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.

Inter	nal Rev	enue Servi	ICO	► Go to wu	vw.irs gov/Form990fo	r instructions a	nd the latest info	rmation.		In	spection
A	For th	e 2018	calend	ar year, or tax year beginning		08/01, <b>2018</b>	, and ending		07/	/31,20	19
_			C Name	of organization				D Employer ic	lentificat	tion numbe	er .
В	Check if a	applicable	CITY	OF RALEIGH, NC M	EDICAL AND DE	ENTAL BEN	FIT				
Х	Addr	ress nae	Doing	business as				58-15	15863	1	
	7	ne change	Numb	per and street (or P O box if mail is	not delivered to street ad	dress)	Room/suite	E Telephone number			
	lnitia	al return	6325	S RAINBOW BLVD S	TE 300			888 7	30-49	933	
		I return/ ninated		r town, state or province, country,		code	<u> </u>				
		ended	LAS	VEGAS, NV 89118				G Gross receip	ots \$	77,	258,08
		lication		and address of principal officer		•		H(a) Is this a gr subordina		n for	Yes X
_		9						H(b) Are all subd		:luded?	Yes N
ī	Tax-e:	xempt sta	atus	501(c)(3) X 501(c) (	9 ) <b>∢</b> (insert no )	4947(a)(1)	or 527	If 'No,"	attach a lis	st (see instru	ctions)
J	Webs	site. 🕨	N/A					H(c) Group exe	mption nui	mber 🕨	
<u>√</u> K	Form	of organ	ization	Corporation X Trust	Association Other	r 🕨	L Year of form	ation 2008 N	/I State o	of legal dom	ncile NC
<sub>F</sub> P	art I	Sui	mmary								
3	1	Briefly	describ	e the organization's mission or	r most significant activ	ities					
) ) )		VOL	JNTAR	RY EMPLOYEES' BENE	FICIARY ASSOC	CIATION					-
S E					·	-					
	2	Check	this box	x large if the organization of	discontinued its operat	ions or dispose	d of more than 25	% of its net ass	ets		
Sove Sove	3	Numbe	er of vot	ting members of the governing	body (Part VI, line 1a)				3		
~ ∞	4	Numbe	er of ind	lependent voting members of t	the governing body (Pa	art VI, line 1b).		. <b></b> .	4		
NTL ctivities	5	Total n	number	of individuals employed in cale	endar year 2018 (Part '	V, line 2a)		. <b></b> .	5		NON:
¥ \$	6	Total n	number	of volunteers (estimate if neces	ssary)			. <b></b> .	6		NON
<b>*</b> *	7a	Total u	inrelated	d business revenue from Part V	/III, column (C), line 12				7a		NON:
Activities	Ь	Net un	related	business taxable income from	Form 990-T, line 38		<u> </u>		7b		NON:
								Prior Year		Curre	nt Year
	8	Contrib	outions	and grants (Part VIII, line 1h) .							
Ž	9	Progra	m servi	ce revenue (Part VIII, line 2g) .			[	64,459,	659	69,	498,804
Revenue	10	Investr	ment inc	come (Part VIII, column (A), line	es 3, 4, and 7d)			4,539,	741	1,	565,72
<u> </u>	11	Other	revenue	(Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 1	1e)		8,	921		7,02
	12	Total re	evenue	- add lines 8 through 11 (must	equal Part VIII, colum	n (A), line 12) .	<u></u>	69,008,	321	71,	071,55
	13	Grants	and sin	nılar amounts paid (Part IX, col	iumn (A), lines 1-3) 🔒						
	14	Benefit	ts paid t	to or for members (Part IX, colu	ımn (A), line 4)			58,135,			<u>327,070</u>
y,	15	Salarie	s, other	compensation, employee ben	efits (Part IX, column (	A), lines 5-10).		110,	006		120,462
en se	16a	Profess	sional fu	ındraısıng fees (Part IX, columi	n (A), line 11e)						
Expenses	b	Total fo	undraisi	ing expenses (Part IX, column (	(D), line 25) ▶	NO	NE				
ш	17	Other	expense	es (Part IX, column (A), lines 11	la-11d, 11f-24e)				003		43,123
	18	Total e	xpense	s. Add lines 13-17 (must equal	Part IX, column (A), II	ne 25)		58,260,			490,65
	19	Revenu	ue less e	expenses Subtract line 18 from	n line 12	<u> </u>		10,748,			580,902
s or	20 21 22						<u> </u>	inning of Current			of Year
set	20			Part X, line 16)				52,032,		<u>59,</u>	594,126
d A	21			(Part X, line 26)					NONE		NOI
ž	22			fund balances Subtract line 21	from line 20	<u> </u>	<u> </u>	52,032,	<u>653‡</u>	<u>59,</u>	<u>594,126</u>
Pa	rt II	Sig	nature	Block	<del> </del>		<del></del>				
Un	der pe e. corr	enalties of ect. and o	f perjyny complete	, I declare that I have examined the Declaration of property of the terms	nis return, including acco m.officer) is based on all i	mpanying sched nformation of wh	ules and statements, ich preparer has any	and to the best knowledge	of my kr	nowledge a	ind belief, it i
	,	T	7	CARROL OF HORSE	V.F.						
Sig			V	Vells Fargo Bank, N.A	A			06/ Date	02/20	<u> </u>	
He			-	e of officer				Date			
110			<u>-, TR</u>	USTEE print name and title							
_					Dronner's assets		Date	<del></del>		TIN	
Paid	1	· I		parer's name	Preparer's signature	10.			△ "		E1 C00
	- oarer			. CASTRIANO	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rec	<u> </u>				51603
-	Only			► PRICEWATERHOUSE		1 103 151	210	Firm's EIN		400832	
N 4 =	. 41			► 600 GRANT STREE			219	Phone no		-355-6	
				his return with the preparer		mstructions)	<u></u>	<u> </u>	• • • •		
# For	Paper	rwork A	reductio	on Act Notice, see the separat	e instructions.				<b>a</b> -	Form	990 (2018

, 8E1010 1 000

Part	Checklist of Required Schedules			r
			Yes	No
1	Is the drganization 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		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		Х
_	"Yes," complete Schedule D, Part I	6_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	•		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
b	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	<u> </u>		
C	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	<del>                                     </del>		
a		114		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e_		_^
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X$	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- <u>-</u> -		- 41
18		18		Х
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		Λ_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		v
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	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			1
	Part IX, column (A), line 27 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			
	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, 20027 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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	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			ĺ
	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member 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	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			٠,,
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	
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
2.4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	- 3 1		<u> </u>
32		32		Х
22	complete Schedule N, Part II	<u> </u>		_ <u>^</u>
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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			
٠.	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? <b>Note</b> . All Form 990 filers are required to complete Schedule O.	38	X	
Part				
تقلدهم	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u></u> .	$\Box$
			Yes	No
1a	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			
	reportable gaming (gambling) winnings to prize winners?	1c		

<u>Part</u>	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			] ]
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ن ـ ا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	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,			İ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ز_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
		5b		X
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	j
	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?	7b		
С	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	- 4	-	<u></u>
е	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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	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		
	Sponsoring organizations maintaining donor advised funds.	-		- ~ 4
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter.			j
	initiation rees and depiter contributions moraded on fact viny into 12			i
_	dross receipts, included on roth 550, rait viii, line 12, for public dsc of olds received			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			l t
	Gross income from members or shareholders			,
D	1 1			į
12-	against amounts due or received from them.)	12a	•	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
	Section 501(c)(29) qualified nonprofit health insurance issuers.			(
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
đ	Note. See the instructions for additional information the organization must report on Schedule O.			
<b>h</b>	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			!
	Enter the amount of reserves on hand			,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O · · · · · ·	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			_
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_ X
	If "Yes," complete Form 4720, Schedule O.			]
			000	

Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u></u>	X
Sect	on A. Governing Body and Management				
	•	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a <u>1</u>			] ,
	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 committee, explain in Schedule O				
ь	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 rel	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur				į
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el				
	one or more members of the governing body?		7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
-	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	the year by the following	_			ز
а	The governing body?		8a	X	
b	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				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<del></del>	9		<u> X</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Int	<u>ernal Revenue</u>	Code		г
			$\blacksquare$	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of				İ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po		10b		<b>-</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			.,
12a	· · · · · ·		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give	426		
	rise to conflicts?		12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the po-		122		
	describe in Schedule O how this was done		12c		v
13	Did the organization have a written whistleblower policy?		13_		X
14	Did the organization have a written document retention and destruction policy?		14_		
15	Did the process for determining compensation of the following persons include a review an				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		45-		v ·
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				i
16a			160	-	Х.
	with a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				j
	participation in joint venture arrangements under applicable federal tax law, and take steps to		106		<sup>1</sup>
	organization's exempt status with respect to such arrangements?		16b		L
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed			<del></del>	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a second or section.	990, and 990-1	(Sect	ion 5	01(c)
	Own website X Another's website X Upon request Other (explain in Sch				
				1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of int	erest	policy	, and
0.0	financial statements available to the public during the tax year.	00k0 00d -00c-4			
20	State the name, address, and telephone number of the person who possesses the organization's b WELLS FARGO BANK N.A.	ooks and record	5 <b>P</b>		
	6325 S RAINBOW BLVD STE 300: LAS VEGAS, NV 89118		Form	990	(2018)

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

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

(A) Name and Title	(B) Average hours per week (list any							(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		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)										
(3)										
(4)										
(5)										
(6)										
(7)										<del></del>
(8)										
(9)						-	-			
(10)							_			
(11)										
(12)		_								
(13)		-								
(14)										

Pai	t VII Section A. Officers, Directors, Tru	stees, Key ⊤	/ Em	plo			nd H	igh	est Compensate	d Employ	ees (co	ntinued)
	(A) Name and title	(B) Average hours per week (list any	box,	unle er an	Pos neck ss pe d a d	rson	e than o	an tee)	(D)  Reportable compensation from	(E) Reporta compensatio related	on from	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-		compensation from the organization and related organizations
15)			_					_				
16)						-					_	
17)												
18)											_	
19)										<u> </u>		<del></del>
20)										<del></del>		
21)				_			-			· <u> </u>		
22)											-	
23)							-					
24)							•					
25)												
C	Sub-total  Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)					  	· · ·	<b>A A</b>	120,462.		NONE	NO
	Total number of individuals (including but no reportable compensation from the organization	ot limited to	thos					who				<u> </u>
3	Did the organization list any former offi employee on line 1a? If "Yes," complete School	cer, directo	or, o	r tr								Yes N
4	For any individual listed on line 1a, is the organization and related organizations gundividual	eater than	\$15	50,0	007	l II	' "Ye	s,"	complete Schedu	ile J for		4
5	Did any person listed on line 1a receive of for services rendered to the organization? If "											5
	ion B. Independent Contractors  Complete this table for your five highest con compensation from the organization Report year.											
	(A) Name and business add	ress		-					(B) Description of ser	vices	Co	(C) ompensation
				_				-				
								<u> </u>				
2	Total number of independent contractors received more than \$100,000 of compensation	_	-				ted 1	o t	inose listed abov	ve) who		

		Check if Schedule O coi	ntains a respor	ise or note to a	T	<del></del>		<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 Membership dues Fundraising events	1b 1c 1d 1nons) - 1e grants, above - 1f					
a				Business Code				
Program Service Revenue	2a b c d	ER EE CONTRIBUTIO	NS	900001	69,498,804.	69,498,804.		
gra	f	All other program service reve						
P	g	Total. Add lines 2a-2f			69,498,804.			
	3 4 5		uding dividen ax-exempt bond	ds, interest,  proceeds .	1,369,727.			1,369,72
	6a b c d 7a	Gross rents	(i) Securities	(II) Other				
en	b c d	Less cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundrais	195,998 		195,998.			195,99
Other Revenue	b c 9a	events (not including \$ of contributions reported on lin See Part IV, line 18 · · · · · Less direct expenses · · · · Net income or (loss) from functions income from gaming a	ne 1c)ab draising events activities					
	b	See Part IV, line 19 Less direct expenses	b					
11		Net income or (loss) from gain Gross sales of inventor returns and allowances	y, less	<u> </u>				
	b c	Less cost of goods sold Net income or (loss) from sales	ь					
igspace		Miscellaneous Revenue		Business Code				
1	1a b c	OTHER INCOME		900001	7,028.			7,02
	d	All other revenue				·		<u> </u>
	e	Total. Add lines 11a-11d		▶	7,028.			<u> </u>
1:	2	Total revenue. See instructions			[71.071.557.]	1 69 . 498 . 804 .		1,572,7

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All	li other org	ganizations m <u>ust complete</u>	column (A)
--	--------------	-----------------------------------	------------

Check if Schedule O contains a response or note to any line in this Part IX									
	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	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21								
2	Grants and other assistance to domestic 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.							
5	Compensation of current officers, directors, trustees, and key employees	120,462.							
6	Compensation not included above, to disqualified								
v	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)								
7	Other salaries and wages								
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
	Payroll taxes		· ·-·	<del>                                     </del>					
	Fees for services (non-employees)				•				
	Management	24,500.							
	Accounting	21,300.		· -					
	Lobbying								
	Professional fundraising services See Part IV, line 17.								
f	Investment management fees			ļ	<del></del>				
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O)	NONB NONB	<u>.</u>						
	Advertising and promotion	-							
	Office expenses				<u>.</u>				
15	Information technology		<del>-</del> -						
16	Occupancy								
17	Travel								
	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
	Conferences, conventions, and meetings			-					
	Interest			<del>-</del>					
21	Depreciation, depletion, and amortization	-							
	Insurance								
	Other expenses Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O)	- 10 605	-						
	FOREIGN TAXES WITHHELD	18,623.	<del></del>	<del> </del>					
			· -		· <del>-</del>				
d	All other expanses		. <u>-</u>	-					
	All other expenses  Total functional expenses Add lines 1 through 24e	63,490,655.			<del></del> ,				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here								
	following SOP 98-2 (ASC 958-720)		<del></del>		5 990 (2018)				

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(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,		1 1	
		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	
Assets	7	Notes and loans receivable, net		7_	<del></del>
	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 10a	· · · · · · · · · · · · · · · · · · ·		
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	35 <u>,605</u> ,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	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es.	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
Li	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		t	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	<u>NONE</u>	26	NONE
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.	nga sadayangan din jayangan - wada adi na Latay da As		
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
ק	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.			
	30	Capital stock or trust principal, or current funds	52,032,653.	30	59,594,126.
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	52,032,653.	33	59,594,126.
_	34	Total liabilities and net assets/fund balances	52,032,653.	34	59,594,126.
					Form 990 (2018)

Form 99	0 (2018)				ra	ge 12
Part						
	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		<u>71,0</u>	71,5	<u> 557.</u>
2 '	Total expenses (must equal Part IX, column (A), line 25)	2			90,6	
3	Revenue less expenses. Subtract line 2 from line 1	_3		7 <u>,5</u>	80,9	<del>3</del> 02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		52,0	32,6	<u> 653.</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						$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	<u></u>		┸┸
			,		Yes	No
1	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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	<u> </u>	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					
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a			
	separate basis, consolidated basis, or both					1 1
	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			2c		İ
	of the audit, review, or compilation of its financial statements and selection of an independent acc				-	
	If the organization changed either its oversight process or selection process during the tax year, e	xpiain	ın			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	rorth	ın	3a		X
	the Single Audit Act and OMB Circular A-133?	orgo	···	- Ju	<b></b>	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	eryo dits.	1116	3Ь		
	required addit of addits, explain why in ochocate o and describe any steps taken to diddigo sach ad				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.

OMB No 1545-0047
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.

Open to Public Inspection

Name of the organization	Employer identification number
CITY OF RALEIGH, NC MEDICAL AND DENTAL BENFIT	58-1515861
HORN OLD DAGE C DARE UT LINE 11 DECORPORTON OF DECORED FOR DEV	TDW
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REV	TEM
THE ORGANIZATION AS A VEBA TRUST IS MANAGED BY AN INSTITUTION	NAL
TRUSTEE. THE TRUST OFFICER REVIEWS AND SIGNS THE FORM 990	
TROUBL. THE TROOF OFFICER REVIEWS TEND STONE THE FORM. 590	
FORM 990, PAGE 6, PART VI, LINE 19	
	TODA 000
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	· · · · · · · · · · · · · · · · · · ·
	· <del>-</del>
·	
	A11-

## 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.

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2008 No. 1545-064
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Employer identification number 58-1515861

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2018 (f)
Direct controlling
entity ŝ Yes 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. (f) Direct controlling (e) End-of-year assets entity (if section 501(c)(3)) Public charity status (d) Total income <u>@</u> Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) (b) Primary activity Primary activity NC MEDICAL AND DENTAL BENFIT (a)
Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT OF RALEIGH, Part II Part I CITY (3) <u>4</u> (2) (9) 3 9 (2) S Ξ (2) $\overline{\mathfrak{S}}$ 3

Chedule n (rollil 330) 20 10										afie
Lecause it had one or more related organizations Taxable as a Partnership. Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.	ed Organizations more related orga	<b>Taxable</b> Inizations	<b>as a Partnershi</b> treated as a pa	as a Partnership. Complete if the organization answered "Yes" treated as a partnership during the tax year.	e organizatior he tax year.	answered "Yes	on Form	on Form 990, Part IV, line 34, 58-1515861	34, 5861	•
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under 12, 12, 12, 12, 13, 13, 13, 13, 13, 13, 13, 13, 13, 13	Share of total income	(g) Share of end-of- year assets	(h) Osproportonase ellocations?	(I) Code V - UBI General In box 20 ma of Schedule K-1 pa (Form 1065)	General or Pe managing or partner?	(k) Percentage ownership
		country)		sections 5   2 - 5   4)			Yes No	\ \	Yes No	
(1)										
(3)		_								
							+		i	
(4)										
(2)										
(9)										
		i								
(7)					_					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answers line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ced Organizations	Taxable ated orga	as a Corporation izations treated	s a Corporation or Trust. Complete if the organization answered "Yes" zations treated as a corporation or trust during the tax year.	plete if the or or trust durir	ganization answig the tax year.	ered "Yes'	on Form 990, Part IV,	art IV,	
(a) Name, address, and EIN of related organization	) of related organization		(b) Primary activity	(c) (c) Insty Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g)	(h) (i) Percentage Section	(i)
				(state or foreign country)	entity	(C corp, S corp, or trust)	ıncome	end-of-year assets		p 512(b)(1 controlle entity?
										Yes No
(1)										
(2)									ļ	
(3)										_
(4)									_	
(5)	:									
(9)	. :									
										_
(7)										
								Schedule	Schedule R (Form 990) 2018	90) 201

## 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 Parts II, III, or IV of this schedule.				Yes No	ş
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?	rganizations list	ed in Parts II-IV?	• :		
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.			1a		×
			4		×
	•		-		<b> </b> >
			<u>-</u>  -		4
d Loans or loan guarantees to or for related organization(s)			<u>P</u>		×
e Loans or loan quarantees by related organization(s)	•		16		×
	· · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u> :		
6 Dividends from veleted exercization(c)			<u>,                                    </u>	l r	` >
Uniderlas Horn related Organization(s)			<u> </u>		4
g Sale of assets to related organization(s)			<u> </u>		×
h Purchase of assets from related organization(s)			<b>1</b>		×
i Exchange of assets with related organization(s)			=		×
i Lase of facilities equipment or other assets to related organization(s)	•	•	<del>-</del>		×
Lease of facilities, equipment, or other assets to related organization(s)			<u>-1</u>	ļ	4
			1.	i	; >
K. Lease of facilities, equipment, or other assets from related organization(s)				1	4
I 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)					×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	•		1n		×
			-		>
o Snaring of paid employees with related organization(s)			<u>2 </u> :		` إ
				,	`
			<u>막</u> :		∢;
q Reimbursement paid by related organization(s) for expenses					×
			•	1	;
r Other transfer of cash or property to related organization(s)			<u>= </u> ::		~
			1s	×	-
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.	ncluding covere	d relationships and transac	tion threshol	ds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	terminin	ا ا
	type (a-s)		amount involved	volved	מַ
(1) CITY OF RALEIGH	ຜ	63,327,070.	CASH		
(2)					
(3)	-				
(4)			i		
(9)					
(9)					
ASL		Scho	Schedule R (Form 990) 2018	990) 2	018

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

	(state or foreign country)		Are all partners section 501(c)(3) organizations?	Share of total income s?	Share of end-of-year assets	Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?	Percentage ownership
		sections 512-514)	Yes No	0		Yes	No		Yes No	
(1)										
						_		+	1	
(2)										
(3)										
								1		
(4)										
								_	+	
(5)									_	
(9)										
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(8)								-		
(6)										
	:									
(10)						_			_	
								_	-	_
(11)						-			<del>-</del>	_
107										
(12)			_				_			
(13)								<u> </u>	<u> </u>	-
								_		
(14)								-		
(15)									_	
						_				
(16)			-					_		

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Schedule R (Fo	rm 990) 2018 Page 5
Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
<del>-</del>	

Schedule R (Form 990) 2018

Page 5

## 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