Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] 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. . . . . ▶ [X]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

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 & ALLIED EMPLOYEES. RETIREE MEDICAL TRUST

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	Filed with authorized/valid electronic signature.	10/14/2025	CHRIS WHALEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	LOUIS LESSIG
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	
5 Total number of participants at the beginning of the plan year	**5**	14739
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)**	5282
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6000
b Retired or separated participants receiving benefits	**6b**	1339
c Other retired or separated participants entitled to future benefits	**6c**	8283
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	15622
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
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**	15

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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT/AFL- RETIREE MEDICAL TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH PROFESSIONALS & ALLIED EMPLOYEES. RETIREE MEDICAL TRUST

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 above, 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	239826	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
52	NONE	80922	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE WAGNER LAW GROUP

04-3323315

(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	56118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, 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)

PROGRESSIVE BENEFIT SOLUTIONS, INC

56-2475468

(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?
12	NONE	46729	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEAVER AND TIDWELL, LLP

75-0786316

(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	40415	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
HEALTH PROFESSIONALS AND ALLIED EMPLOYEES AFT/AFL- RETIREE MEDICAL TRUST

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
HEALTH PROFESSIONALS & ALLIED EMPLOYEES. RETIREE MEDICAL TRUST

D Employer Identification Number (EIN)
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	686576	1191578
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3300	3082
(2) Participant contributions	1b(2)	66542	65674
(3) Other	1b(3)	7732	7732
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	288269	90977
(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)	34559720	40878148
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d 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	35612139	42237191
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	41509	98737
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	41509	98737
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	35570630	42138454

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	38519	
(B) Participants	2a(1)(B)	2158030	
(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)		2196549
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)	907291	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		907291
(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)		4454767
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7558607
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	454936	
(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)		454936
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	286555	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	40415	
(5) Investment advisory and investment management fees	2i(5)	80922	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	56118	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	71837	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		535847
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		990783
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6567824
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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: WEAVER AND TIDWELL, LLP **(2)** EIN: 75-0786316

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:		Yes	No	Amount
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.)	4a		X	
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.)	4b		X	
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.)	4c		X	
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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
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.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

Financial Report
December 31, 2024

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ERISA – Required Supplemental Schedules

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Schedule H, Line 4(j) - Schedule of Reportable Transactions 16

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employees Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

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Jericho, New York 11753
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Independent Auditor's Report

To the Board of Trustees of the
Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust
Englewood Cliffs, NJ

Opinion

We have audited the financial statements of Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and plan's benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and plan's benefit obligations for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the Plan's net assets available for benefits and plan's benefit obligations as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and plan's benefit obligations for the years ended December 31, 2024 and 2023, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024 is 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of 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 US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Jericho, New York
October 13, 2025

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

Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
Mutual funds	$ 40,878,148	$ 34,559,720
Short-term investment funds	90,977	288,269
Total investments, at fair value	40,969,125	34,847,989
Receivables		
Participants' contributions	65,674	66,542
Employers' contributions	3,082	3,300
Total receivables	68,756	69,842
Cash	1,191,578	686,576
Benefit claims deposit	7,732	7,732
Total assets	42,237,191	35,612,139
LIABILITIES		
Accrued expenses	98,737	41,509
Total liabilities	98,737	41,509
NET ASSETS AVAILABLE FOR BENEFITS	$ 42,138,454	$ 35,570,630

The Notes to Financial Statements are
an integral part of these statements.

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

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 4,454,767	$ 4,102,076
Interest and dividends	907,291	765,641
	5,362,058	4,867,717
Less investment expenses	80,922	64,834
Net investment income	5,281,136	4,802,883
Contributions		
Participants	2,158,030	2,036,455
Employers	38,519	21,629
Total contributions	2,196,549	2,058,084
Total additions	7,477,685	6,860,967
DEDUCTIONS		
Benefits paid to participants	454,936	394,836
Administrative expenses		
Benefit administration fees	286,555	214,996
Legal fees	56,118	63,737
Audit fees	22,050	21,000
Payroll compliance reviews	18,365	-
Actuarial fees	-	12,500
Printing and postage	32,560	13,615
Insurance	21,783	16,405
Other	17,494	13,494
Total administrative expenses	454,925	355,747
Total deductions	909,861	750,583
Net increase	6,567,824	6,110,384
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	35,570,630	29,460,246
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 42,138,454	$ 35,570,630

The Notes to Financial Statements are
an integral part of these statements.

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

Statements of Plan's Benefit Obligations

Years Ended December 31, 2024 and 2023

	2024	2023
BENEFIT OBLIGATIONS		
Amounts currently payable to or on behalf of participants, beneficiaries or dependents	$ -	$ -
Postretirement benefit obligations		
Current retirees	12,054,575	12,461,038
Other participants fully eligible for benefits	9,646,864	9,972,143
Participants not yet fully eligible for benefits	19,430,362	20,085,527
TOTAL BENEFIT OBLIGATIONS	$ 41,131,801	$ 42,518,708

The Notes to Financial Statements are an integral part of these statements.

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

Statements of Changes in Plan's Benefit Obligations
Years Ended December 31, 2024 and 2023

	2024	2023
AMOUNT CURRENTLY PAYABLE TO OR ON BEHALF OF PARTICIPANTS, BENEFICIARIES AND DEPENDENTS		
Balance at beginning of year	$ -	$ -
Benefit claims reported and approved for payment	454,936	394,836
Benefits paid	(454,936)	(394,836)
Balance at end of year	-	-
POSTRETIREMENT BENEFIT OBLIGATIONS BALANCE AT BEGINNING OF YEAR	42,518,708	33,457,156
NET (DECREASE) INCREASE IN POSTRETIREMENT BENEFIT OBLIGATIONS		
Benefits earned	2,278,780	1,925,159
Benefits paid (including expenses)	(452,608)	(394,835)
Changes in actuarial assumptions	(5,107,454)	1,703,476
Experience loss	-	1,815,237
Passage of time	1,894,375	1,583,418
Plan amendments	-	2,429,097
Net (decrease) increase in postretirement benefit obligations	(1,386,907)	9,061,552
Balance at end of year	41,131,801	42,518,708
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	$ 41,131,801	$ 42,518,708

The Notes to Financial Statements are an integral part of these statements.

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

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Health Professionals and Allied Employees, AFT/AFL-CIO Retiree Medical Trust (the Plan) provides only general information about the Plan's provisions. Participants should refer to the *Plan agreement* for a complete description of the Plan's provisions.

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 provides benefits for eligible participants and their dependents and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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, 2024 and 2023, the Unit Multiplier is $0.075, 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.

Limited Beneficiary

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 accumulated leave (e.g., sick leave and/or vacation leave),

(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.

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, 2024 and 2023, one and two of the Plan's participating employers were remitting employer contributions, respectively.

Total employee account balances as of December 31, 2024 and 2023 amounted to $26,901,003 and $24,756,884, respectively.

Benefits

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.

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.

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 will terminate for a limited beneficiary 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.

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

Third-Party Administrators

The Plan utilizes a third-party administrator for the administration of the Plan's benefits. However, the responsibility for payment of benefits is retained by the Plan and Trust.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using 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 (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported 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. The Plan's Board of Trustees determines the Plan's valuation policies and procedures. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded at the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Cash

The Plan considers all non-interest-bearing cash deposits to be cash.

Employers' Contributions and Related Receivables

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. There was no allowance for doubtful accounts as of December 31, 2024 and 2023.

Payment of Benefits

Benefits are recorded when paid by the third-party administrator. These payments are recorded as benefits paid in the accompanying statements of changes in net assets available for benefits.

Management's Review of Subsequent Events

Management has evaluated subsequent events for the Plan through October 13, 2025, the date the financial statements were available to be issued.

Note 3. Postretirement Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are not required to contribute to the Plan. The obligations represent the amounts that are expected to be funded by contributions from participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that employee's service with a participating employer or employers rendered to the valuation date.

The actuarial present value of expected postretirement benefit obligation is determined by the Plan's actuary, and is that 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 for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the postretirement benefit obligations as of December 31, 2024 and 2023 were as follows:

Economic Assumptions

Measurement Date:	December 31, 2024.
Valuation Date:	December 31, 2024.
Discount Rate:	5.00% for 2024, 4.25% for 2023 (net of investment and administrative expenses).
Postretirement Benefit Inflation:	The Unit Multiplier is not assumed to increase in future years.
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. The hourly contribution rate is not assumed to increase in future years.

Demographic Assumptions

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

Service	Age	Rates of Termination
All	All	12.00%

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

Service	Age	Rates of Termination/Retirement
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

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.

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.

Family Composition:

65% of members are assumed to have a surviving spouse at the time 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 65% assumption is applied.

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 seven 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. 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

This report includes a increase in the discount rate from 4.25% to 5.00% to reflect the impact of changes in the return on high-quality fixed-income investments as of the measurement date. There have been no other changes to the assumptions or to the benefits during the measurement period.

Note 4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurement,* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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, 2024 and 2023.

Mutual funds:
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.

Short-term investment funds: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	2024	2023
Level 1:		
Mutual funds	$ 40,878,148	$ 34,559,720
Level 2:		
Short-term investment funds	90,977	288,269
Investments at fair value	$ 40,969,125	$ 34,847,989

Note 5. Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to the third-party claims administrator and professional fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses.

Note 6. Plan Amendment

Effective July 1, 2022, the Plan was amended to raise the Unit Multiplier of the Plan (used to calculate monthly benefit levels) from $0.07 to $0.075 for all claims received by the Trust Office. The effect of the amendment was an increase in the postretirement benefit obligation of $2,429,097 for the year ended December 31, 2023.

Note 7. Tax Status

The Plan received an exemption letter from the Internal Revenue Service (IRS) dated April 23, 2009, stating that the trust was in compliance with applicable requirements of the provisions of Section 501(c)(9) of the IRC. However, as a result of the Plan's funding policy, from time to time the trust may be subject to income taxes. No federal or state income taxes have been recorded in 2024 and 2023 for unrelated business taxable income. The Plan and trust are required to operate in conformity with the IRC to maintain the tax-exempt status of the trust. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the related trust was tax-exempt as of the financial statement date.

US GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Plan Termination

Although the Board of Trustees has not expressed any intent to do so, they may do so at any time subject to the provisions of ERISA and the terms of the CBA. In the event of Plan termination, the assets of the Plan would continue to be used to pay reasonable administrative expenses and to distribute and apply remaining surplus as the trustees so determine, until no assets remain.

Note 9. Party-in-Interest 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. Payden and Rygel waives its account management fee (0.17% per annum) for the Plan's investments in mutual funds managed by Payden and Rygel.

Note 10. Risks and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Financial instruments that subject the Plan to concentrations of credit risk include cash and employers' contributions. The Plan maintains accounts at a high-quality financial institution. While the Plan's deposit balances may, at times, exceed federally insured limits, the Plan has not experienced any losses on such accounts.

The actuarial present value of post-retirement 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.

Supplementary Information

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

Schedule H, Line4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 68-6254830
December 31, 2024

(a)	(b)	(c) Description of investment					(d)	(e)
	Identity of issue	Description	Maturity date	Interest rate	Collateral	Shares	Cost	Current value
	Mutual funds:							
*	Payden Strategic Income Fund	RIC	N/A	N/A	N/A	356,102	$ 3,643,791	$ 3,404,335
	Invesco NASDAQ 100 EFT	RIC	N/A	N/A	N/A	9,990	1,675,860	2,102,315
	iShares Iboxx Invt Grade	RIC	N/A	N/A	N/A	25,842	3,127,104	2,760,907
	iShares Core S&P Mid-Cap	RIC	N/A	N/A	N/A	31,959	2,090,593	1,991,394
	iShares MBS EFT	RIC	N/A	N/A	N/A	43,189	3,932,730	3,959,592
	iShares 7-10 Year	RIC	N/A	N/A	N/A	16,704	1,563,693	1,544,307
	iShares 10-20 Year	RIC	N/A	N/A	N/A	11,097	1,341,248	1,104,552
	Schwab S&P 500 Index Fund	RIC	N/A	N/A	N/A	265,988	17,076,365	24,010,746
	Total mutual funds						34,451,384	40,878,148
	Short-term investment fund:							
	Charles Schwab Bank - sweep account	MMF	N/A	Variable	N/A	90,977	90,977	90,977
	Total investments						$ 34,542,361	$ 40,969,125

(a) * = Party-in-interest

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

Schedule H, Line4j – Schedule of Reportable Transactions (Held at End of Year)
Plan #501 / EIN: 68-6254830
December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of assets	Purchase price	Selling price	Cost of assets	Current value of assets on transaction date	Net gain or (loss)
	Series of Transactions Exceeding 5% of Plan Assets:					
	ISHARES CORE S&P MID CAP EFT	$ 2,098,366	$ -	$ 2,098,366	$ 2,098,366	$ -
	ISHARES CORE S&P MID CAP EFT	-	1,418,030	1,320,660	1,418,030	97,370
	ISHARES CORE S&P SMALL CAP ETF	1,716,330	-	1,716,330	1,716,330	-
	ISHARES CORE S&P SMALL CAP ETF	-	1,776,382	1,716,330	1,776,382	60,052
	SCHWAB S&P 500 INDEX	-	3,337,000	2,664,372	3,337,000	672,628
	SCHWAB S&P 500 INDEX	2,900,708	-	2,900,708	2,900,708	-

* Party-in-interest

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

Schedule H, Line4i – Schedule of Assets (Held at End of Year)
Plan #501 / EIN: 68-6254830
December 31, 2024

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(a) * = Party-in-interest

Form 5500

Department of the Treasury
Internal Revenue Service

Department 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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] 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 ▶ [X]

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

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

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 & ALLIED EMPLOYEES. RETIREE ME

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		10/14/2025	CHRIS WHALEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			LOUIS LESSIG
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

418401 11-25-24

08091007 756800 2039913 2024.04031 HEALTH PROFESSIONALS & AL 20399131

Form 5500

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Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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OMB Nos. 1210 - 0110
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2024

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[ ] special extension (enter description)

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

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1c Effective date of plan 07/01/2006

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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 & ALLIED EMPLOYEES. RETIREE ME

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SIGN HERE			CHRIS WHELAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/25	LOUIS LESSIG
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

418401 11-25-24

08091007 756800 2039913 2024.04031 HEALTH PROFESSIONALS & AL 20399131

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

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