LTD PARTNERSHP	CONTRIBUTING EMPLOYER								X
CHICAGO TEMPLE BLDG	CONTRIBUTING EMPLOYER								X
ISS FACILITY SERVICES	CONTRIBUTING EMPLOYER								X
COURTHOUSE DEVELOPMENT	CONTRIBUTING EMPLOYER								X
33 W JACKSON BLVD C.A.	CONTRIBUTING EMPLOYER								X
PERFORMANCE CLEAN	CONTRIBUTING EMPLOYER								X
MB REAL ESTATE	CONTRIBUTING EMPLOYER								X
M & M MANAGERIAL SERV INC	CONTRIBUTING EMPLOYER								X
SIGNAL 88 SECURITY	CONTRIBUTING EMPLOYER								X
SEIU LOCAL 1 AND PARTICIPATING EMPLOYERS PENSION TRUST	CONTRIBUTING EMPLOYER								X

SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST

Schedule R (Form 990)

36-2857218

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THE WELLINGTON CONDO	CONTRIBUTING EMPLOYER								X
CHICAGO MARBLE POLISHERS	CONTRIBUTING EMPLOYER								X
ARAMARK - GEN BRD PENSION	CONTRIBUTING EMPLOYER								X
HAWTHORNE RACE COURSE INC	CONTRIBUTING EMPLOYER								X
20TH CENTURY SERVICES NY	CONTRIBUTING EMPLOYER								X
M & J WILKOW LTD	CONTRIBUTING EMPLOYER								X
INTERNATIONAL CLEANING	CONTRIBUTING EMPLOYER								X
METRO FACILITY SOLUTIONS	CONTRIBUTING EMPLOYER								X
RES OF 41 E 8TH ST C.A.	CONTRIBUTING EMPLOYER								X
BEL HARBOR MNGMNT OFFICE	CONTRIBUTING EMPLOYER								X
2100 CABRINI LP/KINZIE PR	CONTRIBUTING EMPLOYER								X
V TOWER'S CONDO ASSOC	CONTRIBUTING EMPLOYER								X

Part IV

Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

[illegible]

**SEIU LOCAL 1 & PARTICIPATING EMPLOYERS
HEALTH TRUST**

36-2857218 Page 3

Schedule R (Form 990) 2017

Part IV Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		41		

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.

[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

BOARD OF TRUSTEES SEIU LOCAL 1 & PARTICIPATING EMPLOYERS

HEALTH TRUST

EIN: 36-2857218

111 EAST WACKER DRIVE, 17TH FLOOR

CHICAGO, IL 60601

FORM 990, SCHEDULE R, PART IV

THE ORGANIZATION IS A MULTIEMPLOYER COLLECTIVELY BARGAINED EMPLOYEE

BENEFIT PLAN THAT IS SUBJECT TO THE PROVISIONS OF THE EMPLOYEE

RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA). ALL CONTRIBUTING

EMPLOYERS OF THE ORGANIZATION ARE LISTED IN PART IV OF SCHEDULE R.