

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

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.**OMB Nos. 1210 - 0110
1210 - 0089**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

- 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 ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended 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 140 SYLVAN AVENUE SUITE 303 ENGLEWOOD CLIFFS NJ 07632	2b Employer Identification Number (EIN) 68-6254830 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	Signature of plan administrator	Date	MICHAEL SLOTT Enter name of individual signing as plan administrator
	CLIENTS COPY		
Signature of employer/plan sponsor			
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	6926
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	5546
a(2) Total number of active participants at the end of the plan year	6a(2)	3748
b Retired or separated participants receiving benefits	6b	513
c Other retired or separated participants entitled to future benefits	6c	1805
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	6066
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	13

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information - Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☒ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ... ☒ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 000066387758

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2018 </div> This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018**

A Name of plan HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT/AFL-CIO	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 HEALTH PROFESSIONALS AND ALLIED EMPLOYEE AFT/AFL-CI	D Employer Identification Number (EIN) 68-6254830

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions) ... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 1, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	163100.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

SAICHEK LAW FIRM APC

26-0806256

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	31277.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CHEIRON INC.

13-4215617

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	31000.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a on page 1, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BUCHBINDER TUNICK & CO. LLP

13-1578842

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20050.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PAYDEN & RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 52	NONE	16635.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

- 3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**SCHEDULE H
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2018**This Form is Open
to Public Inspection**For calendar plan year 2018 or fiscal plan year beginning **01/01/2018** and ending **12/31/2018****A** Name of plan**B** Three-digit
plan number (PN) ► **501****HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT/AFL-CI****C** Plan sponsor's name as shown on line 2a of Form 5500**D** Employer Identification Number (EIN)**HEALTH PROFESSIONALS AND ALLIED EMPLOYEE AFT/AFL-CI****68-6254830****Part I Asset and Liability Statement**

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	265968	217016
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2185	64973
(2) Participant contributions	1b(2)	169034	140199
(3) Other SEE STATEMENT 1	1b(3)	7692	13945
c General investments:			
(1) Interest-bearing cash (incl. money market accounts & certificates of deposit) ...	1c(1)	19153	47569
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16518050	17137225
(14) Value of funds held in insurance co. general account (unallocated contracts) ...	1c(14)		
(15) Other	1c(15)		

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Schedule H (Form 5500) 2018

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		(a) Beginning of Year	(b) End of Year
1 d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	16982082 17620927
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	59630 53560
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	59630 53560
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16922452 17567367

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	98786
	(B) Participants	2a(1)(B)	1826078
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)	1924864
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	441069
	(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)	441069
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	-1360587
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	1005346

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80246
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	80246
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses: (1) Professional fees	2i(1)	82327
(2) Contract administrator fees	2i(2)	163100
(3) Investment advisory and management fees	2i(3)	16635
(4) Other SEE STATEMENT 2	2i(4)	18123
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)	280185
j Total expenses. Add all expense amounts in column (b) and enter total	2j	360431

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	644915
l Transfers of assets:		
(1) To this plan	2l(1)	
(2) From this plan	2l(2)	

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500.
Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BUCHBINDER TUNICK & CO. LLP**

(2) EIN: **13-1578842**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5.
103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		<input checked="" type="checkbox"/>	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined			
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instr.)			

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	1
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DESCRIPTION	BEGINNING	ENDING
INTEREST AND DIVIDENDS RECEIVABLE	7692.	13945.
TOTAL TO SCHEDULE H, LINE 1B(3)	7692.	13945.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	2
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DESCRIPTION	AMOUNT
INSURANCE	10895.
PRINTING AND POSTAGE	2000.
BANK CHARGES	525.
MISCELLANEOUS	4361.
TRUSTEE MEETING EXPENSES	342.
TOTAL TO SCHEDULE H, LINE 2I(4)	18123.

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions.
► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

Part I	Identification
---------------	-----------------------

A Name of filer, plan administrator, or plan sponsor (see instructions) HEALTH PROFESSIONALS AND ALLIED EMPLOYEE <u>AFT/AFL-CIO, RETIREE MEDICAL TRUST</u> Number, street, and room or suite no. (If a P.O. box, see instructions) <u>140 SYLVAN AVENUE</u> City or town, state, and ZIP code <u>ENGLEWOOD CLIFFS, NJ 07632</u>	B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXXX) <u>68-6254830</u> Social security number (SSN) (9 digits XXX-XX-XXXX) 			
C Plan name <u>HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT</u>	Plan number <u>501</u>	Plan year ending - MM <u>12</u>	DD <u>31</u>	YYYY <u>2018</u>

Part II Extension of Time To File Form 5500 Series, and/or Form 8955-SSA

- 1 ☐ Check this box if you are requesting an extension of time on line 2 to file the first Form 5500 series return/report for the plan listed in Part I, C above.

- 2 I request an extension of time until 10/15/2019 to file Form 5500 series. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 5500 series.

- 3** I request an extension of time until _____ to file Form 8955-SSA. See instructions.

Note: A signature IS NOT required if you are requesting an extension to file Form 8955-SSA.

The application is **automatically approved** to the date shown on line 2 and/or line 3 (above) if **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested; and **(b)** the date on line 2 and/or line 3 (above) is not later than the 15th day of the 3rd month after the normal due date.

Part III Extension of Time To File Form 5330 *(see instructions)*

- 4 I request an extension of time until _____ to file Form 5330.
You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

- | | | | | |
|---|--|--|---|--|
| a | Enter the Code section(s) imposing the tax | | a | |
| b | Enter the payment amount attached | | b | |
| c | For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date | | c | |

- 5 State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

Date ► 09/13/2019

Form **5558** (Rev. 9-2018)

**HEALTH PROFESSIONALS AND ALLIED
EMPLOYEES, AFT/AFL-CIO RETIREE MEDICAL TRUST**

**Financial Statements
and
Supplemental Schedules**

For the Years Ended December 31, 2018 and 2017

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
For the Years Ended December 31, 2018 and 2017**

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INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Health Professionals and Allied Employees, AFT/AFL-CIO
Retiree Medical Trust

Report on the Financial Statements

We have audited the accompanying financial statements of Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust (the "Plan"), which comprise the statements of net assets available for benefits and of the Plan's benefit obligations as of December 31, 2018 and 2017, and the related statements of changes in net assets available for benefits and of changes in the Plan's benefit obligations for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust as of December 31, 2018 and 2017, and the changes in its financial status for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 22 through 24 are presented for purposes of additional analysis, and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Buchbinder Tunick & Company LLP
BUCHBINDER TUNICK & COMPANY LLP

Little Falls, NJ
September 16, 2019

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Statements of Net Assets Available for Benefits
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Assets:		
Investments at fair value:		
Registered investment companies	\$ 17,137,225	\$ 16,518,050
Short-term investment funds	<u>47,569</u>	<u>19,153</u>
Total investments	<u>17,184,794</u>	<u>16,537,203</u>
Receivables:		
Participants' contributions	140,199	169,034
Employers' contributions	64,973	2,185
Interest and dividends	<u>13,945</u>	<u>7,692</u>
Total receivables	<u>219,117</u>	<u>178,911</u>
Cash	<u>217,016</u>	<u>265,968</u>
Total assets	<u>17,620,927</u>	<u>16,982,082</u>
Liabilities:		
Accrued expenses	<u>53,560</u>	<u>59,630</u>
Total liabilities	<u>53,560</u>	<u>59,630</u>
Net assets available for benefits	<u>\$ 17,567,367</u>	<u>\$ 16,922,452</u>

See notes to financial statements.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Additions:		
Investment income:		
Net (depreciation) appreciation in fair value of investments	\$ (1,360,587)	\$ 1,295,470
Interest and dividends	<u>441,069</u>	<u>560,363</u>
	(919,518)	1,855,833
Less: investment expenses	<u>16,635</u>	<u>13,317</u>
Net investment (loss) income	<u>(936,153)</u>	<u>1,842,516</u>
Contributions:		
Participants	1,826,078	1,803,455
Employers	<u>98,786</u>	<u>47,714</u>
Total contributions	<u>1,924,864</u>	<u>1,851,169</u>
Total additions	<u>988,711</u>	<u>3,693,685</u>
Deductions:		
Benefits paid to participants	<u>80,246</u>	<u>66,670</u>
Administrative expenses:		
Benefit administration fees	163,100	164,105
Legal fees	31,277	32,376
Audit fees	17,500	17,500
Payroll audit fees	2,550	11,779
Actuarial fees	31,000	6,216
Printing and postage	2,000	28,530
Insurance	10,895	10,732
Other	<u>5,228</u>	<u>4,460</u>
Total administrative expenses	<u>263,550</u>	<u>275,698</u>
Total deductions	<u>343,796</u>	<u>342,368</u>
Net increase	644,915	3,351,317
Net assets available for benefits:		
Beginning of year	<u>16,922,452</u>	<u>13,571,135</u>
End of year	<u>\$ 17,567,367</u>	<u>\$ 16,922,452</u>

See notes to financial statements.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Statements of Plan's Benefit Obligations
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Amount currently payable to or on behalf of participants, beneficiaries and dependents:	\$ <u> -</u>	\$ <u> -</u>
Postretirement benefit obligations:		
Current retirees	572,945	561,705
Other participants fully eligible for benefits	6,005,083	6,078,696
Participants not yet fully eligible for benefits	<u>15,786,884</u>	<u>16,461,215</u>
	<u>22,364,912</u>	<u>23,101,616</u>
Total benefit obligations	<u>\$ 22,364,912</u>	<u>\$ 23,101,616</u>

See notes to financial statements.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Statements of Changes in Plan's Benefit Obligations
December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Amount currently payable to or on behalf of participants, beneficiaries and dependents:		
Balance at beginning of year	\$ -	\$ -
Benefit claims reported and approved for payment	80,246	66,670
Benefits paid	<u>(80,246)</u>	<u>(66,670)</u>
Balance at end of year	<u>-</u>	<u>-</u>
Postretirement benefit obligations:		
Balance at beginning of year	<u>23,101,616</u>	<u>17,047,268</u>
Net increase (decrease) in postretirement benefit obligations:		
Benefits earned	789,633	778,939
Benefit paid (including expenses)	(80,246)	(66,670)
Changes in actuarial assumptions	(2,255,912)	1,967,597
Plan amendments	-	-
Passage of time	<u>809,821</u>	<u>3,374,482</u>
Net increase in postretirement benefit obligations	<u>(736,704)</u>	<u>6,054,348</u>
Balance at end of year	<u>22,364,912</u>	<u>23,101,616</u>
Total benefit obligations at end of year	<u>\$ 22,364,912</u>	<u>\$ 23,101,616</u>

See notes to financial statements.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements
December 31, 2018 and 2017**

Note 1 - Description of the Plan

The following brief description of the Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description for more complete information.

General

The Plan is a multi-employer, welfare benefit plan, established in 2006 and commenced operations on January 1, 2007, under the provisions of a Trust Agreement between Health Professionals and Allied Employees, AFT/AFL-CIO (the "Union") and the sponsoring employers. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Plan provides for reimbursement of health insurance premiums, including for example, health insurance, dental insurance, Medicare, long-term care insurance and reimbursement for miscellaneous medical expenses for eligible participants.

The Plan is currently administered by a third-party contract administrator.

Contributions

Employee and employer contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Employee contributions are mandatory and are automatically deducted from an employee's wages and placed in an employee account in the Plan. There are no elective employee contributions to the Plan. Employees can only receive funds from the account after retirement, and only for health insurance premiums or the reimbursement of medical expenses. Contributions cannot be rebated or refunded to employees. As of December 31, 2018 and 2017, two of the Plan's participating employers were remitting employer contributions.

Eligibility

There are two types of eligibility for the Plan; one is as a Regular Beneficiary, and the other is as a Limited Beneficiary. A participant becomes a Regular Beneficiary generally upon: (a) earning five (5) years of Active Service after the participant's effective date; (b) terminating all employment (excluding per diem employment for which no employer contributions are made to this program) with his or her Participating Employer; and (c) attaining age 55.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017**

Note 1 - Description of the Plan (Continued)

Eligibility (Continued)

Effective August 1, 2014, one year of Active Service will be granted for any calendar year in which the employee has 850 contributory hours in the Trust.

A participant who does not meet the requirements for Active Service may become a Limited Beneficiary, eligible for limited benefits and entitled to receive benefits from his or her account.

Benefits

Regular Beneficiary

The monthly benefit amount for a Regular Beneficiary is determined by multiplying the number of Active Service Units contributed on behalf of that Regular Beneficiary by the Unit Multiplier in effect on the date that the Trust Office pays the claim of the Regular Beneficiary.

The benefit level for a surviving spouse or domestic partner shall be 50% of the benefit level for the eligible retiree. If there is no surviving spouse or domestic partner and there are surviving children, the benefit level shall be 50% of the benefit level for the eligible retiree, to be divided equally among the surviving children.

Benefits for a surviving spouse or domestic partner will commence at the later of the month after the eligible retiree dies or the month the deceased retiree would have attained age 55. Benefits for surviving children will commence upon the death of the employee. The coverage of a surviving spouse or domestic partner shall terminate upon the spouse's death. The coverage of a surviving child shall terminate on the date of loss of child status.

As of December 31, 2018 and 2017, the Unit Multiplier is \$0.07, and one Active Service Unit is accrued for each \$5 contribution. The Trustees may modify the Unit Multiplier from time to time, and the modifications may apply to current and/or future beneficiaries, as determined by the Trustees.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 1 - Description of the Plan (Continued)

Benefits (Continued)

Benefits from Employee Accounts

A Limited Beneficiary and his or her beneficiaries are entitled to reimbursement of Covered Expenses from his or her Employee Account. The balance in the Employee Account shall include the following:

- (1) Transfer of individual accumulations (e.g., sick leave, vacation leave, and similar leave compensation),
- (2) Employee contributions from salary,
- (3) Employer contributions, on the condition that the Employee is 50 years or older on the Employee's Effective Date and does not achieve eligibility for a monthly benefit,
- (4) Deductions for benefit payments, and
- (5) Unused monthly reimbursements (including an unused portion of a monthly reimbursement).

There shall be no maximum amount on a claim against the Employee Account, so long as all claims are for reimbursement of Covered Expenses. Reimbursement from the Employee Account may commence after separation from service with a participating employer and once the employee meets one of the following conditions:

- (1) The employee is between the ages of 40 and 55, and the Trust has not received contributions on his or her behalf for at least 24 consecutive months,
- (2) The employee has attained age 55, or
- (3) The employee has not attained age 55, but has received a Social Security determination of disability.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST**
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 1 - Description of the Plan (Continued)

Benefits (Continued)

Benefits from Employee Accounts (Continued)

Benefits will terminate when the Employee Account balance reaches zero. Any balance left in the Employee Account upon the death of the Beneficiary and his or her surviving beneficiaries will forfeit to the Plan.

A Regular Beneficiary may also have an Employee Account for transfer of accumulated leave, etc.

The Trustees may modify or amend the rules for benefit payments from Employee Accounts, which may apply to current and/or future beneficiaries.

Total employee account balances as of December 31, 2018 and 2017 amounted to \$14,559,582 and \$13,004,793, respectively.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims payable and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 6 for discussion of fair value measurements.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017**

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments includes the gains and losses on investments bought and sold, as well as held during the year.

Benefit Obligations

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits for eligible retirees. Postretirement benefits include future benefits expected to be paid to or for retired or terminated employees.

The actuarial present value of the expected postretirement benefit obligations is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant, and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were other significant assumptions used in the valuation as of December 31, 2018:

Economic Assumptions

- | | |
|---|---|
| 1. <i>Measurement Date:</i> | December 31, 2018. |
| 2. <i>Valuation Date:</i> | December 31, 2017. |
| 3. <i>Discount Rate:</i> | 3.75% for 2018, 3.25% for 2017. |
| 4. <i>Postretirement Benefit Inflation:</i> | The Unit Multiplier is not assumed to increase in future years. |

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Obligations (Continued)

Postretirement Benefits (Continued)

Economic Assumptions (Continued)

5. *Participant Contribution:* Members' contribution balances will not be credited with interest. Members are assumed to continue to contribute to the Plan at their current contribution rate (\$0.20 per hour for most members) based on the number of hours worked in the most recent year. New members, or those who worked only a partial year, are assumed to work 1,784 hours per year. The hourly contribution rate is not assumed to increase in future years.

Demographic Assumptions

1. *Rate of Turnover/Retirement:* Rates of termination and retirement are based on age and service from hire date. For participants with at least five years of service, rates of termination and retirement are age-based and have been combined into a single rate based on a review of recent experience. Sample rates are shown below.

Termination with less than five years of service since hire date

<u>Service</u>	<u>Age</u>	<u>Rates of Termination</u>
All	All	12.00%

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
 RETIREE MEDICAL TRUST
 Notes to Financial Statements (Continued)
 December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Obligations (Continued)

Postretirement Benefits (Continued)

Demographic Assumptions (Continued)

Termination/Retirement with at least five years of service since hire date

<u>Service</u>	<u>Age</u>	<u>Rates of Termination/Retirement</u>
5+	25	16.00%
5+	30	10.00
5+	35	7.00
5+	40	6.00
5+	45	4.50
5+	50	4.50
5+	55	4.50
5+	60	12.00
5+	65	25.00
5+	70+	35.00

2. *Rate of Mortality:* Rates of mortality for retired employees and beneficiaries are based on the RPH-2014 Adjusted to 2006 White Collar Headcount-weighted mortality tables, using the projection scale MP2017.
3. *Percent of Retirees Electing Coverage:* We assume all eligible retirees elect coverage and receive the maximum eligible reimbursement amount.
4. *Dependents Age:* For all actives and those retirees for whom the spouse's date of birth is not provided, a male spouse is assumed to be three years older than a female spouse.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Obligations (Continued)

Postretirement Benefits (Continued)

Demographic Assumptions (Continued)

5. *Family Composition:* 65% of members are assumed to have a surviving spouse at the time the member ends employment through death, termination or retirement. For current retirees and deferred members, the actual marital status reported by HPAE is used; if the marital status is not reported, the member is assumed to be married.
6. *Claiming Reimbursements:* Actives that qualify to receive a monthly benefit are assumed to claim reimbursements equal to the maximum allowable monthly benefit, in addition to receiving the full amount of any accumulated individual contributions based on sick leave conversions or other qualified contributions.
- 20% of future retirees are assumed to begin receiving benefits once they are eligible. The remaining 80% will defer receipt - by two years for ASU retirees and by five years for Limited Beneficiaries.
- Current retirees are assumed to claim reimbursements equal to the maximum allowable monthly benefit beginning at age 55, plus the value of any individual accounts.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefit Obligations (Continued)

Postretirement Benefits (Continued)

Demographic Assumptions (Continued)

**6. *Claiming Reimbursements*
(Continued):**

Terminated members who are not eligible for a monthly benefit are assumed to claim the full amount of accumulated contributions at the earlier of age 55, or the latter of age 40, or two years since the last contribution for the members has been made to their accounts.

Changes in Participation, Benefit Changes, and Actuarial Assumptions

There were no changes to the plan provisions as of the measurement date which affected the postretirement benefit obligation since the prior valuation. The Trust was amended after the valuation date to provide an option for members with small monthly benefits to take their benefits as a lump sum. This change was not included in the current valuation, though it is not expected to result in a significant increase in the postretirement benefit obligation.

This report includes an increase in the discount rate from 3.25% to 3.75% to reflect the impact of changes in the return on high quality, fixed-income investments.

There have been no other changes to the benefits or actuarial assumptions.

Other Plan Benefits

Benefit claims payable represents those claims incurred prior to December 31, but unpaid at that date. Such amounts are reported in the accompanying statements of net assets available for benefits and statements of the Plan's benefit obligations. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 2 - Summary of Significant Accounting Policies (Continued)

Income Taxes

The Plan files an annual return Form 990, *Return of Organization Exempt from Income Tax*, with the Internal Revenue Service ("IRS"). At December 31, 2018, the Plan's Form 990s for the years 2015 through 2018 remain eligible for examination by the IRS.

Subsequent Events

The Plan has evaluated subsequent events and transactions through September 16, 2019, the date that the financial statements were available to be issued.

Note 3 - Concentrations of Credit Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash, and employers' and employees' contributions. The Plan maintains accounts at a high quality financial institution. Its deposit balances may, at times, exceed federally insured limits. The Plan has not experienced any losses on such accounts. Receivables consist of contributions due from employers and employees in the health care industry.

Note 4 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 5 - Investments

During 2018 and 2017, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$1,360,587 and appreciated in value by \$1,295,470, respectively.

Note 6 - Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. It defines fair value as an exit price, which is the price that would be received for an asset or paid to transfer a liability in the Plan's principal or most advantageous market for the asset or liability, in an orderly transaction between market participants on the measurement date.

The fair value hierarchy generally requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs reflect the assumptions market participants would use in pricing the asset or liability, and are developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs reflect the entity's own assumptions based on market data and the entity's judgments about the assumptions that market participants would use in pricing the asset or liability, and are to be developed based on the best information available in the circumstances.

The Plan determines the fair market value of its investment in securities based on the established fair value definition and hierarchy levels. The three levels within the hierarchy that may be used to measure fair value are:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Observable inputs, including Level 1 prices that have been adjusted; quoted prices for similar assets or liabilities; quoted prices in markets that are less active than traded exchanges; and other inputs that are observable or can be substantially corroborated by observable market data.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017**

Note 6 - Fair Value Measurements (Continued)

Level 3: Unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities.

The lowest level of input that is a significant component of the fair value measurements determines the placement of the entire fair value measurement in the hierarchy. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017.

Registered investment companies:

Registered investment companies include mutual funds and exchange-traded funds.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Exchange-traded funds are valued at quoted market prices in active markets.

Short-term investment funds:

Short-term investment funds are stated at cost which approximates fair value.

The preceding valuation methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017

Note 6 - Fair Value Measurements (Continued)

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2018 and 2017:

	2018				2017			
	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total Fair Value	Quoted Prices (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Investments at fair value:								
Registered investment companies	<u>\$ 17,137,225</u>	<u>\$ 17,137,225</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,518,050</u>	<u>\$ 16,518,050</u>	<u>\$ -</u>	<u>\$ -</u>
Short-term investment funds	<u>47,569</u>	<u>-</u>	<u>47,569</u>	<u>-</u>	<u>19,153</u>	<u>-</u>	<u>19,153</u>	<u>-</u>
Total investments	<u>\$ 17,184,794</u>	<u>\$ 17,137,225</u>	<u>\$ 47,569</u>	<u>\$ -</u>	<u>\$ 16,537,203</u>	<u>\$ 16,518,050</u>	<u>\$ 19,153</u>	<u>\$ -</u>

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017**

Note 6 - Fair Value Measurements (Continued)

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2018 and 2017, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 7 - Tax Status

The Trust established under the Plan to hold the Plan's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code, and accordingly, the Trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter dated April 23, 2009 from the Internal Revenue Service.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. Employee benefit plans are subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress for the Plan. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2015.

**HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
RETIREE MEDICAL TRUST
Notes to Financial Statements (Continued)
December 31, 2018 and 2017**

Note 8 - Procedures on Termination of the Plan

Upon termination, the Trustees shall wind up the affairs of the Trust Fund. Any and all monies remaining in the Trust Fund, after the payment of expenses, shall be allocated among the participating employees and beneficiaries as specified in Section 501(c)(9) of the Internal Revenue Code and related authority.

In no event shall any of the remaining monies or assets be paid to or be recoverable by any participating employer or labor organization.

Note 9 - Related Party Transactions

Certain plan investments are shares of mutual funds managed by Payden and Rygel. Payden and Rygel is the Plan's investment manager and custodian; therefore, these transactions qualify as party-in-interest transactions.

**Note 10 - Reconciliation of Financial Statements to Form 5500
Annual Return/Report of Employee Benefits Plan**

	<u>2018</u>
Reconciliation of Total Administrative Expenses	
Amounts per Page 4 of financial statements:	
Investment expenses	\$ 16,635
Total administrative expenses	<u>263,550</u>
Amount per Form 5500, Schedule H, Part II, Item 2i(5)	<u>\$ 280,185</u>

HEALTH PROFESSIONALS AND ALLIED EMPLOYEES, AFT/AFL-CIO
 RETIREE MEDICAL TRUST
 (Supplemental Schedules)
 Schedule of Assets (Held at End of Year)
 December 31, 2018

Form 5500, Schedule H, Line 4(i)
 E.I.N.: 68-6254830
 Plan No.: 501

(a) (b) Identity of Issue	(c) Description of Investment					(d) Cost	(e) Current Value
	Description	Maturity Date	Interest Rate	Collateral	Shares		
<u>Registered investment companies:</u>							
* Payden Core Bond Fund	RIC	N/A	N/A	N/A	489,678	\$ 5,208,825	\$ 5,014,298
* Payden Equity Income Fund	RIC	N/A	N/A	N/A	272,895	3,907,171	4,098,884
* Payden Ltd Maturity Fund	RIC	N/A	N/A	N/A	65,897	621,406	620,748
* Payden Strategic Income Fund	RIC	N/A	N/A	N/A	86,281	865,101	838,650
ISHARES S&P 500 Growth ETF	RIC	N/A	N/A	N/A	11,743	1,914,802	1,769,318
SPDR S&P 500 ETF	RIC	N/A	N/A	N/A	9,715	2,638,416	2,427,973
Schwab S&P 500 Index Fund	RIC	N/A	N/A	N/A	61,795	2,310,400	2,367,354
Total registered investment companies						\$ 17,466,121	\$ 17,137,225
<u>Short-term investment funds:</u>							
Schwab Government Money Fund	MMF	N/A	Variable	N/A	47,569	\$ 47,569	\$ 47,569
Total short-term investment funds						\$ 47,569	\$ 47,569

(a) * = Party-in-interest

See independent auditor's report.

**HEALTH PROFESSIONALS AND ALLIED
EMPLOYEES, AFT/AFL-CIO RETIREE MEDICAL TRUST**
(Supplemental Schedules)
Schedule of Reportable Transactions
For the Year Ended December 31, 2018

Form 5500, Schedule H, Line 4(j)
E.I.N.: 68-6254830
Plan No.: 501

(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<u>Single Transactions Exceeding 5% of Plan Assets</u>					
SPDR S&P 500 ETF	\$ 1,915,442	\$ -	\$ 1,915,442	\$ 1,915,442	\$ -
iShares S&P 500 Growth ETF	1,914,802	-	1,914,802	1,914,802	-
Schwab S&P 500 Index Fund	1,062,375	-	1,062,375	1,062,375	-
iShares 20+ Year Treasury Bond ETF	953,888	-	953,888	953,888	-
Invesco QQQ Trust	914,602	-	914,602	914,602	-
* Payden LTD Maturity Fund	-	981,937	-	981,937	981,937
Schwab International Equity ETF	-	1,083,894	-	1,083,894	1,083,894
Select Strategy Financial Select SPDR ETF	-	1,131,594	-	1,131,594	1,131,594
SPDR S&P 500 ETF	-	1,587,360	-	1,587,360	1,587,360
Schwab US Small Cap ETF	-	1,931,681	-	1,931,681	1,931,681
Invesco QQQ Trust	-	1,977,871	-	1,977,871	1,977,871
<u>Series of Transactions Exceeding 5% of Plan Assets</u>					
* Payden Core Bond Fund	1,561,193	-	1,561,193	1,561,193	-
* Payden Core Bond Fund	-	417,542	429,847	417,542	(12,305)
* Payden Emerging Markets Bond Fund	619,900	-	619,900	619,900	-
* Payden Emerging Markets Bond Fund	-	592,797	633,547	592,797	(40,750)
* Payden Floating Rate Fund	208,800	-	208,800	208,800	-
* Payden Floating Rate Fund	-	865,339	881,349	865,339	(16,010)
* Payden LTD Maturity Fund	1,597,127	-	1,597,127	1,597,127	-
* Payden LTD Maturity Fund	-	981,937	981,926	981,937	11
* Payden Equity Income Fund	700,700	-	700,700	700,700	-
* Payden Equity Income Fund	-	303,631	249,103	303,631	54,528

See independent auditor's report.

**HEALTH PROFESSIONALS AND ALLIED
EMPLOYEES, AFT/AFL-CIO RETIREE MEDICAL TRUST
(Supplemental Schedules)
Schedule of Reportable Transactions (Continued)
For the Year Ended December 31, 2018**

Form 5500, Schedule H, Line 4(j)
E.I.N.: 68-6254830
Plan No.: 501

(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain or (Loss)
<u>Series of Transactions Exceeding 5% of Plan Assets (Continued)</u>					
Invesco QQQ Trust	2,005,479	-	2,005,479	2,005,479	-
Invesco QQQ Trust	-	1,977,860	2,013,634	1,977,860	(35,774)
Schwab US Small Cap ETF	1,238,056	-	1,238,056	1,238,056	-
Schwab US Small Cap ETF	-	1,931,689	2,043,983	1,931,689	(112,294)
Schwab International Equity ETF	310,065	-	310,065	310,065	-
Schwab International Equity ETF	-	1,083,918	1,116,840	1,083,918	(32,922)
SPDR S&P 500 ETF	2,638,416	-	2,638,416	2,638,416	-
SPDR S&P 500 ETF	-	1,587,488	1,327,747	1,587,488	259,741
Schwab Government Money Fund	2,406,153	-	2,406,153	2,406,153	-
Schwab Government Money Fund	-	2,378,452	2,378,452	2,378,452	-
Schwab S&P 500 Index Fund	1,685,058	-	1,685,058	1,685,058	-
Schwab S&P 500 Index Fund	-	1,300,098	904,109	1,300,098	395,989
iShares 20+ Year Treasury Bond ETF	953,888	-	953,888	953,888	-
iShares 20+ Year Treasury Bond ETF	-	957,896	957,480	957,896	416
Select Strategy Financial Select SPDR ETF	340,070	-	340,070	340,070	-
Select Strategy Financial Select SPDR ETF	-	1,131,597	1,057,609	1,131,597	73,988

* Party-in-interest

See independent auditor's report.