990

# **Return of Organization Exempt From Income Tax**

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

2017

Department of the Treasury

▶ 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.

Open to Public

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<u>A</u>	For the	2017 calend	lar year, or tax year begi	nning		, 2017	<u>7, and end</u>	ling			, 20
8	Check if a	applicable	C Name of organization Ami	ca Retiree Medical Trus	t					D Emp!	oyer identification no
	Address o	change	Doing business as	<del></del>	_	-				41-6	558543
רק	Name cha	-		ox if mail is not delivered to street address)	-			Room/suite		E Telepi	hone number
ᄗ	Initial retu	•	100 Amica Way	,							) 652-6422
雨		m/terminated		e, country, and ZIP or foreign postal code						G Gross	
ᅙ	Amended		Lincoln, RI 02								94,543,107
礻			F Name and address of princip		<u> </u>			H/a\ 1. #			- F.
u '	-фрисаци	on pending	1		10	_ //	7	1		for subordina	
		- <del></del>	Same as C abov			70		1 ''		tes included	
		npt status		) <b>(insert no)</b> 4947(a)(1) or	1 527	/		1			instructions)
	Website .		w.amica.com		<del>                                     </del>					n number	
		organization		ssociation Other	I L Ye	ear of form	nation 20	06 јм	State of le	gal domicile	RI
Pa	T .	Summar	<del></del>		<del></del>						<del></del>
	1			sion or most significant activities							h sick and
ø		accident	benefits (within	the meaning of Treas.	Reg. se	ec. 1	.501 (c)	c) (9) - (3) (c)). The trust is			
Activities & Governance	İ	for the	benefit of partic	cipants and eligible dep	<u>pendent</u>	s who	meet	the el	<u>iqibil</u>	<u>ity cr</u>	iteria
Ē			under the Amica Mutual Ins. Co. retiree medical plan.								
ð	2	Check this b	theck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets								
ලු	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)	クベ	20.			3		5
CIS SEC	4	Number of in	ndependent voting membe	rs of the governing body (Part VI	<b>9)</b> 6/	`S	<b>&gt;</b> · · · ·		4		0
Ĭ	5	Total number	r of individuals employed i	n calendar year 2017 (Part V, lyne 2a	₹ .Q	$\langle \cdot \cdot \rangle$	′ <b>&gt;</b>		٠ ٠ 5		0
£	6	Total number	r of volunteers (estimate if	necessary)	$Q_{\rho}$	/ 1	. /		6		
<b>™</b>	7a			Part VIII, column (C), line 20.	. <b></b>	./J	<b>y</b>		7	a	12,708,071
14 14 18 18 18 18 18 18 18 18 18 18 18 18 18	ь			from Form 990-T, line	<b>√</b> /.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			71	b	11,922,872
工				17 \$	5 /3	Til -		Prior \	ear		Current Year
	8	Contributions	s and grants (Part VIII, line	461	· /¿S	)			000,00	20	10,000,000
REVENUED	9		vice revenue (Part VIII, lin			, 	🗀		<u> </u>		0
<b>≥</b> ₹	10	•	ncome (Part VIII, column (	A) lines 3 4 and 7d)	/ 9/			11	281,28	21	13,781,707
<b>≥</b> ≥	11			nes 5, 6d, 8c, 9c, 10c, and 11e)					174,24		63,842
	12			(must equal Part VIII, column (A), lin	e 12)				107,03	_	23,845,549
8	13		similar amounts paid (Part	·	12)		<del>``</del>		107,0	-	23,643,349
	14		to or for members (Part I	• •					285,79	20	9,372,793
	15			ee benefits (Part IX, column (A), lines	s 5-10)				205,75		<u> </u>
es	1		fundraising fees (Part IX,	• • • • • • • • • • • • • • • • • • • •						_	
ens			sing expenses (Part IX, co	, ,,			∵∵-			+	<u> </u>
Expenses	17		ses (Part IX, column (A), I				<u>'</u>	<u> </u>	714 20	<del>_</del>	627 207
ш	18						∵⊢	10	714,20		627,207
	1	•	· ·	t equal Part IX, column (A), line 25)	• • • •		∵⊢		000,00		10,000,000
	19	Revenue les	s expenses Subtract line	18 from line 12	<u>····</u>	· · · ·	<del></del>		107,03		13,845,549
200	20	Tatal care	(Dad V. Ima 40)				Be	ginning of C			End of Year
3301	20		(Part X, line 16)	· · · · · · · · · · · · · · · · · · ·			∵⊢		338,22		303,282,249
Net Assets	21		s (Part X, line 26)				∵ . ⊢		331,30		94,936
Ž <sub>i</sub>	22		r fund balances Subtract	line 21 from line 20	• • • • •	• • • •	• • •		006,86	53	303,187,313
Pa			re Block	um, including accompanying schedules and sta	tomonto and	l to the he	et of my keep	dodgo and he	liof it is		<del></del>
				irin, including accompanying schedules and sta fficer) is based on all information of which prepa				vieuge and be	:IIEI, IL 15		
		. 0	1 27	1						11/13/2	
Sig	n i	- An	e of officer	<del></del>						<u> ドリフル</u> ite	<del>-019</del>
_	- 1								Ua	ile	
Her	e		ael L Baker Jr.,	Assistant Vice Presider	nt						
			print name and title	<del></del>	Т-					1	
ha:	.1	Print/Type pre	parer's name	Preparere signature	Da	ate 11/1	0/18	Chec	k 📙 n	PTIN	
Paid		Thomas	O. Cyr	1 /home US1	i		<del></del>	self-e	mployed		651101
	parer		► KPMG LL	P			<u>_</u>	Firm's ElN	13-55	65207	
Use	Only	Firm's addres:	s <b>6</b> 0 Sout	h Street			ŀ	Phone no			
				MA 02111						988-10	
May	the IRS	discuss this	return with the preparer st	nown above? (see instructions)						[	X Yes 🗀 No

Form 990 (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

	rt III Statement of Program Service Accomplishments							
	Check if Schedule O contains a response or note to any line in this Part III							
1	Briefly describe the organization's mission							
•	The trust provides participants with sick and accident benefits (within the meaning of Treas.							
	Reg. sec. 1.501(c)(9)-(3)(c)). The trust is for the benefit of participants and eligible							
	dependents who meet the eliqibility criteria under the Amica Mutual Ins. Co. retiree medical							
	plan.							
2	Did the organization undertake any significant program services during the year which were not listed on the							
_	prior Form 990 or 990-EZ?							
	If "Yes," describe these new services on Schedule O							
3	Did the organization cease conducting, or make significant changes in how it conducts, any program							
•	services?							
	If "Yes," describe these changes on Schedule O							
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by							
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,							
	the total expenses, and revenue, if any, for each program service reported							
4a	(Code) (Expenses \$9,372,793 including grants of \$) (Revenue \$)							
	The Amica Retiree Medical Trust provides participants with sick and accident benefits (within							
	the meaning of Treas. Reg. Sec. 1.501(c)(9)-(3)(c)). The trust is for the benefit of							
	participants and eligible dependents who meet the eligibility criteria under the Amica Mutual							
	Insurance Company retiree medical plan.							
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)							
_								
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)							
4d	Other program services (Describe in Schedule O )							
	(Expenses \$ including grants of \$ ) (Revenue \$ )							
4e	Total program service expenses 9,372,793							

Page 2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ........... 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, 5 X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII. VIII. IX. or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ...... 11b Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ . . . . . . . . . . . . . . . . . 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ....... 16 Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Х Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Χ 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III ........ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Χ A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ....... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV 28c Х Х 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I ........... Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 Х 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017)

Form	990 (2017) Amica Retiree Medical Trust 41-6	5558543	F	age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	İ	l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			l
	(FBAR)			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	вы		l
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			l
α.	and services provided to the payor?		[	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_	
С	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?	76	_	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g		7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	',;;	$\vdash$	
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
a		<del></del>		
b 44				
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
a		<del></del>		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
42-		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	$\vdash$	
b 42		<b> </b>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	· · ·   13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		<del>  </del>	<del>-,,</del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· · · 14a	<b>├</b> ─┤	_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	· · ·   <u>14</u> b		

Form 990 (2017) Page 6 41-6558543 Amica Retiree Medical Trust Part, VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ......... Х any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х Х Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ............... Х 13 13 Did the organization have a written whistleblower policy? 14 Х 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . . . . . 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

State the name, address, and telephone number of the person who possesses the organization's books and records

Michael Baker (800) 652-6422, 100 Amica Way, Lincoln, RI 02865-1156

financial statements available to the public during the tax year

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20

Form 990 (2017)	Amica Retiree	Medical Trust	
Part VIII Compor	eation of Officers	Directors Trustons	Key Employees High

41-6558543

Page 7

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related	organization	comp	ensa			curren	t off	icer, director, or tru	stee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos eck m ss per	son i	han one are Highest compensated employee	n )	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert A DiMuccio	0.25	v		7/						
Chairman (2)	37.25	X		Х			_	0	0	
(2) Suzanne Casey Secretary	0.25 37.25	Х		Х				o	0	o
(3) Robert K Benson	0.25	<u>~</u>					$\vdash$		<u>~</u>	
Trustee	37.25	х						٥	0	o
(4) Jill H Andy	0.25									
Trustee	37.25	Х						0	0	0
(5) James P Loring	0.25									
Trustee	37.25	Х						0	0_	00
(6)										
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)								_		
(13)										
(14)										

Part '	Section A. Officers, Directors, Trustees,	Key Employ	ees, a	and I	High	est	Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average	box,	unles	Pos eck m s pers	on is	an one both an		(D) Reportable compensation	(E)  Reportable compensation from		(F) stimated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Τ-	Ι_		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con	other npensati from the ganizationd relate ganizatio	on e on
<u>(15)</u>				_							-		
<u>(16)</u>									<del>_</del> ,		T		
<u>(17)</u>													
(18)				-									
<u>(</u> 19)													
(20)													
(21)													
(22)													
(23)													
(24)													
<u>(25)</u>		<u> </u>											
c	Sub-total	nA · ·						<b>&gt;</b>		0	-		0
	Total number of individuals (including but not limited							ore ti	<del></del> _				
	reportable compensation from the organization									0			
3	Did the organization list any former officer, director,	, or trustee, k	ey em	ploy	ee, d	or hi	ghest	comp	pensated			Yes	No
	employee on line 1a? If "Yes," complete Schedule J				 ada	· ·			tion from the	• • • • • • •	3		X
	For any individual listed on line 1a, is the sum of reprogramization and related organizations greater than	•									}	l	
	ındıvıdual · · · · · · · · · · · · · · · · · · ·										4		Χ
	Did any person listed on line 1a receive or accrue co	•		-			_				5		X
	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sci	leaule	J 10	Suc	оп ре	erson					<u></u>	Λ.
1	Complete this table for your five highest compensate compensation from the organization. Report compensation year.												
	(A)		-						(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
									+			—	
2	Total number of independent contractors (including b				sted	abo	ve) wh	10					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) Revenue excluded from tax under sections 512-514 Related or Unrelated Total revenue exempt function revenue business Federated campaigns . . . . . . . . Contributions, Gifts, Grants and Other Similar Amounts b Membership dues . . . . . . . . . . . . 1b Fundraising events . . . . . . . . . 1c Related organizations . . . . . . . 1d 10,000,000 Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f ...... . . . . . . > 10,000,000 **Business Code** Program Service Revenue f All other program service revenue . . . . . . Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · ▶ 4,817,669 1,137,478 5,955,147 Income from investment of tax-exempt bond proceeds 6a Gross rents ..... b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) · · · · · · · · · · ▶ (ı) Secunties (II) Other 7a Gross amount from sales of assets other than inventory 77,985,163 538,955 **b** Less cost or other basis and sales expenses . . . . 70,697,558 c Gain or (loss) 7,287,605 538,955 7,826,560 7,826,560 8a Gross income from fundraising Other Revenue events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . . . a b Less direct expenses .... b c Net income or (loss) from fundraising events · · · · · · ▶ 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . . a b Less direct expenses .... b c Net income or (loss) from gaming activities · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a **b** Less cost of goods sold . . . . . . . . **b** c Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a Partnership Business 900001 63,842 63,842 b Income c e Total, Add lines 11a-11d · · · · · · · · · · · · · · · · · ▶ 63,842 12 Total revenue. See instructions · · · · · · · · . . . . . ▶ 12,708,071 1,137,478 23,845,549

# Form 990 (2017) Amica Retiree Medical Trust Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

360	Check if Schedule O contains a response or note to a				
<u>Do r</u>	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Ob, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
1	Grants and other assistance to domestic organizations	-	expenses	general expenses	expenses
•	and domestic governments See Part IV, line 21			İ	
2	Grants and other assistance to domestic				
-	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	9,372,793	9,372,793		
5	Compensation of current officers, directors,	3,312,133	3,3,2,13		
•	trustees, and key employees				
6	Compensation not included above, to disqualified				<del></del>
_	persons (as defined under section 4958(f)(1)) and		į		
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	ĺ		1	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy [				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				-
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	State Income Tax Paid	627,207		627,207	
b					
С					·
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	10,000,000	9,372,793	627,207	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** ...... Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash - non-interest-bearing 2 2 19,247,681 16,515,888 3 3 Pledges and grants receivable, net .......... Accounts receivable, net ............... 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 6 7 7 8 R 9 9 Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D . . . . 10a Less accumulated depreciation . . . . . . . . . . . . 10b 10c h 11 11 234,870,888 265,499,009 12 Investments - other securities See Part IV, line 11 ...... 12 18,181,279 17,794,964 13 Investments - program-related See Part IV, line 11 ....... 13 14 14 15 15 770,169 740,595 270,338,224 16 16 303,282,249 17 17 5,331,361 94,936 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 5,331,361 94,936 Organizations that follow SFAS 117 (ASC 958), check here 

I and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets ...... 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 246,100,000 30 256,100,000 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 18,906,863 47,087,313 33 33 265,006,863 303,187,313 34 270,338,224 34 303,282,249

Form	990 (2017) Amica Retiree Medical Trust 4	<u>1-655854</u>	13	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part Xi				<u>· 🖳</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,	845,	549_
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,	000,	000
3	Revenue less expenses Subtract line 2 from line 1	3	13,	845,	549
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	265,	006,	363
5	Net unrealized gains (losses) on investments	5	24,	334,	901
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			_0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	303,	<u> 187, :</u>	313
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		<u>. 🛛 </u>
			,	Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1		1
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1 1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		ĺ	[ .	1
	separate basis, consolidated basis, or both				1
	Separate basis Separate basis Both consolidated and separate basis				1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				. 1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				l
	the Single Audit Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				Í
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · · · ·	3b		
EEA			Form	990 (	2017)

## SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Yes" on Form 990, l1e, 11f, 12a, or 12b.

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

Name	of the organization	Employer identification number
<u>A</u> m:	ica Retiree Medical Trust	41-6558543
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	mportant land area
	Protection of natural habitat Preservation of a certified history	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	rvation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
ь	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d }
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organizat	ion during the
	tax year ▶	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
	•	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easerr	nents during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statemen	t, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	escribes the
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and be	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance	nce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	···· ▶\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	···· ▶\$
b	Assets included in Form 990, Part X	

edule C	(Fom	n 990) 2017	edical Trust				41-65585	43	Page 2
art II		Organizations Maintaining C		Art, Historical Ti	reasures, or	Other S	Similar Ass	ets (cont	inued)
Us	ing t	the organization's acquisition, accession, a	and other records, ch	neck any of the follow	ing that are a sign	ificant us	e of its		
co	llect	on items (check all that apply)							
а∏		blic exhibition	d ∏ Loa	in or exchange progra	ams				
ь	Sc	holarly research	e 🗍 Oth						
⊓ً	Pre	eservation for future generations	_				•		
Pr		a description of the organization's collect	ions and explain ho	w they further the org	anization's exemp	t purpose	e in Part		
XII		,	·	, ,	·				
Dι	iring	the year, did the organization solicit or rec	eive donations of ar	t, historical treasures,	or other similar				
	_	to be sold to raise funds rather than to be						. Yes	. ☐ No
art Î		<b>Escrow and Custodial Arrang</b>			-				
		Complete if the organization an		n Form 990, Part	IV, line 9, or i	reporte	d an amoun	t on Forn	1
		990, Part X, line 21.		•		•			
ls '	the o	organization an agent, trustee, custodian o	r other intermediary	for contributions or of	ther assets not				
								. Tyes	. □ No
		explain the arrangement in Part XIII and							_
	,			·· <b>·9</b>	ſ		Amo	unt	
Ве	ainn	ing balance				1c		-	
	-	ns during the year							
						1d (			
Dis	stribi.	itions during the year			ŀ	1d	<del></del> -		
						1e			
En	dıng	balance				1e		\[ \text{Yes}	□ No
En Di	ding d the	balance organization include an amount on Form	990, Part X, line 21,	for escrow or custoda	al account liability	1e		· · 🗌 Yes	□ No
En Did	ding the Yes,	balance	990, Part X, line 21,	for escrow or custoda	al account liability	1e			No
En Did	ding the Yes,	organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds.	990, Part X, line 21,	for escrow or custodi	al account liability	1e			No
En Did	ding the Yes,	balance organization include an amount on Form explain the arrangement in Part XIII Che	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7			<u> </u>
En Did o If "	ding the Yes,	organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization an	990, Part X, line 21,	for escrow or custodi	al account liability	1e   1f   7	Three years back		<u> </u>
En Did o If" art V	ding dithe Yes,	organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds.	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7			<u> </u>
En Did off" art V	ding dithe Yes,'	organization include an amount on Form "explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7			<u> </u>
En Did  If "  Be  Co  Ne	ding the Yes,	organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
Be Co	ding d the Yes, ginni intrib t invesses	balance organization include an amount on Form "explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
Bee Coo	ginni ontrib ses	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
Bee los	ding dithe Yes,	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
Bee Coo	ding dithe Yes, dithe	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
En Did if " Be Co Ne los Co Ott Add	ginni ginni ginni ntrib tt invo ses ants her e	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins strative expenses	990, Part X, line 21, eck here if the explar swered "Yes" or	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.	1e   1f   7		(e) Four ye	<u> </u>
Bee cookies of the co	ding dithe Yes, 'y' ginnintrib it involves ants ants mer e ogramminis did of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of the tribute of tribute of the tribute of the tribute of tribu	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins strative expenses year balance	990, Part X, line 21, eck here if the explar swered "Yes" or (a) Current year	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.  (c) Two years back	1e   1f   7		(e) Four ye	<u> </u>
Bee los los los los los los los los los los	ginni ginni ntrib t invi ses ants her e ograr minis	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins strative expenses year balance et the estimated percentage of the current year.	990, Part X, line 21, eck here if the explain swered "Yes" of (a) Current year	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.  (c) Two years back	1e   1f   7		(e) Four ye	<u> </u>
Bee Coo Ne loss Ottl	ginni ginni mitrib tt invo ses ants her e ograr minis d of t	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ms strative expenses year balance et the estimated percentage of the current yeldesignated or quasi-endowment	990, Part X, line 21, eck here if the explar swered "Yes" or (a) Current year	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.  (c) Two years back	1e   1f   7		(e) Four ye	<u> </u>
Bee Co Ne los Otto	ginni ginni ntrib it inve ses ants her e ogran minis d of i	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins estrative expenses year balance the estimated percentage of the current years in the complete of the current years in the current y	990, Part X, line 21, eck here if the explain swered "Yes" of (a) Current year year end balance (line %	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.  (c) Two years back	1e   1f   7		(e) Four ye	·· <u> </u>
Bee Cool Ne loss Otto	ding dithe Yes, 'T' ginni ginni ntrib ti invo ses ants cher e ogramminis di of ti marmpor mpor	balance organization include an amount on Form explain the arrangement in Part XIII Che Endowment Funds. Complete if the organization and ing of year balance utions estment earnings, gains, and or scholarships expenditures for facilities and ins strative expenses year balance the estimated percentage of the current years in the complete of the current years in the complete of the current years in the complete of the current years in the current years in the current of the current years in the current years i	990, Part X, line 21, eck here if the explain swered "Yes" of (a) Current year year end balance (line would be with the content of the conten	for escrow or custodination has been provi	al account liability ded on Part XIII  IV, line 10.  (c) Two years back	1e   1f   7		(e) Four ye	<u> </u>
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#### Part VI Land, Buildings, and Eq Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment				
е	Other			<u>-</u>	
Tota	Al. Add lines 1a through 1e. (Column (d) must equal For	m 990 Part X column (	B) line 10c )	<del></del> <b>&gt;</b>	

Part III

Part IV

41-6558543

Part VII	Investments - Other Securities.  Complete if the organization answe	red "Yes" on Form 990, Par	t IV, line 11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			<del></del>
	eld equity interests			
(3) Other	1. 7			
	LT Invested Assets	15,990,226	FMV	
	vable for securities	184,344	FMV	
	rcial Mortgage	1,620,394	FMV	<del>-</del>
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	) must equal Form 990, Part X, col (B) line 12)	17,794,964		
Part VIII	Investments - Program Related.			
	Complete if the organization answe		· · · · · · · · · · · · · · · · · · ·	rt X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	
<u>(1)</u>				
_(2)	· · · · · · · · · · · · · · · · · · ·			
(3)				
_(4)				
_(5)	······································			<del>-</del>
(6)			<del></del>	
(7)				<del></del> .
(8)				
<u>(9)</u>				
Total. (Column (b)	must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Part IX	Other Assets.	and IIVaall on Farm 000 Bod	till line 11d Cae Form 000 De	rt V line 15
	Complete if the organization answe	<del></del>	Try, line Trd. See Form 990, Pa	
	(a	) Description		(b) Book value
(1)				
<u>(2)</u>			-	
(3)				
(4)				
<u>(5)</u> (6)	<u>.</u>	-		·
			- <del></del>	<del></del>
<u>(7)</u> (8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line	15)		
Part X	Other Liabilities.	15)		
	Complete if the organization answe line 25.	red "Yes" on Form 990, Part	t IV, line 11e or 11f See Form 9	90, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ı	ncome taxes		]	
(2)			]	
(3)				
_(4)				
(5)				
			]	
			]	
(8)			1	
(9)			1	
	must equal Form 990, Part X, col (B) line 25)		<u> </u>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	Die D (Form 990) 2017 Amica Retifee Medical Trust		
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>-</b>	
a	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1 1	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	]	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
ď	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	
£	T. 1		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIII Supplemental Information.	5	
Par Provid	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV.		
Par Provid	t XIII Supplemental Information.		
Par Provid 2, Par	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
Par Provid 2, Par	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV.		
Par Provid 2, Par	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
Par Provid 2, Par 01.	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	X, line	-
Par Provid 2, Par 01.	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)	X, line	
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Par Provide 2, Par 01.	t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  generally accepted accounting principles requires plan management to evaluate	X, line	
Par Provide 2, Par 01.	t XIII Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  generally accepted accounting principles requires plan management to evaluate	x, line  e tax  has taken	
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Par Provide 2, Par 01.	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  generally accepted accounting principles requires plan management to evaluate the state by the plan and recognize a tax liability (or asset) if the plan is uncertain position that more-likely-than-not would not be sustained upon examination.	x, line  a tax  has taken  hation by	
Par Provided 12, Par 101.	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  generally accepted accounting principles requires plan management to evaluate the state by the plan and recognize a tax liability (or asset) if the plan is uncertain position that more-likely-than-not would not be sustained upon examination.	x, line  e tax  has taken  nation by  ns taken	
Par Provided 12, Par 101.	Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  generally accepted accounting principles requires plan management to evaluate the state of the plan and recognize a tax liability (or asset) if the plan incertain position that more-likely-than-not would not be sustained upon examinational Revenue Service. The plan administrator has analyzed the tax position	x, line  e tax  has taken  nation by  ns taken	
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Par Provided and the control of the	Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.  Footnote for uncertain tax position under FIN 48 (Part X) generally accepted accounting principles requires plan management to evaluate the state by the plan and recognize a tax liability (or asset) if the plan is uncertain position that more-likely-than-not would not be sustained upon examinational Revenue Service. The plan administrator has analyzed the tax position the plan, and has concluded that as of December 31, 2017, there are no uncertained to or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The plan is subject to routine and the plan is plant to plan it is plant to plant the plant is plant to plant the plant is plant to plant the plant is plant to plant the plant to plant the plant to plant the plant to plant the plant to plant the plant to plant the plant to plant the plant	x, line  a tax  has taken  hation by  hs taken  in  lity (or	
Par Provided and the control of the	Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information  Footnote for uncertain tax position under FIN 48 (Part X)  qenerally accepted accounting principles requires plan management to evaluate the constant position that more-likely-than-not would not be sustained upon examination plan. Internal Revenue Service. The plan administrator has analyzed the tax position that more-likely-than-not would not be sustained upon examination and has concluded that as of December 31, 2017, there are no uncertaintions taken or expected to be taken that would require recognition of a liabilitions taken or expected to be taken that would require recognition of a liabilitions.	x, line  a tax  has taken  hation by  hs taken  in  lity (or	
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Schedule D (Form 990) 2017

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#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open To Public Inspection

Employer identification number

Amica Reti	ree Medical	Trust						41-6	55585	43_				
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### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection
Employer identification number

Amica Retiree Medical Trust	41-6558543
01. Officer, directors, etc. family relationship (Part VI, line 2)	
All officers and trustees of the Trust have a business relationship wi	th one another.
THE CARROLL CAN CAUCAGE OF THE TABLE HAVE A SUBTRICE TO THE TABLE HAVE A SUBTRICE TO THE TABLE HAVE A SUBTRICE OF THE TABLE OF THE TA	,
02. Members or stockholder classes and rights (Part VI, line 6)	
The organization has a member, Amica Mutual Insurance Company, which h	
elect members of the governing body as well as approve significant dec	isions of the
governing body, including decisions made related to the management of	Trust assets,
funding contributions received by the Trust, and payments made out of	the Trust in
satisfaction of benefits payable.	
03. Member election for additional members (Part VI, line 7a)	
The organization has a member, Amica Mutual Insurance Company, which h	as the power to
elect members of the governing body as well as approve significant dec	isions of the
governing body, including decisions made related to the management of	Trust assets,
funding contributions received by the Trust, and payments made out of	the Trust in
satisfaction of benefits payable.	
04. Governing body decisions (Part VI, line 7b)	
The organization has a member, Amica Mutual Insurance Company, which h	as the power to
elect members of the governing body as well as approve significant dec	isions of the
governing body, including decisions made related to the management of	
funding contributions received by the Trust, and payments made out of	
satisfaction of benefits payable.	
05. Committee meeting documentation (Part VI, line 8b)	
The organization did not have any committees to document meetings with	the authority to

Schedule O (Form 990 or 990-EZ) (2017)	Page
Name of the organization	Employer identification number
Amica Retiree Medical Trust	41-6558543
act on behalf of the governing body.	
06. Form 990 governing body review (Part VI, line 11)	
Line 11b - No review was or will be conducted.	
07. Governing documents, etc, available to public (Part VI, line 19)	
Documents are not made available to the public.	
08. General explanation attachment	
(Part VII, Col E,F)	
The organization_utilizes the Volunteer Exception and need not report_volunt	teer officer,
director, or trustee compensation.	
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Schedule O (Form 990 or 990-EZ) (2017)

SCHEDULE R	<u>-</u>	Related Organizations and Unrelated Partnerships	zations and Un	related Pa	rtnership	S		OMB No	OMB No 1545-0047
(Form 990)		► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	nswered "Yes" on Form	າ 990, Part IV, lin	ie 33, 34, 35b, :	36, or 37.		20	17
Department of the Treasury	reasury		► Attach to Form 990.	990.	1			Open to	Open to Public
Internal Revenue Service	ervice	► Go to www.irs.gov/F	www.irs.gov/Form990 for instructions and the latest information.	ns and the lates	t information.			luspe	Inspection
Name of the organization Amica Retire	zation tiree Medi	ıme of the organization Amica Retiree Medical Trust					Employer identificati	Employer identification number 41-6558543	
Parti	dentificati	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization answe	red "Yes" on	Form 990,	Part IV, line 3	3.		
	pe emen	(a) Name address and FIN (if annicable) of descended entity	(b)		(C) Legal dom (state	(b)	(9)		(f) Direct controlling
(1)		fundamental for the property of the property o					asser assers	-	enny
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<b>3</b>				_					
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PartII	Identification	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had	Complete if the orga	anization ans	wered "Yes	" on Form 990	), Part IV, line	34 because	it had
		(a)	(b)	(0)	(p)	(e)		<b>(</b>	(B)
	Name, add	Name, address, and EIN of related organization	Primary activity	Legal dom (state or foreign country)	Exempt Code section	tion Public charrty status (if section 501(c)(3))		Direct controlling entity	Sec 512(b)(13)
5									
(2)									<u> </u>
(3)									
(4)			-						
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For Paperwork	k Reduction A	For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Schodulo	Schodulo B (Form 990) 2047

EEA

Amica Retiree Medical Trust

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2017 Part III

Page 2

41-6558543

(h) (i)
Percentage Sec 512(b)(13)
ownership controlled entry? (K) % owner-ship Schedule R (Form 990) 2017 å × Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes nanagıng partner? Yes No Gen or 9 Code V-UBI amount in box 20 0 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets  $\equiv$ Disprop-ortionate res No allocations? Ξ Share of total income Share of end-of-year assets  $\boldsymbol{arepsilon}$ **6** line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Type of entity (C corp, S corp, or trust) (f) Share of total income C Corp Predominant income (related, unrelated, sections 512-514) excluded from tax under Direct controlling entrly **e** ਉ <u>×</u> Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign R Legal
domicile
(state or
foreign Primary activity Insurance Primary activity (1) Amica Mutual Insurance Co., 05-0348344 Name, address, and EIN of related organization Lincoln, RI 02865-1156 Name, address, and EIN of related organization 100 Amica Way Part IV A A lΞ (2) 3 3 9 3 | ନ୍ତ |€ | ଚ

Page 3 Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 41-6558543 Amica Retiree Medical Trust Schedule R (Form 990) 2017 Part V

Schedule R (Form 990) 2017 Method of determining amount involved Yes ξ 두 9 4 4 2 19 ŧ <del>1</del>s = € If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transaction <u>e</u> Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets from related organization(s) Name of related organization Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ξ € 3 9 8 (3)

41-6558543

Amica Retiree Medical Trust

(K) % owner-Schedule R (Form 990) 2017 Yes No managing partner? Gen or Code V-UB! amount in box 20 of Schedule K-1 (Form 1065) Ξ Schedule R (Form 990) 2017

| Part VI | Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets alloca-tons? Disprop-ortionate Ξ Share of end-of-year assets **6** (f) Share of total income Are all partners section 501(c)(3) organizations? or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships unrelated, excluded from tax under section 512-514) Predominant Ð Legal domicule (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of entity (30) 12 E Ξ 2 3 ₹ 9  $\epsilon$ ණ છ 8 EEA