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 2017

Department of the Treasury

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

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

Open to Public

in		il Revenue		► Go to www irs.gov/rorms90 for instructio				_	Inspection					
<u>A</u>				endar year, or tax year beginning 8/1/2017		nding		<u>31/2018</u>						
<u>,B</u>	_ CI	heck if a	pplicable	C Name of organization CITY OF RALEIGH, NC MEDICAL	<u>AND DENTAL BE</u>	NFITS 1	D Employe	er identifi	cation number					
L	_ A	ddress c	hange	Doing business as	<u> </u>									
Г	٦,	ame cha	nne	Number and street (or P O box if mail is not delivered to street addr	ess) Room/suite	_	<u>8-151586</u>							
-	_		-	PO Box 53456 MAC S4101-22G			E Telephoi	ne number	f					
L	_ In	ıtıal retui	rn	City or town State	ZIP code	_ 8	388-730 - 4	933						
Г	$\int_{F_{ir}}$	nal retum/t	erminated	Phoenix AZ	<u>85072-345</u>	<u> </u>								
	_			Foreign country name Foreign province/state/county	Foreign postal				400 407 400					
L	_] Aı	mended	return			· I	G Gross re	ceipts \$	108,167,488					
. Г	Application pending			F Name and address of principal officer		H(a) Is this	a group return	for subordi	nates? Yes X No					
· _				WELLS FARGO BANK N A PO Box 53456 MAC S410	1-22G. Phoenix	H(b) Are	all subordina	ites includ	ed? Yes No					
_	<u>.</u>				(a)(1) or 52		lo " attach a							
<u> </u>		x-exemp		501(c)(3) X 501(c) (9) ◀ (insert no) 4947	(a)(1) 01	" "		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<u> 1</u>	_ <u>w</u>	ebsite:	► N/A			H(c) Grou	p exemption	number l	<u> </u>					
K	Fo	rm of org	ganization	Corporation X Trust Association Other ▶	/ L Yea	ar of format	tion 1989	MSt	ate of legal domicile NC					
	Þa	art l	Sur	nmary		_								
				escribe the organization's mission or most significant ac	ctivities VOI	UNTARY	Y EMPLO	YEES' F	BENEFICIARY					
	පු		_			Y1111111.								
2019	폡	-		SOCIATION										
	er	_	Ch 1. 4	nis box If the organization discontinued its opera	.tREC	EIVE	D	0/ af.4a						
	ا ق					a oi moi	erman 23		net assets					
,	ايع	3	Number	of voting members of the governing body (Part VI, line	170		RS-OSC	3						
	ဖွ	4	Number	of independent voting members of the governing body mber of individuals employed in calendar year 2017 (Pa	(Head Al nue (Ip)	L 8 ZUI	18 <u>Y</u>	4	0					
<u></u>	Ĭ			5	0									
5	á (mber of volunteers (estimate if necessary)	oGD	ENI I		6	0					
	⋖			related business revenue from Part VIII, column (C), line		LIV, C		7a	0					
~		b	Net unre	elated business taxable income from Form 990-T, line 3-	4			7b	0					
	ı						Prior Year		Current Year					
MAR	흥			itions and grants (Part VIII, line 1h)				0	0					
Σ	Revenue		-	service revenue (Part VIII, line 2g)				8,625	64,459,659					
Δ.	è			ent income (Part VIII, column (A), lines 3, 4, and 7d).		ļ		4,415	4,539,741					
Ц,	•			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, an				9,940	8,921					
<u> </u>				enue—add lines 8 through 11 (must equal Part VIII, column (A		ļ <u> </u>	63,36	2,980	69,008,321					
CANNED		13	Grants a	and similar amounts paid (Part IX, column (A), lines 1–3)			0 0,086	58,135,054					
Ş				paid to or for members (Part IX, column (A), line 4)	compensation, employee benefits (Part IX, column (A), lines 5–10)									
ဟ	S	15	Salaries,	other compensation, employee benefits (Part IX, column (A),										
	Sus	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)										
	Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶	0	ļ								
ı	ا س	17	Other ex	openses (Part IX, column (A), lines 11a-11d, 11f-24e)			10	0,194	15,003					
		18	Total ex	penses Add lines 13–17 (must equal Part IX, column (A	A), line 25)		57,51	0,280	58,260,063					
		19	Revenue	e less expenses Subtract line 18 from line 12			5,85	2,700	10,748,258					
Š	Bafances					Beginnii	ng of Currer	nt Year	End of Year					
, to	afan	20	Total as:	sets (Part X, line 16)			41,31	2,559	52,032,653					
á	8	21	Total lial	bilities (Part X, line 26)				0	0					
ž	3.5	22	Net asse	ets or fund balances Subtract line 21 from line 20			41,31	2,559	52,032,653					
G	ar ²	t II	Sig	nature Block										
		•		y, I declare that I have examined this return, including accompanying sc					=					
ar	id be	elief, it is	true, corre	ect, and complete Declaration of preparer (other than officer) is based o	n all information of w	hich prepai	rer has any l							
S	igr	1		Brande a Dobon VP			L_	1	12/11/2018					
	ere			Signature of officer		=	Date							
		-		BRANDI DOTSON	SVP	Wells Fa	argo Banl	NA						
_				Type or print name and title		I Data	·		Torm					
_			Print	/Type preparer's name Preparer's signature		Date		Check D	X If PTIN					
	aid		Jos	EPH J CASTRIANO		12/1		self-emplo						
		arer		s name PricewaterhouseCoopers, LLP			irm's EIN							
U	se	Only		s address ► 600 GRANT STREET, PITTSBURGH, PA 15	5219 - 2777		Phone no		55-6000					
_		46 - 15					HOHE HO	712-3						
IV	ay	tne IR	o aiscus	s this return with the preparer shown above? (see instru	uctions)				X Yes No					
Fo	or P	aperw	ork Redu	iction Act Notice, see the separate instructions.					Form 990 (2017)					

Form 9	90 (2017)	CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO 58-1515861	Page 2
Pa	rt III	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly d	describe the organization's mission	
	VOLUN	ITARY EMPLOYEES' BENEFICIARY ASSOCIATION	
2		organization undertake any significant program services during the year which were not listed on	
		r Form 990 or 990-EZ? Yes	X No
		describe these new services on Schedule O	
3		organization cease conducting, or make significant changes in how it conducts, any program	<u> </u>
	services		X No
		describe these changes on Schedule O	_
4		the organization's program service accomplishments for each of its three largest program services, as measured	
		es Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,
	the total	l expenses, and revenue, if any, for each program service reported	
	<u> </u>) (Expenses \$ including grants of \$) (Revenue \$	
4a	(Code) (Expenses \$ Including grants of \$) (Revenue \$)
			•
			-
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
	,		
			- -
		\(\frac{1}{2}\)	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
			
			• • • • • • • • • • • • • • • • • • • •
			-
,			
4d	Other or	rogram services (Describe in Schedule O)	
4u	(Expens		
4e		rogram service expenses 0	
	p / c	-yy	

orm 990 (2017) CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO

58-1515861

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	990 (2017) CITY OF RALEIGH, NO MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO 58-1515	861	<u>P</u>	age •
аг	Checklist of Required 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	163	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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		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		
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,			
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		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		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		Х
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, 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		Х
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	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		Х
	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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	-	X
ь	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		[

If "Yes," complete Schedule G, Part III

0

Part IV Checklist of Required Schedules (continued)

			res	l MO
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	41		 ^-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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			
24:	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		
С	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
∠ɔa	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	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 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,	10		 ^-
	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	27		X
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	290		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		 ^- -
~	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<u> </u>
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
20	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	, , .	Ų.	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b	Х	
70	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		<u>X</u> _
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X 990 (2017
		rorm	330(ZU17)

	990 (2017) CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARG	O 58-1515	861	1	Page
Pa	rt V. Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V.				느
	1.1	_ F	Stephen 2rd	Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			1 X
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	rable [3	NI/A	1
2a	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	1c	N/A	1 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a	ol		塔	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	1125	خنداة
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			. Ś	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ľ	3a	1239	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Ī	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cıal			
	account)?	Ł	4a		<u> </u> x
b	If "Yes," enter the name of the foreign country ▶	. 			2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts			
	(FBAR)	Ž			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_	<u>5a</u>		LX.
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n,	5b		 ×
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	5c		┼-
ua	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		l x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or F	- Ou	-	 ^
-	gifts were not tax deductible?	·	6b		
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 good	ods	7		
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Ļ	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	Į	7c	1. N/1/2008/88	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Ž.	-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re		7g		+-
g h	If the organization received a contribution of qualified intellectual property, and the organization file in our costs as for the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For		79 7h		╁╌
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by			S2-34	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	sponsoring organization have excess business holdings at any time during the year?		8	<u> </u>	سنطند ا
9	Sponsoring organizations maintaining donor advised funds.	[]			š.
а	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	ľ			6
а	Initiation fees and capital contributions included on Part VIII, line 12				10.00
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1	· (*)
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources				0.0
b	against amounts due or received from them)	2 2 2			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	0412	12a	<u>CANNAGE</u>	كسند
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			建	1000
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		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	Ĩ			
b	Enter the amount of reserves the organization is required to maintain by the states in which	Maria In			
	the organization is licensed to issue qualified health plans	lå	10 m		100

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13c

CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Each committee with authority to act on behalf of the governing body? Х d8 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 30.00 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 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 in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 14 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? 15a a 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 16a with a taxable entity during the year? 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?

Sec	tion C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ► N/A
18	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
	Own website X 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

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

Wells Fargo Bank N A 6325 S RAINBOW BLVD, STE 300 LAS VEGAS, NV 89118

Form 990 (2017)	CITY OF RALEIGH, NC MEDICA	L AND DENTAL	BEN	IFIT	S T	RU:	ST C	10	WELLS FARGO	58-15158	361 Page 7
Part VII	Compensation of Officers, Dire		es, K	еу	Em	plo	yees	s, H	lighest Comp	ensated	
	Employees, and Independent C										
	Check if Schedule O contains a re			_							· _ · _ <u> </u>
Section A.	Officers, Directors, Trustees, Key										
1a Complete to organization's	this table for all persons required to be tax year	elisted Report o	ompe	ens	atioi	n fo	r the	cale	endar year endin	g with or within	the
of compensati • List all o	of the organization's current officers, a ion. Enter -0- in columns (D), (E), and of the organization's current key emploorganization's five current highest co	(F) if no compei loyees, if any S	nsatio ee in:	on w stru	as ctio	paid ns f	t or de	finit	on of "key empl	oyee "	
who received	reportable compensation (Box 5 of Found any related organizations										
	of the organization's former officers, keportable compensation from the orga								d employees wh	o received more	e than
• List all o	of the organization's former directors	or trustees tha	at rec	eive	ed, i	n th	е сар	acı	ty as a former di	rector or trustee	of the
organization, i	more than \$10,000 of reportable comp	ensation from t	he or	gan	ızatı	on :	and a	ny I	related organiza	tions	
	n the following order individual trustee employees, and former such persons		nstitut	tion	al tr	uste	es, o	ffice	ers, key employe	ees, highest	
Check this	s box if neither the organization nor ar	ny related organ	ızatıo	n c	omp	ens	ated	any	current officer,	director, or trust	tee
					((>)					
	(A)	(B)	(do r	not cl		ition	than a	200	(D)	(E)	(F)
	Name and Title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)				is both	n an	Reportable	Reportable	Estimated
		hours per week (list any				_			compensation from	compensation from related	amount of other
		hours for related	l a divi	Institutional trustee	Officer	(ey e	ighe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	Individual trustee or director	tion	4	Key employee	Highest compensated employee	띡	(W-2/1099-MISC)	(VV-2/1039-WISC)	organization
		below dotted	ੇ ਨੂੰ	al tr	ļ	oyee	ğ				and related organizations
			6	ste	İ		ensa				· ·
							ted		_		
(1) WELLS	FARGO BANK N A	1 00							,		
TRUSTEE	· · · · · · · · · · · · · · · · · · ·			X					110,006		
<u>(2)</u>											
(3)						_					
(4)											-
			<u> </u>								
(5)		} 							_		
(6)											
(7)											
(8)											
(9)											
(10)										<u> </u>	
(11)				-							
(12)											
(13)											<u> </u>
(14)			_	-	-	<u> </u>					

:	art VII Section A. Officers, Directors, Ti	rustees, Key Er	nploy	yee	s, a	nd	High	<u>es</u> t	<u>Compensated</u>	Employees (contin	ued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot ch	Pos neck ss pe	C) intion more erson firect	e than is bot or/trus	one h an tee)	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MIS)	C) C	(F) Estimate amount other ompensa from the organizate and relat	of ation e cion ced
(15)						_	řěd	_			-		
(16)						-	-	-			+		
						<u> </u>		-			-		
						ļ							
(18)													
(19)							 		,				
(20)					_								•
(21)								H					
											+		
						-				_	+		
						_		ļ			+		
124)													
(25)													
1b	Sub-total					_	!	•	110,006		0		
C	Total from continuation sheets to Part VII,	Section A						>	110,006		0		(
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but not line)	limited to those	listed	abo	ove') wh	o rec	ceiv	110,006 red more than \$1		U		
	reportable compensation from the organization				0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
												Yes	No
3	Did the organization list any former officer, did employee on line 1a? If "Yes," complete Sche				-	yee	, or r	ngh	est compensate	đ	3		X
4	For any individual listed on line 1a, is the sum										-		
	the organization and related organizations gre individual	aler man \$ 150,	J00 /	11	162	, C	onipi	eie	Scriedule 3 for S	sucri	4	-	×
5	Did any person listed on line 1a receive or acc	crue compensati	on fro	om a	any	unr	elate	d o	rganization or in	dıvıdual			
	for services rendered to the organization? If "	Yes," complete :	Sched	dule	J f	or s	uch j	ers	son		5		Х
_ <u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest comp	onsated indepe	ndent		otra	ctor	re the	t ro	scawed more tha	s \$100 000 o	F		
_	compensation from the organization Report of year											IX	
	(A) Name and business add	ress							(B) Description of ser	vices		C) ensation	
NON													C
_		. <u>.</u>											C
		=						\vdash					
-								-					0
-2	Total number of independent contractors (incli	uding but not lim	uted t	n th	OSE	e list	ted a	bov	re) who received	-			

more than \$100,000 of compensation from the organization

58-1515861

Part VIII			
			Revenue

_		Check if Schedule O contains	s a response o	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
გ. გ	1a	Federated campaigns	<u> 1</u>		<u>)</u>			
ran	b	Membership dues	1	b (
, G	С	Fundraising events,	1	c (
tributions, Grits, Grants Other Similar Amounts	d	Related organizations	1	d (Car of Carlo State	
S E	е	Government grants (contribution	ıs) 1	e (
ron r.S.	f	All other contributions, gifts, gran	_					
the		similar amounts not included abo		f(
Contributions, and Other Sim	q	Noncash contributions included in li		6 (
šΣ	h	Total. Add lines 1a-1f		•	0			
			•	Business Code	100		so do enformación per o trompomente.	and the second
nua	2a	ER EE CONTRIBUTIONS		900001	64,459,659	64,459,659		200
Še	b				0			
Program Service Revenue	C				1 0			
	٦				0			
Š					0	 		
gran	•	All other program service revenu	10		 			
roč	,	Total. Add lines 2a–2f	<i>.</i> C		64 459 659	34074.		9.2 Aug. 7.2
<u> </u>	<u>g</u> 3	Investment income (including div	udends intere	et and	04,400,000	87 4 24 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CSP1N-YOUR DEPOSE	3/-0/60% (SOM (SOM (SOM (SOM (SOM (SOM (SOM (SOM
	9	other similar amounts)	nacnas, intere	st, and	972,118			972,118
	4	Income from investment of tax-e	vomnt hand n	roceeds	372,110			312,110
	5	Royalties	xempt bond p	loceeds -	- 0			
	,	Noyaliles	(ı) Real	(II) Personal				
	6.	Gross rents	(7)	+ ''				
	6a		-	-	-			
	b	Less rental expenses						
	C	Rental income or (loss)	L	0 0	373 373 373 37	200000000000000000000000000000000000000		
	_d	Net rental income or (loss)	(i) Securities	(II) Other	0	-150.73%25085/E7148		AND ENGINEERING THE THE
	7a	Gross amount from sales of						
		assets other than inventory	42,726,79	90 0	4			
	р	Less cost or other basis			2.0			
		and sales expenses	39,159,16		4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19			
	С	Gain or (loss)	3,567,62		44. Articological 25 - 1027-102		2-000 (March 2012)	
	d	Net gain or (loss)		<u>▶</u>	3,567,623	ACON LANGUAGEN TO THE A	A CHARLES SOME SHARE BOOK BY SHARE	3,567,623
							X 125	
nue	8a	Gross income from fundraising					a de la companya de	
ou l		events (not including \$	0	[
Ś		of contributions reported on line	1c)					
- l		See Part IV, line 18	a			307		
Other Rev	•	Less direct expenses	h	> [
		Net income or (loss) from fundra			0	Kara.	. a. till. Some can garage and the control of the c	NS & P.S. & P. S. & P.
	9a	Gross income from gaming activ	ities	1	4.2.0			4.00
		See Part IV, line 19	a	·				
	b	Less direct expenses	k	·		ASTERNATION OF	11500	
l	· C	Net income or (loss) from gamin	g activities		0			
	10a	Gross sales of inventory, less				17000		
		returns and allowances	á	ı <u> </u>		Approximation of the contract		
	b	Less cost of goods sold	k) T				
ļ		Net income or (loss) from sales	of inventory	D	0			
İ		Miscellaneous Revenue		Business Code	24.30		Transferration of the Person	Negati and America
ľ	11a	OTHER INCOME		900001	8,921			8,921
	b				0			
J	С				0			
	d	All other revenue	·		0			
	е	Total. Add lines 11a-11d	•	•	8,921	200	**************************************	
]	12	Total revenue. See instructions		>	69,008,321	64,459,659	0	4.548.662

	t IX: Statement of Functional Expenses				
Secti	on 501(c)(3) and 501(c)(4) organizations must complete a	II columns All other	organizations mus	st complete column	(A)
	Check if Schedule O contains a response or note	e to any line in this ⁾ l	Part IX	1	
	not include amounts reported on lines 6b, 7b, 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			世分别的	
	domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic			1.5	4.7
	individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign	1			
	organizations, foreign governments, and foreign			100	
	individuals See Part IV, lines 15 and 16	0			(3,854,000,000,000,000,000,000,000,000,000,0
4	Benefits paid to or for members	58,135,054			KARANGE KARANGAN
5	Compensation of current officers, directors,				
	trustees, and key employees	110,006			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes .	0			
11	Fees for services (non-employees)				
а	Management	0			
, b	Legal	0			
С	Accounting	0			
d	Lobbying	0	amount are care properties.	ETTERNS ANNAMONDES AS A THE STREET AND T	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0	. ,		ļ
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	o		·	
42		0	- 5 *		
	Advertising and promotion	0			
13	Office expenses Information technology	0			
14	3,	0			
15	Royalties	0			
16	Occupancy Travel	0			
17		<u> </u>			
18	Payments of travel or entertainment expenses	0			
40	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings Interest	0	<u>. </u>		
20 21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization		0	0	
23	Insurance	. 0			<u> </u>
24	Other expenses Itemize expenses not covered	SAME IN TAXABLE AND A CO		2-5-2-88 Project - 17-50 Project - 2	NAMES THE RECORD
24	above (List miscellaneous expenses in line 24e If			Karatti Har	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
•	(1) amount, list line 24e expenses on someone o	THE COMPANY OF THE PROPERTY OF THE	a paga and a sur producti deliberati deliberati	A STANCE OF THE STANCE STA	A ANDRES O RE WAS AND THE TAX
a b	FOREIGN TAX WITHHELD	14,958			
C	INVESTMENT EXPENSE -INTEREST	14,938			
	INVESTMENT EXPENSE INTENEST	- 45			
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	58,260,063	0	0	
25	Joint costs. Complete this line only if the	30,200,003		 	<u> </u>
26					
	organization reported in column (B) joint costs from a combined educational campaign and				1
				,	
	fundraising solicitation Check here				1,
	following SOP 98-2 (ASC 958-720)	1		1	1 '

		Data 100 Circuit			
		Check if Schedule O contains a response or note to any line in this Part	X		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	12,945,877	_ 2	16,426,720
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	<u>5</u>	K.Se 224 (4-28) AND ARTHUR THE
	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			
ι,		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6 129	
Assets	_	organizations (see instructions) Complete Part II of Schedule L	0	-	0
Ass	7	Notes and loans receivable, net Inventories for sale or use	0		0
1	8 9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or			
	IUa	other basis Complete Part VI of Schedule D 10a 0			
	b	Less accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	28,366,682	11	35,605,933
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	41,312,559	16_	52,032,653
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0		
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities	0		
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	
ies	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	0	22	
Liabilities	22	Secured mortgages and notes payable to unrelated third parties		23	0
_	23 24	Unsecured notes and loans payable to unrelated third parties	0		0
	25	Other liabilities (including federal income tax, payables to related third			
	/	parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		2.0	
es		complete lines 27 through 29, and lines 33 and 34.		15	
'n	27	Unrestricted net assets	0	27	,
ala	28	Temporarily restricted net assets	0	28	
or Fund Balances	29	Permanently restricted net assets	0	29	
ä	,	Organizations that do not follow SFAS 117 (ASC958), check here			
ř		complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	41,312,559	30	52,032,653
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0		
Ä	32	Retained earnings, endowment, accumulated income, or other funds	0		
Š	33	Total net assets or fund balances	41,312,559	33	52,032,653
	24	Total liabilities and not assets/fund balances	41 312 559		52 032 653

FOIIII :	1990 (2017) CITT OF RALEIGH, NO WEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO		- 13 1300 1	Pag	e IZ
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[X
1	Total revenue (must equal Part VIII, column (A), line 12).	1	69	,008,	321
2	Total expenses (must equal Part IX, column (A), line 25)	2	58	3,260,	063
3	Revenue less expenses Subtract line 2 from line 1	3	10	748,	258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	,31 <u>2</u> ,	559
5	Net unrealized gains (losses) on investments	5			
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		<u>-28,</u>	164
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	52	2,032 <u>,</u>	653
Part	Financial Statements and Reporting			_	_
	Check if Schedule O contains a response or note to any line in this Part XII.	•		L	
1 2a	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Yes	No X
b	reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Х
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.		3b		

Form **990** (2017)

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.

 ${\color{red} \blacktriangleright}{}$ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO 58-1515861
Form 990, Part VI, Section B, Line 11 THE ORGANIZATION AS A VEBA TRUST IS MANAGED BY AN
INSTITUTIONAL TRUSTEE THE TRUST OFFICER REVIEWS AND SIGNS THE FORM 990
Form 990, Part VI, Section C, Line 19 THE ORGANIZATION AS A VEBA TRUST WILL PROVIDE A COPY OF
THE FORM 990 TO THE PUBLIC UPON REQUEST, THE FORMS 5500 AND AUDITED FINANCIAL STATEMENTS OF
THE UNDERLYING PLANS (THOSE EMPLOYEE BENEFIT PLANS WHOSE ASSETS ARE HELD IN THE TRUST) ARE
APPROVED TO PLAN PARTICIPANTS UPON REQUEST
Form 990, Part XI, Line 9 COST BASIS ADJUSTMENT \$6,516, MUTUAL FUND TIMING DIFFERENCE
(\$34,679)
,

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Schedule O (Form 990 or 990-EZ) (2017)	Pa	ige 2
Name of the organization	Employer identification number	
CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO	58-1515861	
`		·
		· -
		·
·		
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,		
		
		•

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO

OMB No 1545-0047

58-1515861

Employer identification number

(g) Section 512(b)(13) controlled entity? Yes No (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had entity (f)
Direct controlling
entity (e) End-of-year assets ₹ Z (e)
Public charity status
(if section 501(c)(3)) (d) Total income Ϋ́ (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(C)(9) Legal domicite (state or foreign country) (b) Primary activity 2 one or more related tax-exempt organizations during the tax year Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization (1) CITY OF RALEIGH 58-1515861 222 W HARGETT RALEIGH, NC 27601 Part II 9 9 (2) .(4) 3 <u>(1</u> (2) (5) . (4) € \mathbb{Z} (5)

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{
m HTA}$

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

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

(k) Percentage ownership									(I) Section 512(b)(13) controlled entity?	S No								Schodule R (Form 990) 2017
	3	<u> </u>					 	Part		Yes								1
(J) General or managing partner?	c D							m 990,	(h) Percentage ownership									dulo P
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								able as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part organizations treated as a corporation or trust during the tax year	(g) Share of end-of-year assets ov									Scho
(h) Disproportunale allocations?								n answered year	Share of total income									
end-of- issets								izatio le tax					<u> </u>					
(g) Share of end-of-year assets								able as a Corporation or Trust. Complete if the organization ans organizations treated as a corporation or trust during the tax year	(e) Type of entity (C corp, S corp, or trust)									
(f) Share of total income								ete if r trust										
Sha						_		Sompl	ıtrolling iy		i							
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)								Trust. ((d) Direct controlling entity									
Predo income unra excluc tax								on or d as a	country)									
ntrolling ity								orporati	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity								as a Co		_		-						
(c) Legal domicile (state or foreign country)								Taxable a	(b) Primary activity		: :							
	-							tions re rela	Pr									
(b) Primary activity								Identification of Related Organizations Tax IV, line 34 because it had one or more related	ation									
۵								elated	d organız									
jo								ion of R	(a) Name, address, and EIN of related organization									
(a) Name, address, and EIN of related organization								ntificati ne 34 k	ss, and El									
(a) me, address, and Elh related organization								Iden IV, II.	e, addre:									
Name, rela								Part IV	Nam)
	Ē	(2)	(6)	(4)	(5)	(6)	[E]	Pa			.(1)	(2)	(6)	(4)	(6)	9	(2)	

58-1515861

Schedule R (Form 990) 2017

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

Note: Complete line 1 if any entity is listed in Darte II III or IV of this school ile			Yac	NO NO
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?	ganizations listed	in Parts II–IV?		┿
a Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity			1	×
b Gift, grant, or capital contribution to related organization(s)			1p	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees to or for related organization(s)			19	×
e Loans or loan guarantees by related organization(s)			1e	×
				-
f Dividends from related organization(s)			7	×
g Sale of assets to related organization(s)			19	×
h Purchase of assets from related organization(s)			£	×
i Exchange of assets with related organization(s) .			;=	×
j Lease of facilities, equipment, or other assets to related organization(s)			;=	×
k Lease of facilities, equipment, or other assets from related organization(s)			녹	×
l Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			٦.	×
 Sharing of paid employees with related organization(s) 			10	×
p Reimbursement paid to related organization(s) for expenses			10 10	×
			10	×
			-	×
S	-	-	18	
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	cluding covered	elationships and trans	action thres	holds
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	termining
	(she (ans)			palo
(1) CITY OF RALEIGH	s	58,135,054		
(2)				l
(3)			I	
(4)				
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Schedule R (Form 990) 2017

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

or gross revenue) that was not a related organization. See instructions regarding excusion to certain investment partities inpos	30 organization (b)	c) (c)	regarding exciu	(e)		(a)	di i i ei suibs	(F)	F	(3)	Э		(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all partners	rtners	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V—UBI amount in box 20	General or managing		Percentage ownership
		country)	unrelated, excluded from tax under	5	(3) ions?		assets			of Schedule K-1 (Form 1065)	partner?	-	-
			sections 512-514)	Yes	ş			Yes	٥	•	Yes	ν	
(1)													
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Schedule R (Fo		CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFITS TRUST C / O WELLS FARGO15861 Page
Part VII	Suppleme	tal Information.
Part VII	Provide a	itional information for responses to questions on Schedule R. See Instructions
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