Form **990**

Return of Organization Exempt From Income Tax

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

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

• Go to warm its gov/Form990for instructions and the latest information.

2018
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

inter	nal Reve	nue Servi	ce	► Go to www irs gov/Form990 for instructions and the latest	information.	<u> </u>	Inspection			
A I	For the	2018	calend	lar year, or tax year beginning $08/01$, 2018, and ending		07	/31,20 19			
			C Nam	e of organization	D Employer ide	ntifica	tion number			
В	Check if ag	plicable	CIT	OF RALEIGH, NC MEDICAL AND DENTAL BENFIT						
X	Addre			g business as	58-151	1				
1		change		ber and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number				
-	⊣	- 1			888 73	Λ _ Λ	033			
\vdash	⊣	return return/		5 S RAINBOW BLVD STE 300 pr town, state or province, country, and ZIP or foreign postal code	.000 /3	0-4	733			
\vdash	termi	nated			C C		77 250 007			
	return	L		VEGAS, NV 89118	G Gross receipts H(a) Is this a grou		77,258,087.			
L	Applu pendi	ng	r Nam	e and address of principal officer	subordinates	7				
					H(b) Are all subords					
<u> </u>	Tax-ex	empt sta	itus	501(c)(3) X 501(c) (9) 4 (insert no) 4947(a)(1) or 5.27	If "No," att	ach a li	st (see instructions)			
J_	Websi	te [.]	N/A	1	H(c) Group exemp					
K	Form o	of organi	zation	Corporation X Trust Association Other ► L Year of	formation 2008 M	State o	of legal domicile NC			
P	art I	Sur	nmary							
	1	Briefly	describ	e the organization's mission or most significant activities						
e		VOLU	IATM	RY EMPLOYEES' BENEFICIARY ASSOCIATION						
au					<u> </u>					
Governance	2	Check	this bo	x If the organization discontinued its operations or disposed of more than	25% of its net asset	s				
્ટ્ર	3			ting members of the governing body (Part VI, line 1a)		3	1			
				dependent voting members of the governing body (Part VI, line 1b)		4				
es	5					5	NONE			
Activities &	6			of individuals employed in calendar year 2018 (Part V, line 2a)	10.0	6	NONE			
Act	70			d business revenue from Part VIII, column (C), line 12		7a	NONE			
				business revenue from Fair VIII, column (c), line 12		7b	NONE			
	l D	ivet un	related	business taxable income from Form 990-T, line 38	Prior Year	76	Current Year			
					Prior Year	\rightarrow	Current Year			
e	8			and grants (Part VIII, line 1h)	CA 450 C	<u> </u>	60 400 004			
ē	9	_		ce revenue (Part VIII, line 2g)	64,459,6		<u>69,498,804</u> .			
Revenue	10			come (Part VIII, column (A), lines 3, 4, and 7d),	4,539,7		<u>1,565,725</u> .			
	11	Other r	evenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,9	_	7,028.			
	12	Total re	evenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>69,008,3</u>	21	<u>71,071,557</u> .			
	13	Grants	and si	milar amounts paid (Part IX, column (A), lines 1-3)						
	14	Benefit	s paid	to or for members (Part IX, column (A), line 4)	58,135,0	54	<u>63,327,070</u> .			
Ś	15	Salarie	s, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	110,0	06	<u>120,462</u> .			
Expenses	16a	Profess	sional f	undraising fees (Part IX, column (A), line 11e)						
e e	b	Total fu	undrais	ing expenses (Part IX, column (D), line 25) ▶ NONE						
ũ	17	Other e	expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	15,0	03	43,123.			
	18			s Add lines 13-17 (must equal Part IX, column (A), line 25)	58,260,0		63,490,655.			
	19		•	expenses Subtract line 18 from line 12	10,748,2		7,580,902.			
es or	 				Beginning of Current \	-	End of Year			
Assets or	20	Total a	ccete (Part X, line 16)	52,032,6	53	59,594,126.			
Ass	21			s (Part X, line 26)		ONE	NONE			
u et	22			fund balances Subtract line 21 from line 20	52,032,6	-	59,594,126.			
Ž,	rt II			Block	32,032,0	55 (33,334,120.			
					ents and to the hest of	i mu k	nowledge and helief it is			
tru	e, corre	ct, and c	ompo	y, I declare that I have examined this return, including accompanying schedules and statem Declaration of principal paper transofficer) is based on all information of which preparer has	any knowledge	i iiiy k	nowledge and belief, it is			
			•		I					
Sig	ın	🕨 =	Lanatu	Vells Fargo Bank, N.A.	06/0	2/2	020			
He			•		Date					
	. •			RUSTEE						
				orint name and title		· · ·				
Paid		Print/T	ype pre	parer's name Preparer's signature Date		J "	TIN			
	a parer	JOSE	PH C	J. CASTRIANO 06/02/2	2020 self-employ	ed	P01251603			
	parer Only	Fırm's	name	▶ PRICEWATERHOUSECOPPERS LLP	Firm's EIN ▶	13-	4008324			
use	Only	Firm's	address	▶ 600 GRANT STREET; PITTSBURGH, PA 15219			-355-6000			
Ma	y the			his return with the preparer shown above? (see instructions)			. X Yes No			

JSA

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Form 990	
Part III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1 Brief	describe the organization's mission.
	TARY EMPLOYEES' BENEFICIARY ASSOCIATION
2 Did	e organization undertake any significant program services during the year which were not listed on the
prior	orm 990 or 990-EZ? Yes X help these new services on Schedule O
3 Did	e organization cease conducting, or make significant changes in how it conducts, any program
If "Y	describe these changes on Schedule O
expe	be the organization's program service accomplishments for each of its three largest program services, as measured les Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe al expenses, and revenue, if any, for each program service reported.
4a (Cod) (Expenses \$ including grants of \$) (Revenue \$)
501	(9) ORGANIZATION - NOT REQUIRED TO COMPLETE THIS SECTION
<i>,</i> —	
_	
4b (Cod) (Expenses \$ including grants of \$) (Revenue \$)
4c (Cod) (Expenses \$ including grants of \$) (Revenue \$)
	program services (Describe in Schedule O.)
	ses \$ including grants of \$) (Revenue \$)



rarı	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		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 98-197 If "Yes," complete Schedule C, Part III .	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
0	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		Х
e	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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_ X
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		X
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		X
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 11e7 If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	•	23		Х
0.4	employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			٠,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
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 Schedule L, Part I	25b		Х
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
_,	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
20		21		<u>^</u>
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).	20-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			7.7
	Schedule L, Part IV	28b		<u>X</u>
C	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 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 Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	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	Х	
Part				
· ui ·	Check if Schedule O contains a response or note to any line in this Part V			\Box
	Chock in Concease C Contents a reaponde of flote to diff fille flatter and vicinity in the vicinity in the flatter and vicinity in the	•••	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			_
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		,	-	
	reportable gaming (gambling) winnings to prize winners?	1c	990	(2010)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4-75 300	SATE OF THE					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	3, 1,1 (c ² , ^)		4,50° x22°				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	***********	13,000 pt 138	1 1505				
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	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				
h	If "Yes," enter the name of the foreign country:	E C	آيا الراء	2 15 1 N				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ĩ.	2 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	4.2875				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization		/					
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х				
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or							
_	gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, , , , , , , , , , , , , , , , , , ,		,				
	and services provided to the payor?	7a		X				
ь	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e_		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_	 -	X				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8	- ,					
9	Sponsoring organizations maintaining donor advised funds.		<u>,</u> ,,,	<u> </u>				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├				
		9b	~ , 1 ₃	, pc " .				
10	Section 501(c)(7) organizations. Enter		2 ² x 3	", v = ;				
а	Initiation fees and capital contributions included on Part VIII, line 12		[* ; °]	150 . 115 . 25				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		18'1 ₂ , 1				
11	Section 501(c)(12) organizations. Enter Gross prome from members or shareholders		1, 1					
	Gross meeting from members of shareholders v.	, ,	٠, , ,	- 1				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	,]	, , ,]	s, 7 , 1				
12.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	2 03				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,	[*] ,	- 1				
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
a	Note. See the instructions for additional information the organization must report on Schedule O.		7,	, ,				
h	Enter the amount of reserves the organization is required to maintain by the states in which	133	, `	- 1				
D	the organization is licensed to issue qualified health plans	,		' .				
c	Enter the amount of reserves on hand	n 1	, <u>,</u>	L }				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · ·	14b						
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
-	excess parachute payment(s) during the year?	15_		X				
	If "Yes," see instructions and file Form 4720, Schedule N	ν, «Δυσουνα						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X				
	If "Yes," complete Form 4720, Schedule O.	<u> </u>		<u> </u>				
	·	F	, aan	1/2010				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
Sect	ion A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tay year.		-	
ıa	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	1 !		
	if the governing body delegated broad authority to an executive committee or similar			
L	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 !		
2	any other officer, director, trustee, or key employee?	2		X
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
_	Did the organization have members or stockholders?	6		Х
6 70	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		X
_	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	;.)	
			Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
U	rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	describe in Schedule O how this was done	12c		
10		13		X
13	· · ·	14		X
14	Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by]
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		X
a	The organization's CEO, Executive Director, or top management official	15b		X
þ	Other officers or key employees of the organization	1.00		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		16a		X
	with a taxable entity during the year?	100		1
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?	16b		ئـــــا
<u></u>		100		Ь
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	ī (Sect	ion 5	01(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 in	terest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	is 🕨		
	WELLS FARGO BANK N.A.		000	10010
ICA	6325 S RAINBOW BLVD STE 300; LAS VEGAS, NV 89118	Form	330	(2018)

JSA

Page	- 4
raye	•

Ca	000	12018

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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 it heither the organization	Thor any related	lorga	11124		C)	преп	3010	any current one	ler, director, or trus	
(A) Name and Title	(B) Average hours per week (list any	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations {W-2/1099-MISC}	compensation from the organization and related organizations
(1) WELLS FARGO BANK N.A. TRUSTEE	1.00		X					120,462.	NONE	NONE
(2)			^					120,402	NONE	NONE
(3)							_		_	
(4)										
(5)										
(6)							-			
(7)										
(8)										
(9)								-		
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	ploy	/ee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ntinued)
` (A) Name and title	(B) Average			Pos neck		e than o		(D) Reportable	(E) Reporta		(F) Estimated
,	hours per week (list any hours for related organizations below dotted line)					Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensati relate organiza (W-2/1099	d tions	amount of other compensation from the organization and related organizations
(15)		-									
(16)											
(17)											
(18)				_							
(19)					<u> </u>						
(20)							. <u>.</u>	- h			
(21)											
(22)				<u> </u>							
(23)								-			
(24)			_								
(25)	ļ				-						
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A .					 	> > >	120,462.		NONE	NONE
Total number of individuals (including but n reportable compensation from the organization)	ot limited t										
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schee	icer, direct		r tr								Yes No
4 For any individual listed on line 1a, is the organization and related organizations gundividual	reater tha	n \$1	50,0	000	? /	f "Ye	es,"	complete Sched			4 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	ompe	nsat	ion	fro	m any	y ui	nrelated organizati			5 X
Section B. Independent Contractors											
Complete this table for your five highest cor compensation from the organization Report year	mpensated compensat	indep	end or th	ent e ca	cor alen	ntracto dar yo	ors ear	that received mor ending with or wif	e than \$10 thin the org	0,000 janizatio	of on's tax
(A) Name and business add	dress							(B) Description of se	rvices	С	(C) ompensation
							\perp	···			
							Ī				
2 Total number of independent contractors	s (includes	a h	ıt r	ot.	lim	ıted '	to	those listed abo	ve) who		
received more than \$100,000 of compensati								mose nateu abu	vo, will		

Part VIII	Statement of Revenue

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part	VIII <u>'`</u>	<u> </u>	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax - under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns					
Con	g	Noncash contributions included in lines 1a-1f \$					
	n	Total. Add lines 1a-1f	Business Code				
Service Revenue	2a b	ER EE CONTRIBUTIONS	900001	69,498,804.		""""",并以强烈的"""。 "	**************************************
Ser	d				-		<u>''</u>
	e						, ,
Program	f	All other program service revenue		_			
<u> </u>	9	Total Add lines 2a-2f	<u> ▶</u>	69,498,804.	THE RESERVE THE COURT OF THE		
	3 4 5	Investment income (including divide and other similar amounts)	nds, interest, d proceeds .	1,369,727.			1,369,727
•	3	Royalties	(II) Personal	2.50- 1.11-123-123-1	× 31 - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	transatiration research	
~	6a b	Gross rents	(11) 1 2 3 3 3 3 3				
	d	Net rental income or (loss)				,	
	7a	Gross amount from sales of (i) Securities	(ii) Other		AVERSALE NEW		
_`	,	assets other than inventory 6,382,528					
			† •				
	b	Less cost or other basis and sales expenses 6,186,530					
		Gain or (loss)					
•	4	Net gain or (loss)		195,998.	a. 1 . 1. 1 (max. 1 8 (1)40)	THE THE PARTY RESIDENCE A FA	195,998
	_ ``	Gross income from fundraising				LARREST WITH A	
Jue	8a	· · · · · · · · · · · · · · · · · · ·	_				
ver	,	events (not including \$ of contributions reported on line 1c)					
Æ		See Part IV, line 18					
Other Revei	Ь	Less direct expenses					
0	C	Net income or (loss) from fundraising events			5.[NG(1+ 5/35], Et		
,	9a	Gross income from gaming activities See Part IV, line 19			The second secon		
	b	Less direct expenses	· L	* (\$) \$ () \$ () \$ () \$ () \$	CF MENNEY PROPERTY	Kr. Three & W. C	775, 278 - 50 A - 50 A - 31
	C	Net income or (loss) from gaming activities	· · · · · · · •	Market Color of the color	·	1000 - 1000 PROPERTY OF STATES	2 * 20 T = 15 T = 20 T
,	10a	Gross sales of inventory, less returns and allowances ,					
	þ	Less cost of goods sold		Lerich and and Loughth -		and the Company and the second	[88 X84) [5-7 °F, [*]]
	٣	Miscellaneous Revenue	Business Code		#1783-1182-20		
	11-	OTHER INCOME	900001	7,028.	- Arik indiå makti föger	o × ± 5 = 1, 15 p = 25 = 800 ±5, 1× ± v	7,028
	11a	,	30001	1,023.		· · · · · · · · · · · · · · · · · · ·	1,702
	. b	-	,	 			
	6	All other revenue				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	,
	d e	Total. Add lines 11a-11d		7.028.			200000000
	12	Total revenue. See instructions		71,071,557.	69,498,804.		1,572,753
				<u> </u>		· · · · · · · · · · · · · · · · · · ·	

Part IX	Statement	of Functional	Expenses

	tion 501(c)(3) and 501(c)(4) organizations mu		•		
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				The state of the s
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	63,327,070.		Friends Anna Comment	
5	Compensation of current officers, directors, trustees, and key employees	120,462.		,	
6	Compensation not included above, to disqualified		· 		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	24,500.			
C	Accounting				
d	Lobbying		Supplied to the supplied of th	7 1 17 1	
	Professional fundraising services See Part IV, line 17.		<u> </u>	x 1 8.4 - 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
f	Investment management fees		· · · · · ·		
g	Other (If line 11g amount exceeds 10% of line 25, column	NONE	ļ		
	(A) amount, list line 11g expenses on Schedule O)	INOINE	<u> </u>		
	Advertising and promotion				
	Office expenses				
	Royalties				
	Occupancy		-		
	Travel				-
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Insurance				
	Other expenses Itemize expenses not covered	N **	17 5 8 8 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - 2 - 3 - 3 - 3 - 3	1 2 R 1 2A
	above (List miscellaneous expenses in line 24e If		Ex value in it is	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	line 24e amount exceeds 10% of line 25, column		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, in the state of	ing the interest of
	(A) amount, list line 24e expenses on Schedule O)				- 10 m
а	FOREIGN TAXES WITHHELD	18,623.			
Ь		•			
c					
d			_		
е	All other expenses				1
	Total functional expenses Add lines 1 through 24e	63,490,655.			
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)	, ,		. ,	

Form 990 (2018)

Part X Balance Sheet

	· · · ·	Dalance Officer			
		Check if Schedule O contains a response or note to any line in this P	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	16,426,720.	2	19,264,542.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		*	
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		5 6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
,	10a	Land, buildings, and equipment. cost or		,,,,,,,	* *,
		other basis Complete Part VI of Schedule D		1.p.5	1
	b	Less. accumulated depreciation		10c	
	11	Investments - publicly traded securities	35,605,933.	11	40,329,584.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,032,653.	16	59,594,126.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,		2. -	
Liabilities		trustees, key employees, highest compensated employees, and		- ; '	1.2.2.2.2.2.2.1.1.1
abi		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D \ldots		25	
	26 1	Total liabilities Add lines 17 through 25	NONE	26	NONE
es		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ",	1 7 1 1 7 1 X
	30	Capital stock or trust principal, or current funds	52,032,653.	30	59,594,126.
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retaine'd earnings, endowment, accumulated income, or other funds	-	32	
Net	33	Total net assets or fund balances	52,032,653.	33	59,594,126.
_	34	Total liabilities and net assets/fund balances		34	59,594,126.
	1				Form 990 (2018)

Part 2	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		71,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		63,4		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>902.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>52,0</u>	<u>32,6</u>	<u>553.</u>
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		_	19,4	<u> 129.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		<u>59,5</u>	94,:	<u> 126.</u>
Part 2	_					_
	Check if Schedule O contains a response or note to any line in this Part XII					للل
					Yes	No
1	Accounting method used to prepare the Form 990' X Cash Accrual Other			İ		1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplair	חו ו	į		
	Schedule O.			Ì		
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 com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				·	لـــــا
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 audit	ed o	n a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versi	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent according	ounta	int?	2c		ļ,
	If the organization changed either its oversight process or selection process during the tax year, e	kplaıı	n in			
	Schedule O			<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	חו ר			
	the Single Audit Act and OMB Circular A-1337			3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lits		3b		L
				Form	990	(2018)

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.

2018

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ

► Go to www irs gov/Form990for the latest information.

Inspection Employer identification number

Name of the organization	Employer identification number
CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFIT	58-1515861
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	IEW
THE ORGANIZATION AS A VEBA TRUST IS MANAGED BY AN INSTITUTIO	NAL
TRUSTEE. THE TRUST OFFICER REVIEWS AND SIGNS THE FORM 990	
FORM 990, PAGE 6, PART VI, 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 FINA	NCIAL
STATEMENTS OF THE UNDERLYING PLANS (THOSE EMPLOYEE BENEFIT	PLANS
WHOSE ASSETS ARE HELD IN THE TRUST) ARE APPROVED TO PLAN	
PARTICIPANTS UPON REQUEST	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
MUTUAL FUND TIMING DIFFERENCE: -19,429	
	-

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.	so to www.irs.gov/Form990for instructions and the latest information.
	o S ◀

Open to Public

OMB No. 1545-0047

Inspection Employer identification number

CITY C	CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFIT				58-1515861	5861
Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	nswered "Yes" on I	orm 990, Part IV-	', line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total Income	(e) End-of-year assets	(f) Direct controllir entity
(1)						
(2)						
(3)						
(4)						
(2)						
(9)						

Part II 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.	Complete if the org;the tax year.	anization answere	d "Yes" on For	m 990, Part IV, li	ne 34, because	t had	
(a) Name, address, and EIN of related organization	(b) . Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(c) (e) (e) egal domicile (state Exempt Code section (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) siled y?
						Yes	ş
(1) SEE PART VII SUPPLEMENT							
						İ	

(2)	
(3)	
(4)	
(5)	
(9)	
(2)	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule R (Form 990) 2018

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(k) Percentage ownership (J) General or managing 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. å 58-151586 Identification of Related Organizations Taxable as a Partnership. Complete of 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. Yes (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h) Disproportionate Yes allocations? (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) Name, address, and EIN of related organization Part III Part IV 2 (3) 3 9 Ξ 9 5

ΔSI

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

1000	olubo P (Eog	Sob		
, ,				(9)
				(5)
				(4)
				(3)
				(2)
	CASH	63,327,070.	Ø	(1) CITY OF RALEIGH
amount involved	amount		type (a-s)	
P	_	(c)	(q)	(a)
Ί.	ction thresho	red relationships and transact	his line, including cove	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.
11 ×	<u> </u>			r Other transfer of cash or property to related organization(s)
1 q X	<u>- </u> : : :			q Reimbursement paid by related organization(s) for expenses
1p X	:			p Reimbursement paid to related organization(s) for expenses
10 X	<u>- </u>			o Sharing of paid employees with related organization(s)
1n X	<u>- </u> : :			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
1m X				m Performance of services or membership or fundraising solicitations by related organization(s)
1k X	-			k Lease of facilities, equipment, or other assets from related organization(s)
1j X				j Lease of facilities, equipment, or other assets to related organization(s)
				i Exchange of assets with related organization(s)
19 X				
1f X	! -			f Dividends from related organization(s)
∀	<u>- 1 </u>			e coalls of loan guarantees by related organization(s)
	· · ·			
				c Gift, grant, or capital contribution from related organization(s).
1b X				b Gift, grant, or capital contribution to related organization(s)
1a X	: :		,	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
		sted in Parts II-IV?	related organizations li	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?
Yes No				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

58-1515861 Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

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)	(c) Legal domicile		(e) Are all partners	(f) Share of	(g) Share of	(h)		-	Т	(k)
			income (related, unrelated, excluded from tax inder	section 501(c)(3) organizations?		end-of-year assets	eliocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
			sections 512-514)	Yes No			Yes No	_	Yes	2	
(1)									_		
(2)	·										
(3)											
										_	
(4)									-		
(5)											
(9)										•	
							-				
(7)											
(8)											
										+	
(6)											
(10)										!	
(11)											
(12)											
							_				
(13)											
(14)											
(15)											
										1	
(16)											
								Scl	Schedule R (Form 990) 2018	Form 99	0) 2018

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Part VII	- Complemental Information	
	Trovide additional milemation to respondes to questions an estimate miles message	

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990 _____

Name of entity: CITY OF RALEIGH, NC Address of Entity: 222 W HARGETT, RALEIGH, NC 27601

Primary Activity: GOVERNMENT Exempt code section: 501(C)(3)

Public charity status:170(b)(1)(A)(v)

Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No