

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493305015189

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NEW YORK CITY STEAMFITTERS & STEAMFITTER HELPERS RETIREES HEALTH & WELFARE FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite

C/O ASO INC 303 MERRICK ROAD

City or town, state or province, country, and ZIP or foreign postal code

LYNBROOK, NY 11563

F Name and address of principal officer

JOHN ROBSON

C/O ASO INC 303 MERRICK ROAD

LYNBROOK, NY 11563

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

13-3240626

E Telephone number

(516) 396-5500

G Gross receipts \$ 222,420

I Tax-exempt status

☐ 501(c)(3) ☒ 501(c) (9) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization

☐ Corporation ☒ Trust ☐ Association ☐ Other ▶

L Year of formation 1991

M State of legal domicile NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THE PLAN PROVIDES BENEFITS TO ELIGIBLE PARTICIPANTS AND THEIR DEPENDENTS THE BENEFITS INCLUDE DENTAL, OPTICAL, LIFE INSURANCE, HEARING AIDS, AND PREPAID LEGAL

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

0

6 Total number of volunteers (estimate if necessary)

0

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

0

0

199,204

208,282

15,964

14,138

0

0

215,168

222,420

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

0

218,171

243,273

0

0

0

0

19,234

16,362

237,405

259,635

-22,237

-37,215

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

782,647

738,669

40,361

52,568

742,286

686,101

Part II

Signature Block

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

Signature of officer

2019-11-01

Date

JOHN ROBSON TRUSTEE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-11-01

Check ☐ if self-employed

PTIN P01455172

Firm's name ▶ CALIBRE CPA GROUP PLLC

Firm's EIN ▶ 47-0900880

Firm's address ▶ 462 SEVENTH AVENUE 16TH FLOOR

NEW YORK, NY 10018

Phone no (212) 695-1300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)