EXTENDED TO OCTOBER 15, 2016

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	2015 calendar year, or tax year beginning and	ending		
В	Check if applicable	LEWITH EVOLEDBIONARD WAS TREE BUT TO	YEE	D Employer iden	tification number
	Addres	AFT/AFL-CIO, RETIREE MEDICAL TRUST			
Г	Name chang	Doing business as		[68-	-6254830
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num	ber
Ē	Final return/	140 GVI.VAN AVENUE	303	201	-947-8000
	termin ated		G Gross receipts \$	3,438,871.	
Г	Amend			H(a) is this a group	p return
Ē	Applic			for subordina	tes? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinat	es included? Yes No
ī	Tax-exe	empt status: 501(c)(3)X 501(c)(9) ◀ (insert no.) 4947(a)(1)	or 527		n a list. (see instructions)
_		te: N/A		H(c) Group exemp	
***		organization; Corporation X Trust Association Other	L Year		M State of legal domicile: NJ
	artill	Summary		,	
	1	Briefly describe the organization's mission or most significant activities: THE	PLAN P	ROVIDES RE	EIMBURSEMENT
Activities & Governance		OF HEALTH INSURANCE PREMIUMS AND REIMBUR	SEMENT	FOR MISCE	ELLANEOUS
na L	2	Check this box if the organization discontinued its operations or dispos			
Ş	3			L	3 3
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 3
οğ O	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5 0
įţį	6	Total number of volunteers (estimate if necessary)			6 0
흫	72	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.
ď	b	Net unrelated business taxable income from Form 990-T, line 34		1.	7b 0.
_		,		Prior Year	Current Year
ď.	8	Contributions and grants (Part VIII, line 1h)		_	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,229,926	1,380,348.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		746,375	375,770.
œ	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		C	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,976,301	1,756,118.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		C	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	1	44,634	57,432.
G	I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ö	
Expenses	ь.	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		222,059	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		266,693	
		Revenue less expenses. Subtract line 18 from line 12		1,709,608	1,456,533.
58	3		Be	ginning of Current Ye	
et Assets or nd Balances	20	Fotal assets (Part X, line 16)		9,988,051	
28	21 1	Fotal liabilities (Part X, line 26)		17,276	43,468.
碧	22 1	Net assets or fund balances. Subtract line 21 from line 20		9,970,775	11,184,707.
IP:	artvila	Signature Block			
Und	ler penal	ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of	my knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sig	ın İ	Signature of officer		Date	
Her	4	MICHAEL SLOTT, TRUSTEE			
		Type or print name and title			
		Print/Type preparer's name Areparer's signature	'n	at Check	PTIN .
Paid		KENNETH PERLMAN, CPA		self-emp	ployed P00293700
	- H	Firm's name BUCHBINDER TUNICK & CO. LLP		Firm's EIN	13-1578842
		Firm's address ONE PENN PLAZA - SUITE 5335			
	-	NEW YORK, NY 10119-0219		Phone no. 2	12-695-5003
Mav	v the iR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	,				= 000 costs

Form 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check thi	s box		▶ [X]
Note. Only complete Part II if you have already been granted a					
• If you are filing for an Automatic 3-Month Extension, com					
Pantil Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no c	copies need	ded).
		Enter filer's	identify	ing number, s	ee instructions
Type or Name of exempt organization or other filer, see ins	tructions.		Employ	er identification	n number (EIN) o
print HEALTH PROFESSIONALS AND A	LLIED I	EMPLOYEE			
File by the AFT/AFL-CIO, RETIREE MEDIC	AL TRU	ST		68-625	54830
due date for Number, street, and room or suite no. If a P.O. box	c, see instruc	tions.	Social s	ecurity number	r (SSN)
return. See 140 SYLVAN AVENUE, NO. 303				•	
instructions. City, town or post office, state, and ZIP code. For a	a foreign add	ress, see instructions.			
ENGLEWOOD CLIFFS, NJ 0763					

Enter the Return code for the return that this application is for	(file a separat	te application for each return)			0 1
	,			***************************************	
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01		\$:9/*19/*		
Form 990-BL	02	Form 1041-A	AT 100 001220	AMOUNT SEPRENCE	08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		THE STATE OF THE S	11
Form 990-T (trust other than above)	06	Form 8870	****		12
STOP! Do not complete Part II if you were not already grant			iough fil	ad Farm 0000	
BENEFIT SERVI		lauc 3-month extension on a prev	iousiy iii	eu Fulli 8606	<u> </u>
• The books are in the care of > 140 SYLVAN AV		PNOT PWOOD CT TERS	NT C	7622	
	пион		אט כ	17032	
Telephone No. ► (201) 947 – 8000	! ! !	Fax No.			
If the organization does not have an office or place of busine	ess in the Un	ited States, check this box			
If this is for a Group Return, enter the organization's four dig					
box . If it is for part of the group, check this box .			all memi	ers the extens	ion is for.
4 I request an additional 3-month extension of time until	MOAFME				
5 For calendar year 2015, or other tax year beginning		, and ending			
6 If the tax year entered in line 5 is for less than 12 months,	, check reaso	on: L Initial return L	Final	return	
Change in accounting period					
7 State in detail why you need the extension		ODVI MTOT THOMAS			
AWAITING ADDITIONAL THIRD PAI		ORMATION NECESSAR	<u> 10 x 170 x</u>	FILE A	
COMPLETE AND ACCURATE TAX RET	LOKN				
				r	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 472	20, or 6069, e	nter the tentative tax, less any			_
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 600	69, enter any	refundable credits and estimated			
tax payments made. Include any prior year overpayment	allowed as a	credit and any amount paid	848A		
previously with Form 8868.			d8	\$	0.
G Balance due. Subtract line 8b from line 8a. Include your p	oayment with	this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See inst	tructions.		8c	\$	0.
Signature and Verifica	ation must	t be completed for Part II o	nly.		
Inder penalties of perjury, I declare that I have examined this form, inclu	iding accompa	nying schedules and statements, and to	the best o	f my knowledge	and belief,
t is true, correct, and complete, and that I am authorized to prepare this	form.	•		~ 1	
Signature > Cutto Cuttan Title >	GA		Date	> 8/10/1	16
				Form 886	8 (Rev. 1-2014)

Form **8868** (Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

interpartievende de vico							
If you are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box					
• If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).				
Do not complete Part II unless you have already been granted a	in automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.			
Electronic filing (e-file) . You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6 months for a co	prporation		
required to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 8	868 to request a	n extension		
of time to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers .	Associated With	Certain		
Personal Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details o	n the elec	ctronic filing of th	is form,		
visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.				· · · · · · · · · · · · · · · · · · ·			
Part I Automatic 3-Month Extension of Time							
A corporation required to file Form 990-T and requesting an auton	natic 6-mo	inth extension - check this box and o	complete		. \Box		
Part I only		•••••					
All other corporations (including 1120-C filers), partnerships, REMI	ICs, and ti	rusts must use Form 7004 to reques					
to file income tax returns.				er's identifying r			
Type or Name of exempt organization or other filer, see instruc			Employe	r identification nu	imber (EIN) or		
print HEALTH PROFESSIONALS AND AI				60 6054	020		
AFT/AFL-CIO, RETIREE MEDICA				68-6254			
File by the due date for Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions.	Social se	curity number (S	SN)		
return. See 140 SYLVAN AVENUE, NO. 303							
instructions. City, town or post office, state, and ZIP code. For a fo		ress, see instructions.					
ENGLEWOOD CLIFFS, NJ 07632	3						
					01		
Enter the Return code for the return that this application is for (file	a separat	te application for each return)			<u>U 1 1</u>		
					Datum		
Application	Return	Application			Return		
Is For	Code	Is For			Code 07		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			08		
Form 990-BL	02	Form 1041-A			09		
Form 4720 (individual)	03	Form 4720 (other than individual)			10		
Form 990-PF	04	Form 5227	11				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12		
Form 990-T (trust other than above)	06 3.C	Form 8870					
BENEFIT SERVICE		THE TWOOD OF THE	NLT O	7632			
• The books are in the care of > 140 SYLVAN AVEN	10E -		110 0	7054			
Telephone No. ► (201)947-8000	. I Ala I Ion	Fax No. itad States should this box					
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit 0 	ein the On Proup Evo	motion Number (GEN)	f thie ie fo	r the whole arous	check this		
	and atte	ch a liet with the names and FINs of	all memb	ers the extension	is for.		
11 10 11 15							
AUGUST 15, 2016 , to file the exempt	organizat	tion return for the organization name	d above.	The extension			
	. Organizai	ion rotally for the organization running					
is for the organization's return for: ►X calendar year 2015 or							
tax year beginning	anı	d ending					
tax year beginning	, , , , ,	u origing					
2 If the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	inal retur	n			
2 If the tax year entered in line 1 is for less than 12 months, cr Change in accounting period	1001110401						
000 DL 000 DE 000 T 4700	or 6069 4	enter the tentative tax less any					
a If this application is for Forms 990 BL, 990 PF, 990 1, 4720, nonrefundable credits. See instructions.	01 0000,	the tributative tary lead any	3a	\$	0.		
HOMERING ADDRESS CONTROL OF THE CONT							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
and the state of t							
by using EFTPS (Electronic Federal Tax Payment System), See instructions. 3c \$ 0.							
Caution. If you are going to make an electronic funds withdrawal (direct del	nit) with this Form 8868, see Form 8					
instructions.	/aoo. aa.	21,					

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

Form	Form 990 (2015) AFT/AFL-CIO, RETIREE MEDICAL TRUST 68-	6254830	Page 2
Pa	Part III Statement of Program Service Accomplishments		
12.35.22	Check if Schedule O contains a response or note to any line in this Part III		X
1	1 Briefly describe the organization's mission: THE FUND IS A WELFARE BENEFIT PROGRAM THAT IS MAINTAINED PU	RSUANT TO	
	COLLECTIVE BARGAINING AGREEMENTS BETWEEN HEALTH PROFESSIONAL	LS AND	
	ALLIED EMPLOYEES, AFT/AFL-CIO (HPAE), A LABOR ORGANIZATION,	WHICH	
	NEGOTIATES BENEFITS FOR ITS MEMBERS AND VARIOUS HOSPITALS.	HPAE	
2	2 Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	and the state of t	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	4 Describe the organization's program service accomplishments for each of its three largest program services, as measur	ed by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the t	otal expenses, a	nd
	revenue, if any, for each program service reported.		
4a	4a (Code:) (Expenses \$ Including grants of \$) (Revenue \$)
	TO PROVIDE RETIREE HEALTH BENEFITS TO APPROXIMATELY 7,200 PA	ARTICIPAL	VTS
	AND DEPENDENTS.	······	
		····	
4b	4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·		
		·	
	4C (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	4c (Code:) (Expenses \$) (Hevenue \$)		
4d	4d Other program services (Describe in Schedule O.)		
-7U	(Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expanses 4		
		Form 99	(2015)

Form 990 (2015) AFT/AFL-CIO, RETIREE MEDICAL TRUST Repaired Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			`
	If "Yes," complete Schedule A	1	ļ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	ļ	X
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		x
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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 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.		*8	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	197224	erandin.	\$1050A20
	Part VI	11a		X
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		X
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		X
đ	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		X
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	
l2a	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		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 foreign investments valued at \$100,000		İ	v
<u>,,</u>	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u>
5	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	l	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
6	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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	17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		- 1	**
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19	000	X
		Form	99U (2	2015)

Page 4

(entral of the state of the stat		1	
		<u> </u>	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
	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	0.4		x
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
22		22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			+
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		<u> </u>
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? If "Yes," complete			ĺ
	Schedule L, Part I	25b		
26	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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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	28a	20222	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7,	
	Part V, line 1	34	X	- v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		- 1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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		ļ	Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	χ	
	Note. All Form 990 filers are required to complete Schedule 0	Form		2015\
		1 (111)		

AFT/AFL	-CIO.	RETIREE	MEDICAL	TRUST	6

-	AFT/AFL-CIO, RETIREE MEDICAL TRUST	68-625	4830	Р	age 5				
Pai					age o				
644	Check if Schedule O contains a response or note to any line in this Part V								
			***********	Yes	No				
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2	144					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	ַל בּילוֹל		挖 .用				
	c 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,		200		£34				
	filed for the calendar year ending with or within the year covered by this return	2a	创建力	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		4	1				
3a	the state of the s		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	0	3b						
	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 filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).		\$1.73	EEE S				
	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	action?	5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	,	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			.,				
			6a	ļ	X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or gifts	1						
	were not tax deductible?	••••••	6b	25000	E-95/25/20				
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set								
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 w								
	to file Form 8282?		7c		85410523				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7e						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7f						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the control of t	ract?	7g						
g	If the organization received a contribution of qualified intellectual property, did the organization file F	offin obee as required r	79 7h						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, airplanes, or other vehicles, did the organization of cars, airplanes, airp	by the			¥WY				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by the	8	SACRETOR	201.0531				
_	sponsoring organization have excess business holdings at any time during the year?	••••••••••••		M.C.O.					
9	Sponsoring organizations maintaining donor advised funds.		9a	201720-1	T. DATE:				
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
40 40	Section 501(c)(7) organizations. Enter:			4.10	XX.				
10	Initiation fees and capital contributions included on Part VIII, line 12	10a							
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
ь 11	Section 501(c)(12) organizations. Enter:								
ii a	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1					
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		L				
h	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.		*						
. . .	Is the organization licensed to issue qualified health plans in more than one state?		13a						
u	Note. See the instructions for additional information the organization must report on Schedule O.			14.7	及對				
h	Enter the amount of reserves the organization is required to maintain by the states in which the			33					
J	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c	医型	解酬	1				
142			14a		X				
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O .,	14b						
	2 - 1200 -		Form	990	(2015)				

AFT/AFL-CIO, RETIREE MEDICAL TRUST

68-6254830 Form 990 (2015) Part VII 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 No Yes 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 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7h 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 a The governing body? X 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 9 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.) Yes No X 10a 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, affiliates, 10b 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 348 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15a $\overline{\mathbf{x}}$ 15b b 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 16a 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 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) available for public inspection. Indicate how you made these available. Check all that apply

532006 12-16-15

Own website

07632

X Upon request

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

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

Another's website

140 SYLVAN AVENUE, ENGLEWOOD CLIFFS, NJ

statements available to the public during the tax year.

BENEFIT SERVICES - (201)947-8000

Other (explain in Schedule O)

AFT/AFL-CIO, RETIREE MEDICAL TRUST

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

68-6254830

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 (A)	(B)			- (C)			(D)	(E)	(F)
Name and Title	Average	(40	Position (do not check more than					Reportable	Reportable	Estimated
	hours per	box	l box, unless person is both a			is bol	th an	compensation	compensation	amount of
	week	officer and a director/trustee)					186)	from	from related	other
	(list any hours for	frecte						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 3	Ste			Sate		(W-2/1099-MISC)	(W-2/1099-WISC)	organization
	organizations	trust	ᆵ		aako	owbe		,		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	je je			organizations
	line)	2	E S	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Š	星島	Œ			
(1) MICHAEL SLOTT	5.00								0	^
UNION TRUSTEE		X		ļ	ļ			0.	0.	0.
(2) JOAN JOHNSON	5.00							_	^	_
UNION TRUSTEE		Х		-	<u> </u>			0.	0.	0.
(3) CHRISTINE O'HEARN, ESQ	5.00	,,							,	_
EMPLOYER TRUSTEE		Х		<u> </u>	_	-		0.	0.	0 .
										,
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Form 990 (2015)

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

68-6254830 Page 8

	990 (2015)AFT/AFL-									68-6	254	830	Page 8
Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than of box, unless person is both officer and a director/trust					h an	(D) Reportable compensation from	(E) Reportable compensation from relate	ion	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		froi orgar and	ensation m the nization related izations
1b	Sub-total							>	. 0.		0.		0.
	Total from continuation sheets to Part V	II, Section A $_{\cdot}$. 		0.		0.		0.
d	Total (add lines 1b and 1c)					<u></u>		<u> </u>	0.		0.		0.
	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	no re	eceived more than \$100	J,000 of reportar)l e		0
	compensation from the organization											TY	es No
	Did the organization list any former officer,											3	X X
	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											San A	
	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv	idual for services	s	5	X
Sect	ion B. Independent Contractors						•						
1	Complete this table for your five highest co	mpensated inc	epe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of cor	npens	ation fro	m
	the organization. Report compensation for	the calendar ye	ear e	endi	ng w	vith (or w	ithin		year.	г	(0)	
	(A) Name and business	address							(B) Description of s	ervices	С	(C) ompens	ation
BEN	SERCO, 140 SYLVAN AVE		LE	EWC	OOI)		(CONTRACT				
	FFS, NJ 07632							2	ADMINISTRATO	R	<u> </u>	123	<u>,837.</u>
										•			
											74710-1-12	ege gonomes.	चेवक स्टाइस्ट्रास्ट (स्टाइट)
	Total number of independent contractors (i \$100,000 of compensation from the organiz		ot lir	nited	d to	thos 1		ted	above) who received m	nore than			
												Form 99	(2015)

Form 990 (2015)

Ha	int://	(III	Check if Schedule O cont		oo or noto to any li	ine in this Part VIII		•	
			Check if Schedule O cont	ains a respon	se of flote to any flow	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns				FF112		
Gra OU			Membership dues						
A, A		C	Fundraising events					13 / St.	
즱	1	d	Related organizations						
Si E			Government grants (contribut						
e ji		f	All other contributions, gifts, gran	1 1			1		
들	1		similar amounts not included abo						1.78 Test
Contributions, Gifts, Grants and Other Similar Amounts		•	Noncash contributions included in lines			20.00			
<u>O</u> @	<u> </u>	h	Total. Add lines 1a-1f			productivities		0.31 25 36 36 36 36	5/10/20/20
_			PARTICIPANTS CONTRIBUT	TONG	Business Code 900099	1,357,451.	1,357,451.		
Šče	2	a	EMPLOYER CONTRIBUTIONS		900099	22,897.	<u> </u>		
Ser		b	EMPHOTER CONTRIBUTIONS	 	·				
E S		G							· · · · · · · · · · · · · · · · · · ·
Program Service Revenue		u a	<u> </u>		-				
F.		f	All other program service reve	enue	•				
		а	Total. Add lines 2a-2f			1,380,348.	JA:52.57/01/53		
	3		Investment income (including						
			other similar amounts)		>	284,207.			284,207
	4		Income from investment of tax	x-exempt bon	d proceeds 🕨				
	5		Royalties		>				Silver of the Section
				(i) Real	(ii) Personal	Cart Contain			
	6		Gross rents						
	ł		Less: rental expenses						
	1		Rental income or (loss)	L					
	ľ		Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities 1,774,31					
		٤.	assets other than inventory Less: cost or other basis	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				17
		D	and sales expenses	1,682,75	3.				5-70-7
		_	Gain or (loss)	}					
			Net gain or (loss)	<u> </u>		91,563.			91,563.
a)	ſ		Gross income from fundraising					W. 33 18 1	1800
Ве чепие			including \$	of		AND SOUNDS			4.0
eve	ŀ		contributions reported on line	1c). See					
er H			Part IV, line 18		a				
Oth			Less: direct expenses		b				
			Net income or (loss) from fund		·	COMMUNICACIONES DE COMPONIONES DE CO		A STATE OF THE STA	
	9		Gross income from gaming ac				50 TOP	10	
			Part IV, line 19		a		100	der care	
			Less: direct expenses		D				
			Net income or (loss) from gam			A SAVE OF MALE PROFES	HEAVE STATE OF THE	40%	ISSESSED AND ASSESSED
	10		Gross sales of inventory, less						
			and allowances		a				的外的 态。
			Less: cost of goods sold Net income or (loss) from sales			27027413424244			personal resortance.
		<u>C</u>	Miscellaneous Revenue				HITTER EQUIT		KAMEDAKA
	11	a	INISCENDIEGOS NEVENDO		- Jac. 1103 004E	A CONTRACTOR OF THE PARTY OF TH	Description between the best of the best o	A CONTRACTOR OF STATE	
ł		a b							
J		C							
			All other revenue	,					
			Total. Add lines 11a-11d						出國語。2015年
	12		Total revenue. See instructions.			1,756,118.	1,380,348.	0.	375,770.

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Sec	tion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All ot	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respo				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	\$			F458659 47.55
	and domestic governments. See Part IV, line 21			Virtual Series (Paris)	WITH THE SEE
2	Grants and other assistance to domestic		į		
	individuals. See Part IV, line 22				E-0-25-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
3	Grants and other assistance to foreign				Para Pay Call
	organizations, foreign governments, and foreign				建设设施的
	individuals. See Part IV, lines 15 and 16	F 7 4 2 0 -			
4	Benefits paid to or for members	57,432.		FREADE SECOND	
5	Compensation of current officers, directors,		ŀ		
	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				<u></u>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits				
10	Payroll taxes				_
11	Fees for services (non-employees):				
a		48,332.			
b	•	22,120.			
c d					
e	D 4 1 14 1 14 1 14 1 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees	13,837.			
g					
9	column (A) amount, list line 11g expenses on Sch O.)	8,500.			
12	Advertising and promotion				
13	Office expenses	15,925.			
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	191.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,544.			
23	Insurance	ENDERSON MARKETTAN			
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line	200			
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.) CONTRACT ADMINISTRATION	123,837.	Real Control of the Participation	TAILS STANFORM STANFOLD	TUA-PEDATA PASSET BURNSHUR REALIS
a	MISCELLANEOUS	2,157.			
b	BANK CHARGES	700.			
d	PARTICIPANT LOCATOR SER	10.			
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	299,585.			
<u>حت</u> 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 if following SOP 98-2 (ASC 958-720)				
					^^^

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Check if Schedule O contains a response or note to any line in this Part X Beginning of year	Pa	rt X	Balance Sheet			
1 Cash - non-interest-bearing	المتناقب					
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustesse, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from ther disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(3)(6), and contributing employers and sponsoring organizations of seotion 501(c)(9) voluntary employers beneficiary organizations of seotion 501(c)(9) voluntary employers beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 9 Prepald expenses and deferred charges 10a Land, bublidings, and equipment; cost or other basis. Complete Part V of Schedule D 1 Investments - publicly traded securities 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 1 Interestments - program-related. See Part IV, line 11 2 Interestments - program-related. See Part IV, line 11 2 Escrow or custodia		•		(A)		(B)
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3 Pediges and grants receivable, net 97,545. 4 122,749		1				0.
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Four 230 (501)			Total national and free absorbing Salarious American	<u> </u>		Form 990 (2015)

	HEALTH PROFESSIONALS AND ALLIED EMPLOYEE			
	990 (2015) AFT/AFL-CIO, RETIREE MEDICAL TRUST	68-	6254830	Page 12
Pa	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		,118.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,585.
3	Revenue less expenses. Subtract line 2 from line 1	3		,533.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,775.
5	Net unrealized gains (losses) on investments	5	-242	,601.
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	11,184	<u>,7.07.</u>
Pa	rt XII Financial Statements and Reporting			
<u> Lianimai</u>	Check if Schedule O contains a response or note to any line in this Part XII			<u> LXJ</u>
			`	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			夏里 [2]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
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 reviewed			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			256
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 separat		117" mel 30	
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?			X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			
	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 requi	red aud	lit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2015)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.
HEALTH PROFESSIONALS AND ALLIED EMPLOYEE Emplo

OMB No. 1545-0047 Open to Public

Name of the organization

AFT/AFL-CIO, RETIREE MEDICAL TRUST

Employer identification number 68-6254830

Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 adv	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	***************************************	2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶	•	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements is	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
	—		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sneet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
In property	conservation easements.	Aut Historical Transcures or (Other Similar Assets
Rai	Organizations Maintaining Collections or		Aller Olimiai Associa.
	Complete if the organization answered "Yes" on Form	200, Fait IV, Mile 6.	most and balance about works of art
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sneet works of art,
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Fart All,
	the text of the footnote to its financial statements that descri	bes these items.	t and belongs about works of ort historical
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	It and balance sneet works of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		b •
	(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 tree	asures, or other similar assets for financia	ai gain, provide
	the following amounts required to be reported under SFAS 1		• •
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		> \$

Sche	edule D (Form 990) 2015 AFT/AFL	-CIO, RETI	REE	MEDICA	L TRU	ST		68-6	<u> 25483</u>	0 Page 2
Pa	rtille Organizations Maintaining (Collections of A	rt, Hi	storical Tr	easures	, or Otl	ner S	imilar Ass	ets(conti	nued)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	following t	hat are a	signifi	cant use of it	s collectic	n items
	(check all that apply):			_						
а	Public exhibition	•	d <u></u>	Loan or exc	hange pro	grams				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how	they further t	the organiza	ation's ex	empt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit	or receive donations	of art,	historical trea	sures, or o	ther simil	ar ass	ets _		
	to be sold to raise funds rather than to be m	naintained as part of	the org	janization's c	ollection?			L	Yes	No
Pa	TEIV Escrow and Custodial Arrar	ngements. Comp	lete if th	ne organizatio	on answere	d "Yes" c	n Forr	n 990, Part IV	, line 9, o	r
	reported an amount on Form 990, Pa							mnrmc		
1a	Is the organization an agent, trustee, custoo	dian or other interme	diary fo	or contribution	ns or other	assets no	ot inclu	ıded		
	on Form 990, Part X?	•••••						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	g table:						
									Amoun	t
c	Beginning balance	·····		·····			<u>L</u>	1c		
d	Additions during the year	***************************************					<u> </u>	1d		
e	Distributions during the year				• • • • • • • • • • • • • • • • • • • •		_	1e		
	Ending balance							1f		
2a	Did the organization include an amount on F	form 990, Part X, line	e 21, fo	r escrow or c	ustodial ac	count liab	oility?	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII							•••••		
Pai	ttVi Endowment Funds. Complete	if the organization a	nswere	d "Yes" on Fo						
		(a) Current year	(b)	Prior year_	(c) Two ye	ears back	(d) T	rree years back	(e) Four	years back
1a	Beginning of year balance		<u> </u>				ļ		ļ	
b	Contributions						<u> </u>		ļ	
С	Net investment earnings, gains, and losses						ļ			
d	Grants or scholarships								<u> </u>	····
е	Other expenditures for facilities				}		1			
	and programs		ļ				<u> </u>			
f	Administrative expenses						<u> </u>			
g	End of year balance			······································	ļ				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	nat are held a	nd adminis	tered for	the or	ganization	r	
	by:									Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
	If "Yes" on line 3a(ii), are the related organization				•••••				. [3b]	
	Describe in Part XIII the intended uses of the		owment	funds.						
Par	twill Land, Buildings, and Equipm									
	Complete if the organization answere			1		90, Part X	, line 1	0.		
	Description of property	(a) Cost or o		(b) Cost			ccum		(d) Book	value
		basis (investr	nent)	basis (other)		precia			
1a	Land			<u> </u>		EXIST.				
	Buildings					ļ				
c	Leasehold improvements					ļ				
d	Equipment					ļ				
	Other			<u> </u>		<u></u>				
Total	Add lines 1a through 1e (Column (d) must ea	aual Form 990. Part	X. colu	mn (B), line 1	Oc.)		 .	▶		0.

), RETIREE MEI	DICAL TRUST	58-6254830 Page 3
Part VIII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(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			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		F.W. T. P. S.	
Rant IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(a) Description of lightiths		(h) Book value By State Colors	ALTER DETROCKED HER RESPECTATION OF THE

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

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

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

AFT/AFL-CIO, RETIREE MEDICAL TRUST 68-6254830 Page 4 Schedule D (Form 990) 2015 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,499,680. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -242,601 a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities _____ 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) -242,601.e Add lines 2a through 2d 2e 1,742,281. 3 Subtract line 2e from line 1 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 4a 4b b Other (Describe in Part XIII.) 13,837. c Add lines 4a and 4b 4c 1,756,118. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 285,748. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses _____ d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 285,748. 3 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 13,837. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 13,837. c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 299,585. Part XIII Supplemental Information. Provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: EXPLANATION: ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE PLAN MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE PLAN AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE PLAN HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE PLAN ADMINISTRATOR HAS ANALYZED THE TAX POSITIONS TAKEN BY THE PLAN, AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. EMPLOYEE BENEFIT PLANS ARE SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS FOR THE PLAN.

532054 09-21-15 Schedule D (Form 990) 2015

HEALTH PROFESSIONALS AND ALLIED EMPLOYEE Schedule D (Form 990) 2015 AFT/AFL-CI Part XIII Supplemental Information (continued) AFT/AFL-CIO, RETIREE MEDICAL TRUST 68-6254830 Page 5 PLAN ADMINISTRATOR BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.

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. Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public a

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/torm990.

HEALTH PROFESSIONALS AND ALLIED EMPLOYEE Emplo AFT/AFL-CIO, RETIREE MEDICAL TRUST

Employer identification number 68-6254830

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MEDICAL EXPENSES DURING RETIREMENT FOR APPROXIMATELY 7,200 ELIGIBLE
MEMBERS AND THEIR DEPENDENTS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROVIDES COVERAGE FOR THEIR ELIGIBLE MEMBERS, WHEREAS EMPLOYERS IN
CONTRACT WITH COLLECTIVE BARGAINING AGREEMENTS CONTRIBUTE TO THE TRUST
FOR THE PURPOSE OF FUNDING, IN WHOLE, OR IN PART, RETIREE HEALTH
BENEFITS.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF
OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
THE TRUSTEES ARE MAILED A COPY OF THE FORM 990 PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION DOES NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY. THE
ORGANIZATION IS AN ERISA COVERED BENEFIT PLAN, AS SUCH, THE TRUSTEES ADHERE
TO ERISA FIDUCIARY STANDARDS.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR
PUBLIC INSPECTION BY PARTICIPANTS UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization HEALTH PROFESSIONALS AND ALLIED EMPLOYEE AFT/AFL-CIO, RETIREE MEDICAL TRUST	Employer identification number 68-6254830
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTO	ORS; ETC:
MICHAEL SLOTT - 110 KINDERKAMACK ROAD, EMERSON, NJ 07630	
JOAN JOHNSON - 110 KINDERKAMACK ROAD, EMERSON, NJ 07630	
CHRISTINE O'HEARN, ESQ - 360 HADDON AVENUE, WESTMONT, NJ (08108
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ACTUARIAL FEES	8,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	8,500.
FORM 990, PART XII, LINE 2C	
THE ORGANIZATION'S PROCEDURES FOR THE OVERSIGHT OF THE AUI	OIT OF ITS
FINANCIAL STATEMENTS AND THE SELECTION OF ITS INDEPENDENT	ACCOUNTANT
HAS NOT CHANGED FROM THE PRIOR YEAR.	
,	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

OMB No. 1545-0047 2015

Department of the Treasu Internal Revenue Service Name of the organization

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.
HEALTH PROFESSIONALS AND ALLIED EMPLOYEE
AFT/AFL-CIO, RETIREE MEDICAL TRUST

Employer identification number 68-6254830 Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (b) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Section 5 12(b)(13) Name, address, and EIN Primary activity Legal domicile (state or Public charity Exempt Code Direct controlling controlled entity? of related organization section status (if section entity · foreign country) 501(c)(3)) Yes No COOPER HEALTH SYSTEMS MERIDIAN HOSPITALS CORP. DBA JERSEY SHORE UNIVERSITY MEDICAL CTR COUNTY OF UNION RUNNELLS SPECIALIZED HOSPITAL HEALTH PROFESSIONALS AND ALLIED EMPLOYEES

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

Schedule R (Form 990) 2015

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

Schedule R (Form 990)

68-6254830

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont organi	(g) n 5 (2(b)(13) ntrolled inization?	
				301(0)(3))		Yes	No	
				1				
RA MEDICAL CENTERS, INC								
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Schedule R (Form 990) 2015 AFT/AFL-CIO, RETIREE MEDICAL TRUST

68-6254830 Page 2

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.

(a)	(b)	(c)	(d)	(e)	(1)	(g)	(1	1)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal demicite (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		stanoine Senoi	amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
UDSON HOSPITAL OPCO DBA											
AREPOINT HEALTH-CHRIST						<u>}</u>				1	
OSPITAL											
			,,,,								
EADOWLANDS HOSPITAL MEDICAL											
ENTER											
										1 1	
									-		
						:					

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Section (i))
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	(i) Section 512(b)(control entity)(13) olled ty?
		country)		or trust)		assets		Yes	No
ENGLEWOOD MEDICAL CENTER							~~~		
DATOIDES MODERN ANNERS									
PALISADES MEDICAL CENTER								1	
VIRTUA MEMORIAL HOSPITAL									

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Schedule R (Form 990) 2015

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HEALTH PROFESSIONALS AND ALLIED EMPLOYEE
Schedule R (Form 990) 2015 AFT/AFL-CIO, RETIREE MEDICAL TRUST

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Part	Transactions With Related Organizations Complete if the organization ansu	wered "Yes" on Forn	n 990, Part IV, line 34, 35b	, or 36.			. ago o
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	;·····,-,				Yes	No
1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	related organizations listed	I in Parts II-IV?	TOTAL STATE		N View
а	Receipt of (i) Interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	v	5		1a	1	X
ь	Gift, grant, or capital contribution to related organization(s)				1b	1	Х
С	Gift, grant, or capital contribution from related organization(s)	•••••••••	***************************************		1c	T	X
d	Loans or loan guarantees to or for related organization(s)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		1d	1	X
e	Loans or loan guarantees by related organization(s)		***************************************		1e	 	X
	- V William Management	••••••••	***************************************		72.05	1273	i égg:
f	Dividends from related organization(s)				1f	ENDE	X
g	Sale of assets to related organization(s)	***************************************			1α		X
h	Purchase of assets from related organization(s)	•••••	***************************************		1h	 	X
i	Exchange of assets with related organization(s)	••••	***************************************		··· 11		X
i	Lease of facilities, equipment, or other assets to related organization(s)	·	***************************************		··· 1i	 	X
•	, , ,,	•••••	***************************************		··· Serie	100 a	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	i incisii.	X
1	Performance of services or membership or fundraising solicitations for related orga	anization(s)	***************************************		··· 11	 	X
m	Performance of services or membership or fundraising solicitations by related organization	anization(s)	***************************************		1m	 	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)	***************************************		In	 	X
o	Sharing of paid employees with related organization(s)				10	_	Х
	1-7					170	165
a	Reimbursement paid to related organization(s) for expenses				1p	Server 1	X
a	Reimbursement paid by related organization(s) for expenses		***************************************		1a		X
•		••••••	***************************************		[5]	1988	
r	Other transfer of cash or property to related organization(s)					P.P.	X
s	Other transfer of cash or property from related organization(s)		***************************************		1s	 	x
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	this line, including covered	relationships and transaction thresholds	1 12	<u> </u>	
		[·		
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Schedule R (Form 990) 2015 AFT/AFL-CIO, RETIREE MEDICAL TRUST

68-6254830 Page 4

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs,?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispro tions allocall Yes	por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
				resino			res	IÃÔ		res No	
											
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			-								
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Schedule R (Form 990) 2015

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