

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
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable: <input type="checkbox"/> Address change <input 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 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES % MARIA ACOSTA CFO Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 842 <hr/> City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10108	D Employer identification number 13-1628401 <hr/> E Telephone number (646) 473-6365 <hr/> G Gross receipts \$ 1,442,883,901
F Name and address of principal officer MITRA BEHROOZI 330 WEST 42ND STREET ST FLOOR NEW YORK, NY 10036		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 ▶
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		L Year of formation 1949 M State of legal domicile NY
J Website: ▶ HTTP //1199SEIUBENEFITS.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE HEALTH & WELFARE BENEFITS TO MEMBERS AND THEIR ELIGIBLE DEPENDENTS <hr/> 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b Net unrelated business taxable income from Form 990-T, line 34	3 4 5 6 7a 7b	36 20 1,418 20 0 0
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 0 1,556,039,734 5,821,685 1,888,630 1,563,750,049	Current Year 0 1,428,549,955 7,349,896 6,984,050 1,442,883,901
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	0 1,312,982,083 63,138,382 0 39,188,178 1,415,308,643 148,441,406	0 1,385,491,520 64,915,479 0 39,898,980 1,490,305,979 -47,422,078
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year 901,829,548 332,076,302 569,753,246	End of Year 839,947,416 321,125,799 518,821,617

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 <hr/> MARIA ACOSTA CFO Type or print name and title	2016-11-11 Date
Paid Preparer Use Only	Print/Type preparer's name DAVID M HIGHFILL <hr/> Firm's name ▶ KPMG LLP Firm's address ▶ 345 Park Avenue New York, NY 101540102	Preparer's signature DAVID M HIGHFILL <hr/> Date 2016-11-11 Check <input type="checkbox"/> if self-employed Phone no (212) 758-9700 PTIN P01517891 Firm's EIN ▶

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE HEALTH & WELFARE BENEFITS TO MEMBERS AND THEIR ELIGIBLE DEPENDENTS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
TO PROVIDE HEALTH & WELFARE BENEFITS TO APPROXIMATELY 152,578 MEMBERS AND THEIR ELIGIBLE DEPENDENTS

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

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

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

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

<p>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></p>	<p>21</p>	<p>No</p>
<p>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></p>	<p>22</p>	<p>No</p>
<p>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></p>	<p>23</p>	<p>Yes</p>
<p>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></p>	<p>24a</p>	<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	
<p>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?</p>	<p>24c</p>	
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	
<p>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></p>	<p>25a</p>	
<p>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></p>	<p>25b</p>	
<p>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></p>	<p>26</p>	<p>No</p>
<p>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></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>No</p>
<p>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></p>	<p>28c</p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>	<p>No</p>
<p>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></p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p>No</p>
<p>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></p>	<p>32</p>	<p>No</p>
<p>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></p>	<p>33</p>	<p>No</p>
<p>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></p>	<p>34</p>	<p>Yes</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>No</p>
<p>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></p>	<p>35b</p>	
<p>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></p>	<p>36</p>	
<p>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></p>	<p>37</p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		No
b	If "Yes," enter the name of the foreign country <input type="text"/> 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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?		No
6b	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	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.			
8	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter			
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter			
11a	Gross income from members or shareholders		
11b	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?			
12b	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.			
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 MARIA ACOSTA CFO PO BOX 842 NEW YORK, NY 10108 (646) 473-6336	

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,008,534	4,029,585	2,244,750	

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 ▶ 28

	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
CUSHMAN WAKEFIELD INC, 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	REAL ESTATE	22,672,291
CAREALLIES, CIGNA BEHAVIORIAL HEALTH PO BOX 145 MINNEAPOLIS, MN 554857307	CLAIMS PROCESSING	2,657,206
EBS MASTER LLC DBA EMDEON, 3055 LEBANON PIKE SUITE 1000 NASHVILLE, TN 37214	CLAIMS PROCESSING	2,156,945
MEDCO HEALTH SOLUTIONS, 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07047	CLAIMS PROCESSING	1,761,798
DHU REALTY CORPORATION, EAST 310 W 43RD STREET 5TH FLOOR NEW YORK, NY 10036	REAL ESTATE SERVICES	1,321,173

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 ▶ 93

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	2a EMPLOYER PLAN CONTRIBUTIONS	Business Code 900099	1,419,382,505	1,419,382,505		
	b COBRA CONTRIBUTIONS	900099	2,625,944	2,625,944		
	c ADVANCE TRAINING INITIATIVE	900099	6,541,506	6,541,506		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		1,428,549,955			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		7,349,896		7,349,896
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				
		c Gain or (loss)				
d Net gain or (loss) ▶			0			
8a 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 . . ▶		0		
9a Gross income from gaming activities See Part IV, line 19		a _____				
		b Less direct expenses b _____				
	c Net income or (loss) from gaming activities . . . ▶		0			
10a 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 . . ▶		0			
Miscellaneous Revenue	Business Code					
11a INTEREST/CHARGES EMPLOYER DELINQUENCY	900099	6,984,050	6,984,050			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		6,984,050				
12 Total revenue. See Instructions ▶		1,442,883,901	1,435,534,005		7,349,896	

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, lines 15 and 16	0			
4	Benefits paid to or for members	1,385,491,520			
5	Compensation of current officers, directors, trustees, and key employees	1,817,942			
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	42,355,113			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,253,032			
9	Other employee benefits	39,003			
10	Payroll taxes	3,450,389			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,016,842			
c	Accounting	478,895			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	511,459			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,004,713			
12	Advertising and promotion	0			
13	Office expenses	6,327,043			
14	Information technology	3,053,504			
15	Royalties	0			
16	Occupancy	10,213,576			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,508,651			
23	Insurance	1,081,820			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PRESCRIPTION ADMIN CHARGES	2,637,484			
b	MANAGED CARE - PRECERT	2,659,850			
c	MVP ADMIN CHARGES	722,012			
d	OTHER EXPENSES	683,131			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,490,305,979			
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	24,603,495	1	29,276,728
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	218,964,635	4	192,299,369
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	9,189,689	9	10,171,589
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 206,496,034		
	b Less accumulated depreciation	10b 162,830,894	44,752,722	10c 43,665,140
	11 Investments—publicly traded securities	351,124,263	11	271,107,824
	12 Investments—other securities. See Part IV, line 11	152,138,781	12	204,841,784
	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	101,055,963	15	88,584,982
16 Total assets. Add lines 1 through 15 (must equal line 34)	901,829,548	16	839,947,416	
Liabilities	17 Accounts payable and accrued expenses	28,546,348	17	27,597,508
	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	303,529,954	25	293,528,291
	26 Total liabilities. Add lines 17 through 25	332,076,302	26	321,125,799
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	569,753,246	27	518,821,617
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	569,753,246	33	518,821,617	
34 Total liabilities and net assets/fund balances	901,829,548	34	839,947,416	

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	1,442,883,901
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,490,305,979
3	Revenue less expenses Subtract line 2 from line 1	3	-47,422,078
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	569,753,246
5	Net unrealized gains (losses) on investments	5	-3,509,551
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	518,821,617

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE MCIVER EMPLOYER TRUSTEE	1 0	X						0	0	
MICHAEL ROSENBLUT EMPLOYER TRUSTEE	1 0	X						0	0	
FRANK SCHEETS EMPLOYER TRUSTEE	1 0	X						0	0	
ROSEANN SIMONELLI EMPLOYER TRUSTEE	1 0	X						0	0	
CARMEN SUARDY EMPLOYER TRUSTEE	1 0	X						0	0	
AUDREY WATHEN EMPLOYER TRUSTEE	1 0	X						0	0	
STACIE WILLIAMS EMPLOYER TRUSTEE	1 0	X						0	0	
KEITH WOLF EMPLOYER TRUSTEE	1 0	X						0	0	
NORMA AMSTERDAM UNION TRUSTEE	1 0	X						0	126,902	43,96
YVONNE ARMSTRONG UNION TRUSTEE	6 0	X						0	118,744	44,54

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LISA BROWN UNION TRUSTEE	1 0 3 0	X						0	126,678	44,420
MARIA CASTANEDA UNION TRUSTEE	1 0 6 0	X						0	166,811	62,790
ANGELA DOYLE UNION TRUSTEE	1 0 4 0	X						0	0	0
GEORGE GRESHAM UNION TRUSTEE	1 0 5 0	X						0	220,644	77,530
STEVE KRAMER UNION TRUSTEE	1 0 4 0	X						0	111,785	44,370
DALTON MAYFIELD UNION TRUSTEE	1 0 0 0	X						0	105,651	30,030
JOYCE NEIL UNION TRUSTEE	1 0 3 0	X						0	114,689	43,890
BRUCE POPPER UNION TRUSTEE	1 0 0 0	X						0	103,917	31,700
LAWRENCE PORTER UNION TRUSTEE	1 0 1 0	X						0	93,909	35,320
JOHN REID UNION TRUSTEE	1 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE RICHARD UNION TRUSTEE	1 0 4 0	X						0	126,402	44,640
HELEN SCHAUB UNION TRUSTEE	1 0 1 0	X						0	88,047	36,270
NEVA SHILLINGFORD UNION TRUSTEE	1 0 4 0	X						0	120,226	40,610
LAURIE VALLONE UNION TRUSTEE	1 0 2 0	X						0	102,952	24,000
ESTELA VASQUEZ UNION TRUSTEE	1 0 3 0	X						0	110,800	44,500
GLADYS WRENICK UNION TRUSTEE	1 0 2 0	X						0	103,201	34,700
MARIA ACOSTA CFO	15 0 15 0			X				137,676	120,405	97,190
MITRA BEHROOZI EXECUTIVE OFFICER	15 0 15 0			X				255,495	240,180	185,850
KATHERINE M FALLON BENEFITS CHIEF OF STAFF	15 0 15 0			X				188,347	177,058	138,310
FREDERICK HAGEN CHIEF BENEFITS OFFICER	15 0 15 0			X				209,251	196,709	161,340

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORRAINE MONCHAK CHIEF INVESTMENTS OFFICER	15 0			X				335,385	315,284	248,29
DONNA REY CHIEF OPERATING OFFICER	15 0			X				189,218	165,480	135,87
GLENN L DI BIASI CHIEF TECHNOLOGY OFFICER	15 0					X		138,963	121,529	98,88
BRANDY D SHILOH CHIEF OF STAFF - STRATEGIC OPS	15 0					X		162,551	142,159	119,14
BARBARA SOLDANO CHIEF INFORMATION SECURITY OFF	15 0					X		139,532	122,028	95,35
JOSHUA SORENSEN NBF-INVESTMENT ANALYST	1 0					X		6,695	256,684	102,46
JEFFREY STEIN FUND COUNSEL	15 0					X		245,421	230,711	178,67

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1628401

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

(continued)

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to 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

	Yes	No
3a(i) unrelated organizations		
3a(ii) related organizations		
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to 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)	Accumulated (c) depreciation	(d) Book value
1a Land				
b Buildings		0	0	0
c Leasehold improvements		88,095,748	74,013,668	14,082,080
d Equipment		102,942,343	73,621,718	29,320,625
e Other		15,457,943	15,195,508	262,435
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ▶				43,665,140

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS	204,656,751	F
(B) DERIVATIVE INSTRUMENTS	185,033	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	204,841,784	

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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) ACCRUED INVESTMENT INCOME	1,019,844
(2) DUE FROM PHARMACY & OTHER	42,597,804
(3) DUE FROM BROKERS	33,796,939
(4) DUE FROM RELATED ENTITIES	4,628,889
(5) ADVANCE TRAINING INITIATIVE	6,541,506
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	88,584,982

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
Federal income taxes	0
SECURITY LENDING AGREEMENT	20,113,924
DUE TO BROKERS	54,420,201
DUE TO RELATED ENTITIES	11,422,165
CLAIMS INCURRED BUT NOT REPORT	190,603,482
SHORT-SALE OF GOVERNMENT SECUR	16,783,486
DERIVATIVE FIN INSTRUMENTS	185,033
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	293,528,291

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	1,438,862,891
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-3,509,551
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	-3,509,551
3	Subtract line 2e from line 1	3	1,442,372,442
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	511,459
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	511,459
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,442,883,901

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	1,489,286,190
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	1,489,286,190
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	511,459
b	Other (Describe in Part XIII)	4b	508,330
c	Add lines 4a and 4b	4c	1,019,789
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,490,305,979

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
RECONCILIATION OF EXPENSES	FORM 990, SCHEDULE D, PART XII, LINE 4B CHANGE IN BENEFITS REPORTED AND PAID \$508,330

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

**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.**

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
13-1628401

Part I 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 (e.g., maid, chauffeur, chef) |
- b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" 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 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 non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN	SCHEDULE J, PART 1, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN UNDER SECTION 457(F) AMOUNTS DEFERRED AND ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE BASED ON THE PERFORMANCE OF FUTURE SERVICES BEHROOZI, MITRA \$18,000 MONCHAK, LORRAINE \$18,000 HAGEN, FREDERICK \$ 3,500 FALLON, KATHERINE \$16,200 REY, DONNA \$ 7,667 ACOSTA, MARIE \$ 7,370 STEIN, JEFFREY \$15,900 SHILOH, BRANDY \$ 7,950 DI BIASI, GLENN \$ 6,300 SORENSEN, JOSHUA \$13,222
COMPENSATION ALLOCATION	FORM 990, SCHEDULE J, PART II ALL OFFICERS AND KEY EMPLOYEES ARE PAID BY THE 1199SEIU NATIONAL BENEFIT FUND FOR HEALTH AND HUMAN SERVICE EMPLOYEES (NBF) FOR THEIR SERVICES PERFORMED FOR ALL 1199SEIU FUNDS THEIR SALARY IS THEN ALLOCATED TO EACH FUND BASED AN ALLOCATION STUDY AND IS REPORTED AS IF PAID BY THE FILING ORGANIZATION THE AMOUNT REPORTED IN SCHEDULE J, PART II, LINE (I) REPRESENTS THE AMOUNT ALLOCATED TO NBF AND THE AMOUNTS REPORTED ON LINE (II) REPRESENT THE TOTAL SALARY AND BENEFITS RECEIVED FOR SERVICES PROVIDED TO ALL 1199SEIU FUNDS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NORMA AMSTERDAM UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	126,902	0	0	11,481	32,480	170,863	0
1YVONNE ARMSTRONG UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	118,744	0	0	11,456	33,093	163,293	0
2LISA BROWN UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	126,678	0	0	11,481	32,948	171,107	0
3MARIA CASTANEDA UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	166,811	0	0	16,196	46,601	229,608	0
4GEORGE GRESHAM UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	220,644	0	0	20,092	57,442	298,178	0
5STEVE KRAMER UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	111,785	0	0	11,481	32,892	156,158	0
6JOYCE NEILUNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	114,689	0	0	11,276	32,620	158,585	0
7BRUCE RICHARD UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	126,402	0	0	11,481	33,167	171,050	0
8NEVA SHILLINGFORD UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	120,226	0	0	10,438	30,176	160,840	0
9ESTELA VASQUEZ UNION TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	110,800	0	0	11,481	33,019	155,300	0
10MARIA ACOSTACFO	(i)	128,687	0	8,989	13,692	38,156	189,524	0
	(ii)	112,543	0	7,862	11,975	33,369	165,749	0
11MITRA BEHROOZI EXECUTIVE OFFICER	(i)	237,767	0	17,728	25,298	70,498	351,291	0
	(ii)	223,515	0	16,665	23,782	66,272	330,234	0
12KATHERINE M FALLON BENEFITS CHIEF OF STAFF	(i)	176,950	0	11,397	18,827	52,466	259,640	0
	(ii)	166,344	0	10,714	17,699	49,321	244,078	0
13FREDERICK HAGEN CHIEF BENEFITS OFFICER	(i)	206,414	0	2,837	21,962	61,202	292,415	0
	(ii)	194,042	0	2,667	20,646	57,533	274,888	0
14LORRAINE MONCHAK CHIEF INVESTMENTS OFFICER	(i)	317,657	0	17,728	33,799	94,185	463,369	0
	(ii)	298,618	0	16,666	31,773	88,540	435,597	0
15DONNA REY CHIEF OPERATING OFFICER	(i)	179,909	0	9,309	19,142	53,343	261,703	0
	(ii)	157,339	0	8,141	16,741	46,651	228,872	0
16GLENN L DI BIASI CHIEF TECHNOLOGY OFFICER	(i)	130,935	0	8,028	13,931	38,822	191,716	0
	(ii)	114,509	0	7,020	12,184	33,952	167,665	0
17BRANDY D SHILOH CHIEF OF STAFF - STRATEGIC OPS	(i)	157,757	0	4,794	16,785	46,775	226,111	0
	(ii)	137,966	0	4,193	14,680	40,907	197,746	0
18BARBARA SOLDANO CHIEF INFORMATION SECURITY OFF	(i)	126,256	0	13,276	13,434	37,435	190,401	0
	(ii)	110,417	0	11,611	11,748	32,739	166,515	0
19JOSHUA SORENSEN NBF-INVESTMENT ANALYST	(i)	6,464	0	231	688	1,917	9,300	0
	(ii)	247,846	0	8,838	26,371	73,486	356,541	0

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				
21 JEFFREY STEIN FUND COUNSEL	(i)	228,579	0	24,321	67,774	337,516	0
	(ii)	214,879	0	22,863	-	-	0
					63,712	317,286	

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
1199SEIU NATIONAL BENEFIT FUND FOR
HEALTH AND HUMAN SERVICE EMPLOYEES**Employer identification number**

13-1628401

990 Schedule O, Supplemental Information

Return Reference	Explanation
BUSINESS RELATIONSHIP	FORM 990, PART VI, LINE 2 ALL OF THE UNION TRUSTEES ARE ALSO EMPLOYEES OF 1199SEIU (THE UNION) AND THEREFORE HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER.
POWER TO ELECT	FORM 990, PART VI, LINES 7A THE UNION TRUSTEES ARE APPOINTED BY 1199SEIU UNITED HEALTHCARE WORKERS EAST, AND THE EMPLOYER TRUSTEES ARE APPOINTED BY THE LEAGUE OF VOLUNTARY HOSPITALS AND HOMES OF NEW YORK

990 Schedule O, Supplemental Information

Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, SECTION B, LINE 11B THE CHIEF FINANCIAL OFFICER AND FINANCE TEAM REVIEW THE DRAFT FORM 990 AND CONFER WITH THE ACCOUNTANTS AND LEGAL COUNSEL TO ENSURE THE ACCURACY OF THE RETURN ANY CONCERNS ARE NOTED AND ADDRESSED AND MANAGEMENT ENSURES THAT THE CHANGES ARE INCORPORATED IN THE FORM 990 THE COMPLETED FORM 990 IS THEN SIGNED BY THE CHIEF FINANCIAL OFFICER
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C TRUSTEES AND EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE OR UPDATE TO THE EXECUTIVE DIRECTOR, OR DESIGNEE, THEIR INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTERESTS FOR EACH INTEREST DISCLOSED BY A TRUSTEE, THE EXECUTIVE DIRECTOR OR DESIGNEE WILL DETERMINE WHETHER TO (A) TAKE NO ACTION (B) ASSURE FULL DISCLOSURE TO THE TRUSTEES (C) ASK THE TRUSTEE TO BE RECUSED FROM PARTICIPATION IN RELATED DISCUSSIONS OR DECISIONS, AND/OR (D) ASK THE TRUSTEE TO RESIGN REGARDING EMPLOYEES, COMPLETED CONFLICTS OF INTEREST DISCLOSURE FORMS WILL BE REVIEWED BY THE HUMAN RESOURCES DEPARTMENT AND DISCLOSED CONFLICTS WILL BE REVIEWED BY CHIEF OF HUMAN RESOURCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW	FORM 990, PART VI, SECTION B, LINE 15A AND 15B COMPENSATION FOR ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE FUND IS DETERMINED BY THE CROSS FUNDS COMPENSATION COMMITTEE (THE "COMMITTEE"), COMPRISED OF INDEPENDENT MEMBERS THE COMMITTEE UTILIZES APPROPRIATE DATA AS TO COMPARABILITY IN ITS DETERMINATIONS, INCLUDING INFORMATION PROVIDED BY INDEPENDENT COMPENSATION CONSULTANTS THE COMMITTEE DOCUMENTS THE BASIS FOR ANY COMPENSATION DETERMINATIONS CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE THE COMMITTEE DETERMINES COMPENSATION PERIODICALLY AS IT DEEMS APPROPRIATE
PUBLIC DISCLOSURE	FORM 990, PART VI, SECTION C, LINE 19 SUMMARY PLAN DESCRIPTIONS AND FINANCIAL REPORTS ARE MADE PUBLIC PURSUANT TO IRS REQUIREMENTS WRITTEN REQUESTS FOR OTHER INFORMATION WILL BE FORWARDED TO GENERAL COUNSEL'S OFFICE FOR CONSIDERATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
UNRELATED BUSINESS INCOME TAX	UNDER INTERNAL REVENUE CODE (IRC) SECTION 419A(F)(5)(A), COLLECTIVE BARGAINING AGREEMENTS ARE EXEMPT FROM ACCOUNT LIMIT REQUIREMENTS SET UNDER IRC SECTION 419A(C), AND ARE THEREFORE NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX UNDER IRC SECTION 512(A)(3) ON ITS EXEMPT FUNCTION INCOME THE FUND DOES NOT HAVE UNRELATED BUSINESS INCOME
RELATED ORGANIZATION COMPENSATION	FORM 990, PART VII, SECTION A, LINE 1 THE EMPLOYER TRUSTEES REPORTED ON PART VII MAY HAVE RECEIVED COMPENSATION FROM A RELATED TAX-EXEMPT ORGANIZATION REPORTED IN SCHEDULE R, PART II WITH VERY LIMITED EXCEPTION, NO ONE RESPONDED TO THE REQUEST MADE FOR COMPENSATION INFORMATION

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

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

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

- 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

Table with 4 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Includes sub-headers Yes/No and 1a-1s.

Part VII **Supplemental Information**

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

Return Reference

Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1199SEIU HEALTH CARE EMPL PENSION FUND 330 WEST 42ND STREET NEW YORK, NY 10036 13-3604862	PENSION FUND	NY	401(A)		NA		No
1199SEIU TRAINING AND UPGRADING FUND 330 WEST 42ND STREET NEW YORK, NY 10036 13-2637580	EDUC TRAINING	NY	501(C)(3)	9	NA		No
1199SEIU JOB SECURITY FUND 330 WEST 42ND STREET NEW YORK, NY 10036 13-3712851	BENEFIT FUND	NY	501(C)(9)		NA		No
1199SEIU LEAGUE RN TRAINING & JSF 330 WEST 42ND STREET NEW YORK, NY 10036 13-3946135	EDUC TRAINING	NY	501(C)(9)		NA		No
1199SEIU LABOR MANAGEMENT INITIATIVES 330 WEST 42ND STREET NEW YORK, NY 10036 13-3800331	LABOR MNGT	NY	501(C)(5)		NA		No
1199SEIU LOCAL EMPLOYER CHILD CARE FUND 330 WEST 42ND STREET 2 FL NEW YORK, NY 10036 13-3641466	CHILDCARE	NY	501(C)(9)		NA		No
1199SEIU HEALTHCARE INDUSTRY GRANT CORP 330 WEST 42ND STREET NEW YORK, NY 10036 14-4197609	HEALTHCARE	NY	501(C)(3)	9	NA		No
1199SEIU LICENSED PRACTICAL NURSE WF 330 WEST 42ND STREET NEW YORK, NY 10036 13-2623987	BENEFIT FUND	NY	501(C)(9)		NA		No
1199SEIU EMPLOYER CHILD CARE CORP 330 WEST 42ND STREET NEW YORK, NY 10036 13-4063281	DAY CARE CNTR	NY	501(C)(3)	7	NA		No
1199SEIU UNITED HEALTHCARE WORKERS EAST 330 WEST 42ND STREET NEW YORK, NY 10036 13-1510821	LABOR UNION	NY	501(C)(5)		NA		No
Albert Einstein College Of Medicine Job					N/A		
Amsterdam Nursing Home Corp					N/A		
Andrus on Hudson (Ward Clerks)					N/A		
Andrus Pavilion Riverside Healthcare					N/A		
Andrus-on-Hudson (LPN)					N/A		
Angelo J Melillo Center					N/A		
Anthony L Jordan					N/A		
Augustana Lutheran (144)					N/A		
Bay Park Center For Nursing And Rehabili					N/A		
Bethel Home - Croton-on-Hudson					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Bethel Home - Ossining					N/A		
Block Institute					N/A		
Bon Secours Community					N/A		
Bon Secours Community (RN)					N/A		
Brady House-Jamaica Hospital					N/A		
Bridge Incorporated					N/A		
Bronx Lebanon Hospital Center					N/A		
Bronx Lebanon Special Care					N/A		
Bronx-Lebanon Highbridge-Woodycrest Care					N/A		
Brookdale (Midwives)					N/A		
Brookdale Hospital					N/A		
Brookdale Hospital (RN)					N/A		
Brooklyn Gardens					N/A		
Brooklyn Hospital Center					N/A		
Brooklyn Hospital Center (144)					N/A		
Brooklyn United Methodist Home					N/A		
Brownsville Multiservice					N/A		
Buena Vida Continuing Care					N/A		
Cabrini of Westchester					N/A		
Carmel Richmond Nursing And Rehab Ctr					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Catskill Regional Medical					N/A		
Cedar Manor Inc					N/A		
CenterLight Health System fka Beth Abrah					N/A		
Central Nassau Guidance					N/A		
Cerebral Palsy Associations					N/A		
Chapin Home For The Aging					N/A		
Children'S Rehabilitation Cntr					N/A		
City of New York HHC - Fulltime					N/A		
City Of New York Muni Agency (144) PT					N/A		
City Of New York Municipal					N/A		
City Of New York Part Time					N/A		
City Of New York Retired FT Workers					N/A		
City Of New York Retired PT Workers					N/A		
City Of New York Retirees H&Hc Part Tim					N/A		
City Of New York Retirees H&Hc Full Time					N/A		
City Of Ny Health&Hospitals Corp (144)FT					N/A		
City Of Ny Health&Hospitals Corp (144)PO					N/A		
City Of Ny Health&Hospitals Corp (144)PT					N/A		
City Of Ny Muni Agency Workers (144)FT					N/A		
Cnr Health Care Network (RN)					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Cnr Health Care Network Inc					N/A		
Columbia University Cafeteria					N/A		
Columbia University Clericals					N/A		
Community Agency For Senior Citizens					N/A		
Community Health Center Of Richmond					N/A		
Comm Resource Ctr for Dev Disabled					N/A		
Community Service Society					N/A		
Corizon Health					N/A		
District 1199 Rochester					N/A		
Dobbs Ferry Pavilion FKA Community Hospi					N/A		
DOJ Operations Associates LLC (RN)					N/A		
DOJ Operations Associates LLC					N/A		
Door The					N/A		
East Harlem Council For Human svcs-prof					N/A		
E Harlem Council For Human svcs-school					N/A		
Eastern Long Island					N/A		
Eastern Long Island (RN)					N/A		
Eger Health Care (RN)					N/A		
Eger Health Care Center					N/A		
Elant at Fishkill					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Elant At Goshen NY					N/A		
Elant At Meadow Hill					N/A		
Elant at Wappingers Falls					N/A		
Elizabeth Seton Pediatric Center					N/A		
Faculty Student Associates at Stony Broo					N/A		
Federal Defenders of New York					N/A		
Federation of Multicultural Programs In					N/A		
Fernclyff Nursing Home					N/A		
Fernclyff Nursing Home(RN)					N/A		
Field Home - Holy Comforter					N/A		
Findlay House					N/A		
Flushing Hospital Medical Cntr					N/A		
Flushing House					N/A		
Fordham Tremont Community					N/A		
Forest Hills Hospital					NA		
Forest Hills Hospital					N/A		
Forest Hills Hospital (RN)					N/A		
Franklin Hospital					N/A		
Glen Arden Inc					N/A		
Glen Cove Center					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Glen Island Care Center					N/A		
Good Samaritan Hospital					N/A		
Good Samaritan Hospital (RN)					N/A		
Good Samaritan Lutheran					N/A		
Graham-Windham Services					N/A		
Greater Harlem Nursing Home					N/A		
Greenwich House Inc					N/A		
Guidance Center of Brooklyn					N/A		
H-CAP					N/A		
Hebrew Home-Riverdale					N/A		
Hebrew Home-Riverdale (144)					N/A		
Hebrew Home-Riverdale (RN)					N/A		
Hebrew Hosp HM-Comm Based Prog					N/A		
Hebrew Hospital Home-Senior Housing					N/A		
Helen Keller National Center for Deaf-BI					N/A		
Hempstead Park Nursing Home					N/A		
Hudson River Healthcare					N/A		
Incarnation Children's Center					N/A		
Independent Living Association					N/A		
Institute for Family Health					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Interfaith Medical Center					N/A		
Isabella Geriatric Center					N/A		
Isabella Geriatric Center (RN)					N/A		
Jack D Weiler Hospital					N/A		
Jamaica Hos Nursing Home (RN)					N/A		
Jamaica Hospital					N/A		
Jamaica Hospital (RN)					N/A		
Jamaica Hospital Medical Center (Patient					N/A		
Jamaica Hospital Nursing Home					N/A		
JASA Senior Housing					N/A		
Jewish Home Lifecare Manhattan					N/A		
Jewish Home Lifecare Manhattan (Aged)					N/A		
Jewish Home Lifecare Sarah Neuman CTR					N/A		
Jewish Home LifecareSarah Neuman CTR RN					N/A		
Jewish Home Lifecare Weinberg Campus B					N/A		
John A Coleman School					N/A		
Joseph P Addabbo Health Center					N/A		
Kingsbrook Jewish					N/A		
Lawrence Hospital Center					N/A		
Legal Aid Society					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Lenox Hill Hospital					N/A		
Lenox Hill Neighborhood House					N/A		
Long Island Jewish					N/A		
Lutheran Care Center					N/A		
Lutheran Medical Center					N/A		
Maimonides Medical Center					N/A		
Malotz Skilled Nursing Pavilion					N/A		
Margaret Tietz Center					N/A		
Marist College					N/A		
Martin Luther King Jr					N/A		
Mary Manning Walsh					N/A		
Mary Manning Walsh (RN)					N/A		
Maternity Infant Care					N/A		
Medical Arts Hospital					N/A		
MediSys Ambulance Service Inc					N/A		
Menorah Home-Manhattan Beach					N/A		
Mercy Home For Children					N/A		
Montefiore - Mount Vernon					N/A		
Montefiore - New Rochelle					N/A		
Montefiore - Westchester Square					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Montefiore Medical Center					N/A		
Montefiore Medical Center-School Hlth Pr					N/A		
Montefiore North					N/A		
Montefiore North (RN)					N/A		
Montefiore Schaffer Extended Care Center					N/A		
Montefiore-New Rochelle (Pro)					N/A		
Morrison Senior Living Terence Cardinal					N/A		
Mount Sinai Beth Israel					N/A		
Mount Sinai Beth Israel (RN)					N/A		
Mount Sinai Beth Israel Brooklyn					N/A		
Mount Sinai Beth Israel Brooklyn					N/A		
Mount Sinai Beth Israel Brooklyn (RN)					N/A		
Mount Sinai Beth Israel-DOCS					N/A		
Mount Sinai Hospital Of Queens (RN)					N/A		
Mount Sinai Hospital Of Queens					N/A		
Mount Sinai Medical Center					N/A		
Mount Sinai Roosevelt (LPN)					N/A		
Mount Sinai Roosevelt Hospital					N/A		
Mount Sinai Saint Luke's					N/A		
Mt Sinai Beth Israel Comprehensive Canc					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Narco Freedom Inc					N/A		
Nathan Littauer Hospital					N/A		
New York Blood Center					N/A		
New York City Criminal Justice					N/A		
New York Community Hospital					N/A		
New York Community Hospital Rn					N/A		
New York Gracie Square					N/A		
New York Medical College					N/A		
New York Methodist Hospital					N/A		
New York Presbyterian - Queens					N/A		
New York Presbyterian Hospital					N/A		
New York Presbyterian Lower Manhattan					N/A		
New York UniversityAffiliates					N/A		
New York UniversityTisch-Rusk					N/A		
North Shore-Lij-Plainview					N/A		
North Shore-Lij-Syosset					N/A		
Northern Manor					N/A		
Northern Manor (RN)					N/A		
Northern Westchester Hospital					N/A		
Northside Center For Child					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NYU - Hospital for Joint Diseases (RN)					N/A		
Nyu Residual And Lab Research Unit					N/A		
NYU-Hospital for Joint Diseases					N/A		
Orange Regional Medical Center					N/A		
Park Care Pavilion					N/A		
Park Care Pavilion (RN)					N/A		
Parker Jewish Institute for Health Care					N/A		
Peconic Bay Medical Center					N/A		
Physician Affiliate Group of New York					N/A		
Physicians Affiliate Group of New York-H					N/A		
Physicians Affiliate Group of NY - Metro					N/A		
Project CareerSebnc					N/A		
Providence Rest Nursing Home					N/A		
Puerto Rican Family Institute					N/A		
Putnam Hospital Center					N/A		
Queens-Long Island Medical Group-Laguard					N/A		
Queens-Long Island Medical Group-Nassau					N/A		
React					N/A		
Rebekah Rehab & Extended Care Center					N/A		
Richmond Center for Rehabilitation					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Richmond U Med Ctr					N/A		
Richmond U Med Ctr (Pro)					N/A		
Richmond U Med Ctr (Pt)					N/A		
Rivington House					N/A		
Rivington House (RN)					N/A		
Robert Mapplethorpe					N/A		
Rogosin Institute FKA Nephrology Foundat					N/A		
Rutland Nursing Home dba David Minkin Re					N/A		
RyanChelsea - Clinton					N/A		
Ryan-Nena Community Health Ctr					N/A		
Saint Barnabas Hospital					N/A		
Saint Barnabas Hospital (RN)					N/A		
Saint Barnabas Nursing Home					N/A		
Saint Barnabas Nursing Home (RN)					N/A		
Saint John'S Episcopal					N/A		
Saint John'S Episcopal (RN)					N/A		
Saint Joseph Hospital					N/A		
Saint Joseph's Hospital Nursing Home					N/A		
Saint Joseph's Medical Center					N/A		
Saint Joseph's Medical Center - Yonkers					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Saint Luke'S Cornwall Hospital					N/A		
Saint Mary'S Episcopal Center					N/A		
Saint Patrick'S Home					N/A		
Saint Peter'S Cemetery					N/A		
Saint Vincent De Paul					N/A		
Saint Vincent's - USFHP Health Centers					N/A		
Saint Vincent's-Manhattan					N/A		
Saints Joachim And Anne					N/A		
Sayville Nursing and Rehabilitation Cent					N/A		
Schervier Nursing Care Center					N/A		
Schnurmacher Nursing Home					N/A		
Schulman Institute (RN) For					N/A		
Schulman Institute For Nursing & Rehab					N/A		
Seabury At Field Home					N/A		
Seagate Nursing and Rehab Ctr FKA Shor					N/A		
SEIU Communications Center LLC					N/A		
Service Employees Pension Fund					N/A		
Services For The Underserved					N/A		
Shield Institute					N/A		
Silvercrest Center for Nursing and Rehab					N/A		

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Somers Manor Nursing Home					N/A		
South Oaks Hospital					N/A		
South Shore Child Guidance					N/A		
Southampton Hospital					N/A		
Southampton Hospital (RN)					N/A		
Southeast Nassau Guidance					N/A		
Southside Hospital					N/A		
Staten Island Mental Health					N/A		
Staten Island University South					N/A		
Strong Memorial Hospital					N/A		
Suffolk Center For Rehab (Fka Patchogue					N/A		
Terence Cardinal Cooke					N/A		
The Child Center Of NY					N/A		
The Grove at Valhalla FKA HHH-Westcheste					N/A		
Union Community Health Center					N/A		
Union Community Health Center					N/A		
United Cerebral Palsy-Suffolk					N/A		
United Hebrew Geriatric Center					N/A		
University Consultation Center					N/A		
University of Rochester					N/A		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
Vassar Brothers Hospital					N/A		
Vassar College					N/A		
Village Center For Care					N/A		
Vip Community Services Inc					N/A		
Visiting Nurse Service Of Ny					N/A		
Wartburg Adult Care Center					N/A		
Wartburg Lutheran - Mt Vernon					N/A		
White Plains Hospital Center					N/A		
William F Ryan Community					N/A		
Willow Towers					N/A		
Woodhull Medical Group Pc					N/A		
Worksite Wellness Program Pc					N/A		
Wyckoff Heights Hospital					N/A		
Wyckoff Heights Hospital (144)					N/A		
Wyckoff Heights Hospital (Wic)					N/A		
COM AFFILIATION INC					N/A		
MONTEFIORE-NYACK HOSPITAL					N/A		
NORTH SHORE CHILD & FAMILY CTR					N/A		
SCHERVIER NURSING CTR (RN)					N/A		
YESHIVA UNIVERSITY					N/A		

