Form 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)

OMB No 1545-0047 2018

2010

Department of the Treasury

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

Opento Public Inspection

Intern	al Reven	ue Service	► Go to v	vww.irs.gov/Form990 for instruc	ctions an	d the latest infor	nation.		Inspection
<u>A </u>	For the	2018 calend	ar year, or tax year begin	ning		, 2018, and e	nding		, 20
В	Check if a	applicable	C Name of organization Amic	a Retiree Medical Tru	st			o	Employer identification no
	Address (change	Doing business as						41-6558543
\Box	Name ch	ange		ox if mail is not delivered to street address)			Room/suite		Telephone number
$\overline{}$	nıtıal retu	_	100 Amica Way	,			THE STATE OF THE S		(800) 652-6422
ᅲ		m/terminated		, country, and ZIP or foreign postal code					Gross receipts
$\overline{}$	Amended		Lincoln, RI 02					ľ	•
$\overline{}$		n pending	F Name and address of principal		-1-		11/23 3 3		\$ 153,907,218 subordinates? Yes X No
□ ′	приновис	in pending		· · -	CIO	~ I			7 7
	Fau		Same as C above 501(c)(3) X 501(c)(9		- П.		H(b) Are all subor		
	Vebsite	pt status) (insert no) 4947(a)(1) or		27	_		ist. (see instructions)
		·	7. amica.com Corporation X Trust Ass		\ 		H(c) Group exe		· - · ·
	rt]]	summar Summar		sociation Other	1	Year of formation 2	006 M State	of legal	domicile RI
[I.a			<u> </u>						
	1	-	-	ion or most significant activities					with sick and
9	1			the meaning of Treas.					
Governance				ipants and eligible de			t the eligib	ılıt	y criteria
ē				s. Co. retiree medical					
Š	2			n discontinued its operations or dis		f more than 25% o	fits net assets		
ಷ	3		•					3	5
es	4			s of the governing body (Part VI, li				4	0
Ξ	5		• •	ı calendar year 2018 (Part V, line 2	2a)			5	0
Activities &	6		r of volunteers (estimate if i		• • • •		• • • • • • •	6	0
-	7a			Part VIII, column (C), line 12			• • • • • • • •	7a	22,164,077
	b	Net unrelated	d business taxable income	from Form 990-T, line 38	• • • •	· · · · · · · · · · · · · · · · · · ·		7b	22,152,169
						^ \	Prior Year		Current Year
_	8	Contributions	s and grants (Part VIII, line	1h)	 	·····	10,000	,000	10,000,000
Ę	9	Program ser	vice revenue (Part VIII, line	e 2g) · · · · · · · · · · · · · · · · · · ·	3	· ·/જ}\· · · ·			0
Revenue	10		ncome (Part VIII, column (A	A), lines 3, 4, and 7d)	····	; · ·\≧ · · · <u> </u>	13,781	,707	23,219,403
22	11			nes 5, 6d, 8c, 9c, 10c and 11e)	. *. V/?),	<i>y</i> , · · <i>y</i> · · /· · · [63	,842	528,801
· 	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A),¶	ູໄດ e 12)	<i></i>	23,845	,549	33,748,204
•	13	Grants and s	imilar amounts paid (Part I	X, column (A), lines 1-3) 6	/	(7) B L			0
	14	Benefits paid	I to or for members (Part IX	K, column (A), line	113) /[9,372	,793	9,219,218
: - ທ	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A) line	ès 5-10)			0	
Şe	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e) 🗸 · · ·	• • • •	[0
Expenses	b	Total fundrais	sing expenses (Part IX, col	umn (D), line 25)		0			
Щ	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)		[627	,207	780,782
	18	Total expens	es Add lines 13-17 (must	equal Part IX, column (A), line 25))	[10,000	,000	10,000,000
	19	Revenue les	s expenses Subtract line	18 from line 12		<u> [</u>	13,845	,549	23,748,204
or sec							Beginning of Current		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			[303,282	,249	296,199,010
Ass	21	Total liabilitie	s (Part X, line 26)			[94	, 936	4,385,142
Ret	22	Net assets or	r fund balances Subtract I	ine 21 from line 20 · · · · ·			303,187	, 313	291,813,868
P ai	rtilli	Signatu	re Block						
				m, including accompanying schedules and s icer) is based on all information of which pre			nowledge and belief, it i	S	
000,		and complete Box) / Property (circle trighton	icary is based on an anomalion of which pro	paror rias a	ny knometago		T 7	1 . 2 . 14
C:	_	1-4	(1.1 72						1-12-2U19
Sig		Signatur	e of officer					Date	
Her	e	Mich	ael L Baker Jr.,	Senior Assistant Vice	Presi	dent			
		Type or j	print name and title						
		Print/Type pre	parer's name	Preparer's signeture		Date	Check	ıf P	rin 1
Paid	t	Thomas	O. Cyr	1201		11-08-2019	self-employe	ď	P00651101
Pre	parer	Firm's name	► KPMG LLE	<u> </u>			Firm's EIN ► 1	3 - 5 5	65207
Use	Only	Firm's address			-		Phone no	_	
	_		Boston M				61	.7-98	8-1000
May	the IRS	discuss this		own above? (see instructions)					· · X Yes No
_		_	on Act Notice, see the sei				· ····		Form 890 (2018)

For Paperwork Reduction Act Notice, see the separate instructions

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Form 990 (2018)

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	1990 (2016) Amica Retiree Medical Trust 41-6558543 Page 2
Pa	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 eligibility criteria under the Amica Mutual Ins. Co. retiree medical
2	plan. Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 9,219,218 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	

ı⊾ "j".

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Form 990 (2018)
Part IV C Amica Retiree Medical Trust
Checklist of Required Schedules

Ь	· · · · · · · · · · · · · · · · · · ·			$\overline{}$
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	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	l	
5	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 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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			
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	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			į
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	_		
	complete Schedule D, Part VI	11a		Χ
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	Χ	
С	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	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	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		J	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		İ	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
FFA		Form 9	90 (20	18)

Form 990 (2018)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . 22 Χ 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 Χ 23 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 through 24d and complete Schedule K If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 26 Χ 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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 28 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) 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 Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II Χ 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization?If "Yes," complete Schedule R, Part V, line 2 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, Part VI 37 Χ 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 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c

	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	43	F	Page
Га	Statements Regarding Other INS Finings and Tax Compliance (continued)		1	_
	Foto-the manufacture and the Fermi WO To the Hell-f West and To		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ļ
	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	ļ
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	X	
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 account)?	4a		X
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 (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		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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			
-	and services provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		
·	required to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year			 -
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h		79 7h		_
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-"		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?	-		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · Label			
11	Section 501(c)(12) organizations. Enter			ı
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		·	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		ĺ	
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a]	Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			

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 Nο 1a Enter the number of voting members of the governing body at the end of the tax year 5 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 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 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? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Χ 14 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? The organization's CEO, Executive Director, or top management official 15b 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 X with a taxable entity during the year? b 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 17 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 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

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Form	990	(2018)	

Amica Retiree Medical Trust

41-6558543

age 7

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			n)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Robert A DiMuccio	0.25	<		Х						•
Chairman	37.25	Х		Λ				0	0	0
(2) Suzanne Casey	0.25_ 37.25	х		х				0	o	0
Secretary (3) Robert K Benson		71		-23				U		
Trustee	37.25	Х						0	o	0
(4) Jill H Andy				_						
Trustee	37.25	Х						0	o	0
(5) James P Loring										
Trustee	37.25	Х					ľ	0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
(10)	- -									
(11)										
(12)										
(13)										
(14)										

	(B) Average hours per week (list any	unless	perso a dire	tion ore th	an one both ar rustee)	١	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimated Imount of other	of		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o:	mpensat from the ganization nd relate ganization	tion e ion ed
<u>(15)</u>			•				••••••	<u> </u>					
<u>(16)</u>									***************************************				
<u>(17)</u>									***************************************				
<u>(18)</u>						•••••		†					
<u>(19)</u>						-							
(20)						*****							
(21)				*******									
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	n A · ·						•		0			0
2	Total number of individuals (including but not limited reportable compensation from the organization								-	0	-l	-	U
3	Did the organization list any former officer, director,	or trustee, ke	y empl	oyee	e, or	high	est c	ompe	nsated			Yes	No
4	employee on line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is the sum of repo								on from the		3		X
	organization and related organizations greater than \$\frac{9}{2}\$	•	-	•							4	<u> </u>	<u> </u>
5	Did any person listed on line 1a receive or accrue co for services rendered to the organization? If "Yes," co			-			-				5		X
	on B. Independent Contractors									******			
1	Complete this table for your five highest compensate compensation from the organization. Report compen year.												
	(A) Name and business address								(B) Description of	services		(C) pensatio	on
			-						+		_		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Related or exempt function Unrelated business revenue Revenue excluded from tax under sections 512-514 Total revenue revenue Federated campaigns 1a Contributions, Gif.s, Grants and Other Similar Amounts 1b 1c d Related organizations 1d 10,000,000 c Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 10,000,000 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) · · · · · · · · · · · · · · · · · ▶ 6,788,918 5,204,791 1,584,127 Income from investment of tax-exempt bond proceeds . . . > (ı) Real (ii) Personal 6a Gross rents b Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) ▶ (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 134,839,783 1,749,716 b Less cost or other basis and sales expenses | 120,159,014 c Gain or (loss) 14,680,769 1,749,716 d Net gain or (loss) · · · · · · · · · · · · · · · ▶ 16,430,485 16,430,485 Other Revenue 8a Gross income from fundraising 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** 900001 528,801 528,801 11a Partnership Business b Income e Total. Add lines 11a-11d 528,801 12 Total revenue. See instructions · · · · · · · · · · · ▶ 33,748,204 22,164,077 1,584,127

Form 990 (2018) Amica Retiree Medical Trust Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiza	ations must complete co	olumn (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	•			
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	9,219,218	9,219,218		
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal······				
С	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	`				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		1		
10	Conferences, conventions, and meetings				
19 20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1			
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	780,782		780,782	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	10,000,000	9,219,218	780,782	→ o
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)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 1 757 2 2 19,247,681 25,842,112 3 Pledges and grants receivable, net 3 4 220,000 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 Notes and loans receivable, net 7 Assets 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10¢ b 11 11 265,499,009 246,499,725 12 Investments - other securities See Part IV, line 11 12 22,701,462 17,794,964 13 Investments - program-related See Part IV, line 11 13 14 14 15 740,595 15 934,954 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 303,282,249 296,199,010 17 17 94,936 4,385,142 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, -iabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 94,936 4,385,142 Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 256,100,000 266,100,000 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 47,087,313 25,713,868 33 33 303,187,313 291,813,868 34 34 Total liabilities and net assets/fund balances 303,282,249 296,199,010

Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

EEA

SCHEDULE D (Form 990)

Department of the Treasury

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.

► Attach to Form 990.

Internal Revenue Service

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

OMB No 1545-0047

2018

Open to Public Inspection

Name	of the organization	Employer identification number
Am:	ica Retiree Medical Trust	41-6558543
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	unts.
	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	
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) Preservation of a historical	ally important land area
	Protection of natural habitat Preservation of a certified	•
	Preservation of open space	Thotomo on dotaro
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nnservation
-	easement on the last day of the tax year	Held at the End of the Tax Year
_	Total number of conservation easements	
a	Total acreage restricted by conservation easements	
b	Number of conservation easements on a certified historic structure included in (a)	
C	(,,	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	2d
•	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	mzation 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	on easements during the year
-	Annual of an annual ann	compate during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	asements during the year
•	Described and the second of section 170/b/4/	(P)(·)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(e and section 170(h)(4)(B)(ii)?	
•		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
Dai	organization's accounting for conservation easements rt III Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets
Га		ther offmar Assets.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	and halanas abase
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement all	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these iter	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in for	urtherance of
	public service, provide the following amounts relating to these items	
	(ı) 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,	, provide the
	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	· · `· · · · > \$

× . . .

Schedule D (Form 9	990) 2018	Amıca	Retiree	Medical	Trus	t				41-6558543	3	Page 2
Part III	Organizati	ons Mai	intaining	Collectio	ns of	Art.	Historical	Treasures.	or Other	Similar Assets	(continu	ed)

FO	iri iii Organizations maintaining (JOHE	CHOIIS O	ı Ait, illəti	Jiicai II	easures, i	oi Otti	ei Sillillai As	-2612 (COITHIT	eu)
3	Using the organization's acquisition, accession,	and of	ther records	s, check any c	f the follow	ing that are a	significa	ant use of its			
	collection items (check all that apply)										
а	Public exhibition		d 🗌	Loan or excha	ange progra	ams					
b	Scholarly research		е 🗍	Other							
С	Preservation for future generations		_					· · · · · ·			
4	Provide a description of the organization's collect	tions a	and explain	how they furt	her the ora	anızatıon's ex	rempt pu	rpose in Part			
	XIII		•	•	J		• •	•			
5	During the year, did the organization solicit or re	ceive (donations o	f art, historica	l treasures	or other sim	ılar				
	assets to be sold to raise funds rather than to be	maint	tained as pa	art of the orga	nization's c	ollection?			'	Yes	∏No
Pa	rt IV Escrow and Custodial Arran	geme	ents.	· · · · · · · · · · · · · · · · · · ·							
	Complete if the organization ar	- iswe	red "Yes'	on Form !	990, Parl	IV, line 9,	or rep	orted an amo	unt on	Form	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodian	or othe	er intermedia	ary for contrib	utions or o	ther assets no	ot				
									!	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and									_	_
	·							A	mount		
С	Beginning balance						10	:			
d	Additions during the year						10	1			
е	Distributions during the year						10	9			
f	Ending balance							:			
2a	Did the organization include an amount on Form									Yes	ΠNο
b	If "Yes," explain the arrangement in Part XIII Ch									_	П
Pa	rt V Endowment Funds.										
	Complete if the organization ar	iswei	red "Yes"	on Form 9	990, Part	IV, line 10)				
	· · · · · · · · · · · · · · · · · · ·		Current year		or year	(c) Two years		(d) Three years bac	k (e)	Four years	back
1a	Beginning of year balance		, , , , , , , , , , , , , , , , , , , ,	, , ,		,,,		.,			
b	Contributions										
c	Net investment earnings, gains, and										
Ŭ	losses										
ď	Grants or scholarships								_		
	Other expenditures for facilities and		•								
·	programs										
	Administrative expenses										
٠ ~	End of year balance								_		
g	Provide the estimated percentage of the current		nd halanaa	/line 1a colu	mn (a)) hal	d ac		L			
2	Board designated or quasi-endowment	year e	nu balance %	(iiiie ig, colu	mm (a)) nei	u as					
a	Permanent endowment > %										
b	Temporarily restricted endowment		%								
С	· · ·	eaual									
2-	The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possessio			on that are h	old and adr	ministered for	tho				
3a	·	וו טו נוו	e organizat	ion mai are n	ciu ariu aui	illilistered for	uie			Yes	No
	organization by								Га		No
	(i) unrelated organizations · · · · · · ·								_	a(ı)	
	(ii) related organizations									a(II)	+
b	If "Yes" on line 3a(ii), are the related organization				ie R / · ·				• _	3b	
4 Da	Describe in Part XIII the intended uses of the org rt VI Land, Buildings, and Equipm		ion's endov	vment lunus							
Га	Complete if the organization an		"2aV" ha	on Form (000 Part	IV/ line 11	a Sec	Form 990 P	art X	line 10	
		134461	1		1	77					
	Description of property		1 ''	other basis stment)	1 '	r other basis other)		Accumulated epreciation	(d)	Book value	!
1a	Land		Ç		 ``	- /	-	·			
	Buildings										
b	-							-			
Ü	Leasehold improvements	• • •			 			-			
d	Equipment	• • •						-			
e Total	Other	ıl Ec	000 000	V column (D)	line 100 h	!					
	I. Add lines 1a through 1e (Column (d) must equa	ıı rom	i 990, Part.	∧, column (<u>B)</u>	, iiie 100)				Cab. 11	D /F :	20) 00:10
EEA									ocnedule	D (Form 99	ou) ∠U18

Schedule D (Form		Medical Trust	41-65	58543 Page
Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990. Pa	rt IV. line 11b. See Form 990.	Part X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuate	
	(including name of security)		Cost or end-of-year market	value
(1) Financial of				_
• •	eld equity interests			
(3) Other				
	LT Invested Assets	20,585,310	FMV	
	rcıal Mortgage	2,116,152	FMV	
(C)		·		
(D)				<u>-</u>
(E)	·			
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	22,701,462		
Part VIII	Investments - Program Related. Complete if the organization answered	d "Voo" on Form 000 Bo	rt IV/ line 11e See Form 000	Bort V. line 12
	Complete if the organization answered	u tes on roini 990, rai	it iv, line 110 See Form 990,	rait A, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	d "Yes" on Form 990 Par	rt IV line 11d. See Form 990.	Part X. line 15.
***************************************		escription		(b) Book value
(1)	(a) 0	escription		(b) Book value
(2)		*		
(3)				
(4)	1		-	
(5)				
(6)				
(7)				
(8)				
(9)	·			r
	(b) must equal Form 990, Part X, col (B) line 15)			,
Part X	Other Liabilities.	-		
	Complete if the organization answered line 25.	d "Yes" on Form 990, Par	rt IV, line 11e or 11f. See Forn	n 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ır			7	
(2)				
(3)				
(4)			7	`
(5)				
(6)]	
(7)				
(8)		•		

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

(9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

Pa	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	1 1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	- <u>'</u> -
2		,
a	The same was a same wa	-
, ь		-
С	Recoveries of prior year grants	4.
d	Other (Describe in Part XIII)	<u></u>
e	Add lines 2a through 2d	2e
3		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4
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
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Keturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . I
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	-l '
b	Prior year adjustments	4
С	Other losses	_
d	Other (Describe in Part XIII)	
e	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 4a	
b	Other (Describe in Part XIII)	1
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5
Pai	rt XIII Supplemental Information.	
Provi	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	X, line
2, Pa	it XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	``
		4
01.	Footnote for uncertain tax position under FIN 48 (Part X)	
U.S	. generally accepted accounting principles requires plan management to evaluat	e tax
pos	itions taken by the plan and recognize a tax liability (or asset) if the plan	has taken
an ı	uncertain position that more-likely-than-not would not be sustained upon exami	nation by
	,	<u> </u>
the	Internal Revenue Service. The plan administrator has analyzed the tax position	ns taken
<u> </u>	Internal Nevenue Dervice. The pain administrator neb analyzed one ban possess	
hv i	the plan, and has concluded that as of December 31, 2018, there are no uncerta	ın *
<u></u>	the plan, and has concluded that as of becember 31, 2010, there are no uncerta	
	tions taken or expected to be taken that would require recognition of a liabi	lity (or
posi	ctions taken or expected to be taken that would require recognition of a man	11124 (01
		and to be
asse	et) or disclosure in the financial statements. The plan is subject to routine	audits by
tax	ing jurisdictions; however, there are currently no audits for any tax periods	ın
	′	
prog	ress.	-
	•	
		

SCHEDULE L

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2018

► Attach to Form 990 or Form 990-EZ Open To Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization 41-6558543 Amica Retiree Medical Trust Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes | No (1) (2) (3) Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person (b) Relationship (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (ı) Written (c) Purpose of from the with organization loan principal amount by board or agreement? organization? committee? From Yes Nο Yes No Yes Νo (1) (2) (3) (4) (5) Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)

(2)

(3)

(4)

(5)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 41-6558543 Amica Retiree Medical Trust 01. Officer, directors, etc. family relationship (Part VI, line 2) All officers and trustees of the Trust have a business relationship with one another. 02. Members or stockholder classes and rights (Part VI, line 6) The organization has a member, Amica Mutual Insurance Company, which has the power to elect members of the governing body as well as approve significant decisions 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 has the power to elect members of the qoverning body as well as approve significant decisions 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 has the power to elect members of the governing body as well as approve significant decisions 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.

05. Committee meeting documentation (Part VI, line 8b)

Schedule O (Form 990 or 990-EZ) (2018)	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)	
The state of the s	
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 vol	unteer officer,
director, or trustee compensation.	· · · · · · · · · · · · · · · · · · ·
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OMB No 1545-0047 Open to Public Inspection 2018 Employer identification number 41-6558543 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Go to www irs.gov/Form990 for instructions and the latest information. (c)
Legal dom (state
or foreign country) ▶ Attach to Form 990. (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity Amica Retiree Medical Trust Department of the Treasury SCHEDULE R Name of the organization Internal Revenue Service (Form 990) Parti

Sec 512(b)(13)
controlled entity? (f) Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Direct controlling entity Public chanty status (if section 501(c)(3)) e Exempt Code section ਉ Legal dom (state or foreign country) <u>ق</u> Primary activity one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Part II <u>4</u> Ξ 8 |€ 9 Ξ 8 ල | ල 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

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2018 Amica Reti

Amica Retiree Medical Trust

Schedule R (Form 990) 2018

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. Part III

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41-6558543

	(K)			<u></u>				=	2(b)(13)	ž	×) 2018
[Gen or managing partner?						<u>,</u>		Percentage Sec 512(b)(13) ownership controlled entity?	Yes							Schedule R (Form 990) 2018
\vdash	<u> </u>		 				on Form 990, Part IV	3	Percentage ownership								le R (Fc
	BI ox 20 e K-1 65)						990,		Perce		0				<u> </u>		chedu
5	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	•					orm		of assets								
	Co amo of S (F						on F	9	Share of end-of-year assets								
	(n) Disproportionate allocations?						"Yes"		end-o								
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	ind-of- sets						were	€	Share of total income								
3	(g) Share of end-of- year assets						ar.		<u>ა</u>								
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١,	(1) Share of total income						Janiz Je ta	<u>e</u>	Type of entity (C corp, S corp, or trust)		dron o						
	Share of incor						e org	,	Type C C co		b b						
\mid	 			<u> </u>			Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.									\neg	i
7	(e) Predominant income (related, unrelated, excluded from tax under sertions 512-514)	1					olete trust		gling								
	Predo ncome unre exclude tax						Som	9	Direct controlling entity								
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- 5	(u) Direct controlling entity							-			M/N					_	
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	Name, address, and EIN of related organization						of F	(a)	EIN of		ual Insurance Way RI 02865-1156						
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	Ka E						dent ne 3		Name		utua ca W , RI						
Ì								i			Amı,						
							Part IV				(1) Amica Mutual Insurance Co., 05-0348344 100 Amica Way Lincoln, RI 02865-1156						
		(1)	(3)	<u>@</u>	<u>4</u>	(2)	Pa				€	(3)	ල	4)	(5)	. 1	Æ

Schedule R (Form 990) 2018

Amica Retiree Medical Trust

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41-6558543

Transactions with Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

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				>	Yes	٤ľ
1 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?	anizations listed in Parts II	-ا\رع				
a Recept of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	_	×
b Gift, grant, or capital contribution to related organization(s)				1b	_	$ \times$
c Gift, grant, or capital contribution from related organization(s)				5	×	
d Dans or loan quarantees to or for related organization(s)				↓	+	,
	· · · · · ·		· · · · · · · · · · · · · · · · · · ·	₽ .	-	: ا >
c Loans or loan guarantees by related organization(s)				<u>1</u> 6	^ 	\times
f Dividends from related organization(s)				14		$ _{\times}$
g Sale of assets to related organization(s)				5		>
Contracts bedeler ment atoms to condemina				20 :	` 	:ا،
				ا	^	\times
i Exchange of assets with related organization(s)				÷	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				Ę		×
			•	<u> </u>	_	:[_
k ease of facilities enuinment or other assets from related organization(s)			•	+	<u> '</u> 	٦,
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	`	4
				=	^	\times
m Performance of services or membership or fundraising solicitations by related organization(s)				£	_	×
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(a) and the second based on the second constitution of the second of the				<u> </u>	; ;	
o orialing of paid employees with related organization(s)				9	×	ľ
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p Reimbursement paid to related organization(s) for expenses				1p	×	
q Reimbursement paid by related organization(s) for expenses	•			10		×
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2 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	luding covered relationship	ps and transaction thresh	splot			
(a)	(q)	(0)	(p)			
Name of related organization	Transaction	portone tenom 4	Mothod of dotom	40.00	Post	
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Amica Retiree Medical Trust

41-6558543 Schedule R (Form 990) 2018

Amica Retiree Medical Trust

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Page 4

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(q)	3	(P)	(e)	9	(0)	(F)	9	3	3
Name, address, and EIN of entity	Primary activity	Legal	Predominant	Are all		Share of	Disprop-	8	ה ה	
		domicile (state or	income (related, unrelated, excluded	section 501(c)(3)	total income	end-of-year assets	ortronate alloca-	, g		-
		roreign country)	from tax under sections 512-514)	zations?			Yes No			
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