

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).
 ▶ Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)

B This return/report is: a single-employer plan the first return/report a DFE (specify) _____
 an amended return/report the final return/report
 a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

Part II Basic Plan Information - enter all requested information

1a Name of plan HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT/AFL-RETIREE MEDICAL TRUST		1b Three-digit plan number (PN) ▶	501
		1c Effective date of plan	07/01/2006
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HEALTH PROFESSIONALS AND ALLIED EMPLOYEE AFT/AFL-CI		2b Employer Identification Number (EIN)	68-6254830
140 SYLVAN AVENUE SUITE 303 ENGLEWOOD CLIFFS NJ 07632		2c Plan Sponsor's telephone number	201-947-8000
		2d Business code (see instructions)	622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/11/20	MICHAEL SLOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/2021	ROY PARK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE