

EXTENDED TO NOVEMBER 15, 2021

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2020**Open to Public  
Inspection**A** For the 2020 calendar year, or tax year beginning

and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationHEALTH PROFESSIONALS AND ALLIED EMPLOYEE  
AFT/AFL-CIO, RETIREE MEDICAL TRUST

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
140 SYLVAN AVENUE 303City or town, state or province, country, and ZIP or foreign postal code  
ENGLEWOOD CLIFFS, NJ 07632**F** Name and address of principal officer: MICHAEL SLOTT  
SAME AS C ABOVE**D** Employer identification number

68-6254830

**E** Telephone number

201-947-8000

**G** Gross receipts \$ 17,389,258.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( 9 ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2006 **M** State of legal domicile: NJ**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE PLAN PROVIDES REIMBURSEMENT OF HEALTH INSURANCE PREMIUMS AND REIMBURSEMENT FOR MISCELLANEOUS</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	3	4
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	<b>5</b>	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	<b>6</b>	Total number of volunteers (estimate if necessary)	6	0
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a
<b>7b</b>		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,897,673.	2,075,884.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	789,885.	1,769,812.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,687,558.	3,845,696.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,566.	168,678.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	296,677.	334,812.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	445,243.	503,490.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	2,242,315.	3,342,206.
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	22,794,432.	27,424,641.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	27,074.	45,791.
			22,767,358.	27,378,850.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign  
Here

Signature of officer

Date

MICHAEL SLOTT, TRUSTEE

Type or print name and title

Paid

Print/Type preparer's name

KENNETH PERLMAN, CPA

Preparer's signature

Date

Check if self-employed

PTIN

P00293700

Preparer

Firm's name

BUCHBINDER TUNICK &amp; CO., LLP

Firm's EIN

13-1578842

Use Only

Firm's address

150 CLOVE ROAD, 5TH FLOOR  
LITTLE FALLS, NJ 07424

Phone no. 212-695-5003

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

032001 12-23-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION