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Form 990



Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION
% JEFFREY JONES

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1200 NORTH ELM STREET

City or town, state or province, country, and ZIP or foreign postal code

GREENSBORO, NC 27401

F Name and address of principal officer

JEFFREY JONES
1200 NORTH ELM STREET
GREENSBORO, NC 27401

D Employer identification number

58-1588823

E Telephone number

(336) 832-7000

G Gross receipts \$

1,240,581,694

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

www.conehealth.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1985

M State of legal domicile

NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

WE SERVE OUR COMMUNITIES BY PREVENTING ILLNESS, RESTORING HEALTH AND PROVIDING COMFORT, THROUGH EXCEPTIONAL PEOPLE DELIVERING EXCEPTIONAL CARE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

JEFFREY JONES CFO

Type or print name and title

2018-08-14

Date

Paid Preparer Use Only

Print/Type preparer's name

ANN H REMBACH

Preparer's signature

ANN H REMBACH

Date

Check ☐ if self-employed

PTIN

P01241723

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP

Firm's EIN ▶

Firm's address ▶ 800 GREEN VALLEY RD STE 500

Phone no (336) 665-2700

GREENSBORO, NC 27408

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

WE SERVE OUR COMMUNITIES BY PREVENTING ILLNESS, RESTORING HEALTH AND PROVIDING COMFORT, THROUGH EXCEPTIONAL PEOPLE DELIVERING EXCEPTIONAL CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,013,275,132 including grants of \$ 853,835) (Revenue \$ 1,174,145,233)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 1,013,275,132

Part IV 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)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
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? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
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? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
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? <i>If "Yes," complete Schedule J</i>	23 Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
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 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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 Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	22	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	9,847
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	No
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	13b	
c	Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	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?	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: NC

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
JEFFREY JONES 1200 NORTH ELM STREET GREENSBORO, NC 27401 (336) 832-7000

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								8,493,555	5,115,267	1,444,427

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 472

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
McKesson Plasma and Biologics LLC, 16578 Collections Center DR CHICAGO, IL 60693	Medical Services	27,863,481
EA Health Corporation, 440 Stevens Avenue Suite 150 SOLANA BEACH, CA 92075	Medical Services	3,204,029
Central Carolina Surgery PA, 1002 N Church St Ste 302 GREENSBORO, NC 27401	Medical Services	3,573,888
Smith Moore Leatherwood LLP, 300 N Greene Street Suite 1400 GREENSBORO, NC 27401	Legal Services	3,053,388
Laboratory Corp of America, PO Box 12140 BURLINGTON, NC 272162140	Laboratory services	2,660,063

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 163

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	348,000				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,391,902				
	g Noncash contributions included in lines 1a-1f \$ <u>99,871</u>						
	h Total. Add lines 1a-1f		5,739,902				
Program Service Revenue			Business Code				
	2a Patient revenue		621400	1,138,631,138	1,138,516,888	114,250	
	b SERVICES TO PATIENTS		621400	16,693,773	16,693,773		
	c SERVICES TO GOVERNMENTAL AGENCIES		621400	1,564,249	1,564,249		
	d SERVICES TO AFFILIATED ORGANIZATIONS		621400	1,001,636	1,001,636		
	e SERVICES TO NON-AFFILIATED ORGANIZATIONS		621400	16,094,951	16,094,951		
	f All other program service revenue			159,486	159,486		
	g Total. Add lines 2a-2f		1,174,145,233				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,166,186			2,166,186	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		3,422,510	480,010				
		b Less rental expenses	1,761,077	246,992			
		c Rental income or (loss)	1,661,433	233,018			
	d Net rental income or (loss)		1,894,451		-36,766	1,931,217	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		40,000,046					
		b Less cost or other basis and sales expenses	39,810,356	791,068			
		c Gain or (loss)	189,690	-791,068			
	d Net gain or (loss)		-601,378			-601,378	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a	0			
	b Less direct expenses		b	0			
	c Net income or (loss) from fundraising events		0				
	9a Gross income from gaming activities See Part IV, line 19		a	0			
	b Less direct expenses		b	0			
	c Net income or (loss) from gaming activities		0				
	10a Gross sales of inventory, less returns and allowances		a	0			
b Less cost of goods sold		b	0				
c Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue		Business Code					
11a Services to employees		900099	7,285,385	7,285,385			
b EQUITY SHARE INCOME FROM JOINT VENTURES		621400	7,307,601	7,307,601			
c MEDICAL RECORDS DEPOSIT		621400	33,467	33,467			
d All other revenue			1,354	1,354			
e Total. Add lines 11a-11d		14,627,807					
12 Total revenue. See Instructions		1,197,972,201		1,188,658,790	77,484	3,496,025	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	853,835	853,835		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	6,501,799	5,851,619	650,180	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	403,165,208	362,848,687	40,316,521	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	32,449,209	29,204,288	3,244,921	
9 Other employee benefits.	103,079,577	92,771,619	10,307,958	
10 Payroll taxes.	35,575,181	32,017,663	3,557,518	
11 Fees for services (non-employees):				
a Management.	44,461,833	40,015,650	4,446,183	
b Legal.	3,732,831	3,359,548	373,283	
c Accounting.	13,969,477	12,572,529	1,396,948	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	18,198,987	16,379,088	1,819,899	
12 Advertising and promotion.	4,956,396	4,460,756	495,640	
13 Office expenses.	21,724,963	19,552,467	2,172,496	
14 Information technology.	27,860,908	25,074,817	2,786,091	
15 Royalties.	0			
16 Occupancy.	37,334,169	33,600,752	3,733,417	
17 Travel.	1,974,577	1,777,119	197,458	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	375,336	337,802	37,534	
21 Payments to affiliates.	-72,675,204	-65,407,684	-7,267,520	
22 Depreciation, depletion, and amortization.	59,467,916	53,521,124	5,946,792	
23 Insurance.	9,236,249	8,312,624	923,625	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SERVICES & SUPPLIES	309,024,050	278,121,645	30,902,405	0
b UTILITIES AND REPAIRS	30,629,026	27,566,124	3,062,902	0
c RECRUITMENT-RETENTION & EDU	2,111,880	1,900,692	211,188	0
d TAXES & LICENSURE	29,342,303	26,408,073	2,934,230	0
e All other expenses	2,415,884	2,174,295	241,589	
25 Total functional expenses. Add lines 1 through 24e.	1,125,766,390	1,013,275,132	112,491,258	0
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		-9,806,308	1	2,086,413
	2	Savings and temporary cash investments		11,118,180	2	26,707,927
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		204,560,314	4	201,311,980
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		286,078,495	7	321,773,665
	8	Inventories for sale or use		22,384,317	8	24,868,118
	9	Prepaid expenses and deferred charges		13,575,781	9	14,766,758
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 434,936,162			
	b	Less: accumulated depreciation	10b 240,732,783	191,777,272	10c	194,203,379
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		44,820,225	12	46,499,329
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		2,635,580	14	2,635,580
	15	Other assets. See Part IV, line 11		22,022,281	15	27,886,185
	16	Total assets. Add lines 1 through 15 (must equal line 34)		789,166,137	16	862,739,334
Liabilities	17	Accounts payable and accrued expenses		55,540,024	17	51,383,125
	18	Grants payable		74,167	18	74,167
	19	Deferred revenue		1,914,546	19	1,564,053
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		122,136,124	25	110,398,734
	26	Total liabilities. Add lines 17 through 25		179,664,861	26	163,420,079
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		604,638,387	27	693,982,760
	28	Temporarily restricted net assets		4,862,889	28	5,336,495
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		609,501,276	33	699,319,255
	34	Total liabilities and net assets/fund balances		789,166,137	34	862,739,334

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,197,972,201
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,125,766,390
3	Revenue less expenses Subtract line 2 from line 1	3	72,205,811
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	609,501,276
5	Net unrealized gains (losses) on investments	5	448,147
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	17,164,021
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	699,319,255

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 58-1588823

Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Form 990 (2016)

Form 990, Part III, Line 4a:

PROVISION OF HEALTHCARE SERVICES DURING THE FISCAL YEAR, MOSES H CONE MEMORIAL OPERATING SYSTEM HAD A TOTAL OF 47,053 PATIENT DISCHARGES, 207,936 DAYS OF CARE, 859,420 TOTAL OUTPATIENT VISITS AND AN AVERAGE DAILY CENSUS OF 639 1

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terrence B Akin President & CEO	0 0 40 0	X		X				0	1,623,654	112,940
Jacob B Balsley III Trustee	0 0 0 0	X						0	0	0
Carole W Bruce Trustee	0 0 0 0	X						0	0	0
John Campbell MD Trustee	40 0 0 0	X						446,648	6,842	53,506
Edward Cone Trustee	0 0 0 0	X						0	0	0
Dwight M Davidson III Vice Chair	0 0 0 0	X						0	0	0
Allen E Gant Jr Trustee	0 0 0 0	X						0	0	0
Deborah Hooper Trustee	0 0 0 0	X						0	0	0
F D Hornaday Chair	0 0 0 0	X						0	0	0
Wayne Keeling MD Trustee	0 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Edward Kitchen Trustee	0 0 0 0	X						0	0	0		
David Leeper Trustee	0 0 0 0	X						0	0	0		
James Maxwell MD Trustee	0 0 0 0	X						0	0	0		
Lee McAllister Trustee	0 0 0 0	X						0	0	0		
Chapman T McQueen MD Trustee	0 0 0 0	X						0	0	0		
Rev Diane L Givens Moffett DMin Trustee	0 0 0 0	X						0	0	0		
Inez Tuck PhD Trustee	0 0 0 0	X						0	0	0		
Peter Whitfield MD Trustee	0 0 40 0	X						0	449,952	39,046		
Andrew Barrow Assistant Treasurer	40 0 0 0			X				315,874	0	44,478		
Noel F Burt V.P. & Assistant Secretary	40 0 0 0			X				732,155	0	59,592		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Jo Cagle MD Chief Clinical Officer	0 0 40 0			X				0	827,496	79,135
Robert B Carter VP and General Council	40 0 0 0			X				401,435	0	50,412
Timothy J Clontz SVP & Assistant Secretary	40 0 0 0			X				419,073	0	57,362
Mehee Haywood Assistant Treasurer	0 0 40 0			X				0	132,646	45,610
Julie Johnson Assistant Treasurer	40 0 0 0			X				188,218	0	28,818
Jeffery F Jones CFO and Secretary	0 0 40 0			X				0	764,994	81,664
David Kitzmiller Assistant Treasurer	40 0 0 0			X				174,516	0	30,456
John Miller Chief Invest Officer and Treas	0 0 40 0			X				0	353,875	54,502
James Roskelly EVP & Assistant Secretary	40 0 0 0			X				635,174	0	74,527
Judith Schanel Chief Operating Officer	0 0 40 0			X				4,326	836,948	68,766

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors					
(a)	(b)(1)	(c)	(d)	(e)	(f)

(A) Compensated Employees, and Independent Contractors	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Simms VP & Assistant Treasurer	40 0 0 0			X				316,277	0	33,403
Rex Street VP & Assistant Treasurer	40 0 0 0			X				433,945	0	59,404
Joan Evans EVP Innovation & Transformatio	40 0 0 0				X			441,063	0	49,715
Cynthia Farrand Site Pres- Annie Penn Hospital	40 0 0 0				X			304,921	0	49,827
Mickey Foster Site President- Cone Hospital	40 0 0 0				X			487,628	0	43,179
Stephen Horsley SVP & CIO	40 0 0 0				X			503,655	0	52,829
Paul Jeffery Site Pres-Wesley Long Hospital	40 0 0 0				X			446,252	0	36,427
Bruce Swords MD Chief Medical Officer	40 0 0 0				X			626,559	0	54,292
Ike D Kibbe SVP Network Devel &Contracting	40 0 0 0					X		403,843	0	35,194
Kelly Leggett MD Exec Director & Clinincal Tran	40 0 0 0					X		380,822	0	47,527

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Valerie Leschber MD Chief Med Informatics Officer	40 0 0 0					X		391,173	0	37,838
Pat Wright MD Chief Patient Safety Officer	40 0 0 0					X		439,998	0	62,370
Theresa Broderick Former Chief Nursing Officer	0 0 0 0						X	0	118,860	1,608

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization MOSES H CONE MEMORIAL HOSPITAL OPERATING CORPORATION	Employer identification number 58-1588823

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Employer identification number
58-1588823

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2016

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,276,862	524,312	1,752,550
d Equipment		414,762,730	240,208,471	174,554,259
e Other		17,896,570		17,896,570
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				194,203,379

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other _____		
(A) INVESTMENT IN JOINT VENTURES	46,499,329	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	46,499,329	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED COMPENSATION LIABILITY	19,330,602
SELF INSURANCE RESERVES	21,298,355
PENSION LIABILITY	9,050,541
CAPITAL LEASE OBLIGATION AND OTHER NON-CURRENT LIABILITIES	34,142,772
OTHER CURRENT LIABILITIES	26,576,464
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	110,398,734

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

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,199,040,215
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-940,055
e	Add lines 2a through 2d	2e	-940,055
3	Subtract line 2e from line 1	3	1,199,980,270
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-2,008,069
c	Add lines 4a and 4b	4c	-2,008,069
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,197,972,201

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,127,121,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	2,172,834
e	Add lines 2a through 2d	2e	2,172,834
3	Subtract line 2e from line 1	3	1,124,948,857
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	817,533
c	Add lines 4a and 4b	4c	817,533
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,125,766,390

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 58-1588823
Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Supplemental Information

Return Reference	Explanation
TEXT OF FIN 48 (ASC 740) FOOTNOTE	FORM 990, SCHEDULE D, PART X, LINE 2 AS OF SEPTEMBER 30, 2017 AND 2016, THE HEALTH SYSTEM HAD NO UNCERTAIN TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS THE HEALTH S YSTEM DOES NOT EXPECT THAT UNRECOGNIZED TAX BENEFITS WILL MATERIALLY INCREASE WITHIN THE N EXT 12 MONTHS

Supplemental Information	
Return Reference	Explanation
Other Amounts Not on Return	SCHEDULE D, PART XI, LINE 2D Contribution Expense \$ (817,533) Loss Attributed to Annie Pen n \$ (122,522) ----- Total \$ (940,055) =====

Supplemental Information	
Return Reference	Explanation
Other Amounts Not on Line 1	Schedule D, Part XI, Line 4B Rental Expenses Treated as Net Rental Income \$ (2,008,069)

Supplemental Information	
Return Reference	Explanation
Other Amounts Not on Return	Schedule D, Part XII, Line 2D Rental Expenses Treated as Net Rental Income \$ 2,008,069 Expense Attributed to Annie Penn \$ 164,765 ----- Total \$ 2,172,834 =====

Supplemental Information	
Return Reference	Explanation
Other Amounts Not on Line 1	Schedule D, Part XII, Line 4B Contribution Expense \$ 817,533

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Employer identification number

58-1588823

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b	If "Yes," was it a written policy?	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
	<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
	<input type="checkbox"/> Applied uniformly to most hospital facilities		
	<input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other %		
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	Yes	
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other %		
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			99,263,871		99,263,871	8 820 %
b Medicaid (from Worksheet 3, column a)			220,030,261	154,622,495	65,407,766	5 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			594,742,827	384,489,792	210,253,035	18 680 %
d Total Financial Assistance and Means-Tested Government Programs			914,036,959	539,112,287	374,924,672	33 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			373,692		373,692	0 030 %
f Health professions education (from Worksheet 5)			7,170,921		7,170,921	0 640 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			837,341		837,341	0 070 %
j Total. Other Benefits			8,381,954		8,381,954	0 740 %
k Total. Add lines 7d and 7j			922,418,913	539,112,287	383,306,626	34 050 %

Part III

Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	116,237,817	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	28,174,391	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	384,489,792
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	594,742,827
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-210,253,035
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used. <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Randolph Cancer Ctr	Provision of Cancer Care	40 %		
2 Guilf Adult Health	Care to Disadvantaged	50 %		
3 Advanced Homecare	Home Health Care	35.474 %		
4 Pace of GuilfordRoc	Home Health Care	20 %		
5 PACE of Southern Pie	Home Health Care	60 %		
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

5

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.conehealth.com</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>	10	Yes
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.conehealth.com</u>		
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.conehealth.com		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input checked="" type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input checked="" type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input checked="" type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 5

Name and address	Type of Facility (describe)
1 Med Center High Point 2630 Willard Dairy Road High Point, NC 27265	Outpatient Services & ED
2 Med Center Kernersville 1635 NC 66 South Kernersville, NC 27284	Outpatient Services
3 Cone Health Cancer Center 501 North Elam Avenue Greensboro, NC 27403	Cancer Treatment Facility
4 Moses Cone Surgery Center 1127 N Church Street Greensboro, NC 27401	Outpatient Surgical Center
5 Wesley Long Surgery Center 509 North Elam Avenue Greensboro, NC 27403	Outpatient Surgical Center
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COSTING METHODOLOGY	FORM 990, SCHEDULE H, PART I, LINE 7 THE AMOUNTS REPORTED ON THIS SCHEDULE ARE REPORTED AT COST, COMPUTED USING THE COST TO CHARGE RATIO
COMMUNITY BUILDING ACTIVITIES	FORM 990, SCHEDULE H, PART II OUR PROGRAMS TO IMPROVE COMMUNITY HEALTH ARE FOCUSED ON EDUCATION AND FREE HEALTH SCREENINGS FOR MEMBERS OF OUR COMMUNITIES, PARTICULARLY THOSE IN UNDERSERVED AND MINORITY POPULATIONS THESE PROGRAMS IMPROVE ACCESS TO HEALTHCARE SERVICES AND HELP MEMBERS OF THE COMMUNITY IDENTIFY POTENTIALLY SERIOUS HEALTH CONDITIONS AND ALLOW THEM TO RECEIVE EARLY TREATMENT WHICH IMPROVES OUTCOMES WE ARE COMMITTED TO BEING A GOOD CORPORATE CITIZEN AND REGULARLY MAKE GENEROUS DONATIONS TO ORGANIZATIONS IN THE COMMUNITY THAT WORK TO IMPROVE ECONOMIC CONDITIONS AND ACCESS TO HEALTHCARE EMPLOYEES VOLUNTEERED 122,169 HOURS OF SERVICE ACROSS THE COMMUNITY IN A WIDE RANGE OF ORGANIZATIONS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
BAD DEBT EXPENSE	FORM 990, SCHEDULE H, PART III, SECTION A, LINES 2-4 FOR OUR FINANCIAL STATEMENTS, THE DIFFERENCE BETWEEN GROSS CHARGES AND THE AMOUNT WE ESTIMATE WE WILL COLLECT IS CATEGORIZED AS CONTRACTUAL ADJUSTMENT, CHARITY OR BAD DEBT EXPENSE THE DIFFERENCE BETWEEN GROSS AND THE PAYABLE AMOUNT PER THIRD-PARTY CONTRACTS OR GOVERNMENT PAYMENT FORMULAS IS CATEGORIZED AS CONTRACTUAL ADJUSTMENTS THE AMOUNT OF CONTRACT ALLOWABLE THAT WE ESTIMATE WILL NOT BE COLLECTED IS DIVIDED BETWEEN CHARITY CARE AND BAD DEBT EXPENSE BASED ON THE DEMOGRAPHICS OF OUR PATIENT POPULATION AND OUR ESTIMATE FROM THESE DEMOGRAPHICS AS TO THE PORTION OF THIS UNCOLLECTED AMOUNT APPLICABLE TO INDIVIDUALS QUALIFYING FOR OUR CHARITY CARE POLICY CONTRACTUAL ADJUSTMENTS, CHARITY CARE AND BAD DEBT EXPENSE ARE VALUED AT THE CHARGES FOR THE RELATED SERVICES
MEDICARE SHORTFALL	FORM 990, SCHEDULE H, PART III, SECTION B, LINE 8 THE ENTIRE SHORTFALL IS REPORTED AS COMMUNITY BENEFIT WE DO NOT RECEIVE ENOUGH IN MEDICARE REIMBURSEMENTS TO COVER OUR COSTS ASSOCIATED WITH THE PROVISION OF THESE SERVICES, YET WE CONTINUE TO PROVIDE MEDICARE SERVICES TO OUR COMMUNITY REGARDLESS OF THE REIMBURSEMENT LEVELS THEREFORE WE FEEL JUSTIFIED IN REPORTING THIS AS PART OF OUR COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
MEDICARE COST METHOD	FORM 990, SCHEDULE H, PART III, SECTION B, LINE 8 THE AMOUNT OF THE MEDICARE SHORTFALL INCLUDED AS COMMUNITY BENEFIT IS REPRESENTED AT COST AND IS COMPUTED USING COST TO CHARGE RATIO OF THE CHARGES BOOKED IN THE FINANCIAL STATEMENTS AS MEDICARE
COLLECTION PRACTICES	FORM 990, SCHEDULE H, PART III, SECTION C, LINE 9B Cone Health will recognize each account turned over to an attorney, collection agency, or judgment taken as a bad debt A patient's account will be considered a bad debt when the account is 120 days old Exceptions to this are as follows A Account is in litigation B Account is pending Insurance, Medicare or Medicaid for known reason C Authorized hospital personnel has other knowledge which makes keeping the account active D Authorized hospital personnel recognizes prior to 120 days that the account should go to an attorney, outside collection agency or judgment taken E Charges exceed \$10,000 and collection from a third party is doubtful, a judgment should be taken

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
NEEDS ASSESSMENT	FORM 990, SCHEDULE H, PART VI OUR BOARD INCLUDES REPRESENTATIVES FROM A WIDE RANGE OF STAKEHOLDERS IN THE COMMUNITY WE ENGAGE OUR COMMUNITIES WITH INTEGRITY AND TRANSPARENCY AND WE EMBRACE OUR RESPONSIBILITY TO PROMOTE HEALTH AND WELL-BEING TO THOSE ENDS, WE HAVE PARTNERED WITH THE GUILFORD COUNTY HEALTH DEPARTMENT AS WELL AS OTHER AREA HOSPITALS AND FOUNDATIONS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT A NUMBER OF OVERARCHING SOCIO-ECONOMIC CHALLENGES THAT CONTRIBUTE TO POOR HEALTH OUTCOMES WERE IDENTIFIED AND FROM THESE MAJOR NEEDS AND PRIORITIES WERE DETERMINED THESE INCLUDE ACCESS TO CLINICAL CARE FOR MINORITY POPULATIONS, INCREASED MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, EFFORTS TO ENSURE HEALTHY PREGNANCIES AND EFFORTS TO REDUCE OBESITY THE HEALTH SYSTEM IS CURRENTLY ENGAGED IN SEVERAL INITIATIVES TO ADDRESS THESE PRIORITIES
PATIENT EDUCATION	FORM 990, SCHEDULE H, PART VI THE FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO ALL PATIENTS THROUGH MEANS WHICH INCLUDE, BUT ARE NOT LIMITED TO POSTING ON THE HEALTH SYSTEM'S WEBSITE, INCLUSION WITH ALL BILLING STATEMENTS, POSTING AT CONSPICUOUS LOCATIONS THROUGHOUT THE FACILITY, DISCUSSIONS DURING FINANCIAL COUNSELOR PATIENT INTERVIEWS, AND DURING PATIENT ACCOUNTING CUSTOMER SERVICE - PATIENT INTERACTIONS AFTER RECEIVING A REQUEST FOR FINANCIAL ASSISTANCE AND ANY FINANCIAL INFORMATION OR OTHER DOCUMENTATION NEEDED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE, THE PATIENT WILL BE NOTIFIED OF THEIR ELIGIBILITY DETERMINATION WITHIN A REASONABLE PERIOD OF TIME

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
COMMUNITY INFORMATION	FORM 990, SCHEDULE H, PART VI THE POPULATION OF GUILFORD COUNTY IN THE 2010 CENSUS WAS 488,406 AND 87.3% OF THE POPULATION LIVES IN AN URBAN SETTING. ANNUAL GROWTH IS ESTIMATED TO BE JUST BELOW 1%. THE COUNTY WAS ONCE AN INDUSTRIAL-BASED CENTER, BUT HAS SEEN DECLINES IN THE MANUFACTURING OF TEXTILES, APPAREL AND FURNITURE. PRESENTLY, GUILFORD COUNTY SCHOOLS IS THE LARGEST EMPLOYER IN THE COUNTY, FOLLOWED BY CONE HEALTH SYSTEM AND THE CITY OF GREENSBORO. THE ESTIMATED MEDIAN FAMILY INCOME IS \$58,551. INDIVIDUALS AND FAMILIES IN GUILFORD COUNTY ARE STILL DEALING WITH THE SLOW ECONOMIC GROWTH AFTER THE RECESSION. IN SEPTEMBER OF 2017, GUILFORD COUNTY UNEMPLOYMENT RATE WAS 4.2% AND 18.3% OF THE POPULATION WAS ESTIMATED TO HAVE INCOME BELOW THE FEDERAL POVERTY LINE. 22.6% OF THE POPULATION IS UNDER AGE OF 18, WHEREAS 14.4% IS AGE 65 OR ABOVE.
PROMOTION OF COMMUNITY HEALTH	FORM 990, SCHEDULE H, PART VI CONE HEALTH'S SUPPORT FOR THE HEALTH AND WELL-BEING OF ITS COMMUNITIES GOES WELL BEYOND JUST ADDRESSING THE HEALTH CONCERNS IN THE COMMUNITY NEEDS ASSESSMENT. THE FOLLOWING ARE SOME OF THE PROGRAMS THAT WE PARTICIPATED IN DURING 2017: (1) ENSURING THE HEALTH OF STUDENTS BY HELPING FINANCIALLY-STRAPPED FAMILIES PREPARE FOR THE RETURN TO SCHOOL; (2) COMING TO THE AID OF DISPLACED RESIDENTS BY COLLECTING DONATIONS; (3) ACTIVE PARTICIPATION IN WALKING TO FIND A CURE FOR DIABETES AND OTHER SIMILAR EVENTS; (4) FEEDING THE HUNGRY THROUGH GENEROUS DONATIONS TO THE "OUT OF THE GARDEN" PROJECT. OUR PROGRAMS TO IMPROVE COMMUNITY HEALTH ARE FOCUSED ON EDUCATION AND FREE HEALTH SCREENINGS FOR MEMBERS OF OUR COMMUNITIES, PARTICULARLY THOSE IN UNDERSERVED AND MINORITY POPULATIONS. THESE PROGRAMS IMPROVE ACCESS TO HEALTHCARE SERVICES AND HELP MEMBERS OF THE COMMUNITY IDENTIFY POTENTIALLY SERIOUS HEALTH CONDITIONS AND ALLOW THEM TO RECEIVE EARLY TREATMENT WHICH IMPROVES OUTCOMES. WE ARE COMMITTED TO IMPROVING THE SKILLS AND TRAINING FOR HEALTHCARE PROVIDERS BECAUSE BETTER TRAINED PROVIDERS LEAD TO BETTER HEALTH OUTCOMES FOR OUR COMMUNITY. WE ARE COMMITTED TO BEING A GOOD CORPORATE CITIZEN AND REGULARLY MAKE GENEROUS DONATIONS TO ORGANIZATIONS IN THE COMMUNITY THAT WORK TO IMPROVE ECONOMIC CONDITIONS AND ACCESS TO HEALTHCARE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
AFFILIATED HEALTH CARE SYSTEM	FORM 990, SCHEDULE H, PART VI THE ORGANIZATION IS A MEMBER OF CONE HEALTH SYSTEM IN ADDITION TO THE SERVICES PROVIDED UNDER THE MOSES H CONE MEMORIAL HOSPITAL OPERATING CORPORATION, THE CONE HEALTH MEDICAL GROUP INCLUDES FOUR CORPORATE ENTITIES THAT OPERATE PHYSICIAN PRACTICES ACROSS THE COMMUNITY THESE INCLUDE PROVIDERS OF BOTH PRIMARY CARE AND A WIDE RANGE OF SPECIALTIES ALAMANCE REGIONAL MEDICAL CENTER AND ALAMANCE EXTENDED CARE PROVIDE HEALTH CARE SERVICES, INCLUDING OPERATION OF A LONG-TERM CARE FACILITY TO THE COMMUNITY IN ALAMANCE COUNTY THE MOSES CONE-WESLEY LONG COMMUNITY FOUNDATION AND IMPACT ALAMANCE FOUNDATION FUND NUMEROUS COMMUNITY ORGANIZATIONS THAT ARE CONDUCTING ACTIVITIES THAT WILL ADDRESS THE PRIORITIES IDENTIFIED UNDER OUR COMMUNITY NEEDS ASSESSMENT

Additional Data

Software ID:
Software Version:
EIN: 58-1588823
Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 5											
Name, address, primary website address, and state license number											
1	Moses H Cone Memorial Hospital 1200 North Elm Street Greensboro, NC 274011004 www.conehealth.com	X	X		X			X		General Service Hospital	A
2	Wesley Long Community Hospital 501 North Elam Avenue Greensboro, NC 274031118 www.conehealth.com	X	X		X			X		General Service Hospital	A
3	Women's Hospital of Greensboro 801 Green Valley Road Greensboro, NC 274087021 www.conehealth.com	X			X					Maternity and Infant Care	A
4	Annie Penn Hospital 618 South Main Street Reidsville, NC 273205020 www.conehealth.com	X	X		X			X		General Service Hospital	A
5	Behavioral Health Hospital 700 Walter Reed Drive Greensboro, NC 27403 www.conehealth.com	X								Psychiatric Care Hospital	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
COMMUNITY INPUT	FORM 990, SCH H, PT V, SEC B, LINE 5-FACILITY 1 THE HOSPITAL WORKED WITH EPIDEMIOLOGISTS AND HEALTH EDUCATORS AT THE GUILFORD COUNTY HEALTH DEPARTMENT AND THE ROCKINGHAM COUNTY HEALTH DEPARTMENT, LEADERS AT GUILFORD COMMUNITY CARE NETWORK AND ROCKINGHAM COUNTY HEALTH CARE ALLIANCE IN ADDITION, DOOR-TO-DOOR SURVEYS WERE CONDUCTED IN GUILFORD AND ROCKINGHAM COUNTIES, AS WELL AS COMMUNITY FORUMS OPEN TO THE PUBLIC

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
JOINT CHNA DETAIL	FORM 990, SCH H, PT V, SEC B, LINE 6A-FACILITY 1 THE ASSESSMENT TEAM WAS COMPRISED OF REPRESENTATIVES OF HIGH POINT REGIONAL HEALTH (HIGH POINT, NC) AND MOREHEAD MEMORIAL HOSPITAL (EDEN, NC)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHNA ONE OR MORE ORG	FORM 990, SCH H, PT V, SEC B, LINE 6B-FACILITY 1 HUMAN SERVICE LEADERS FROM CONE HEALTH FOUNDATION, FOUNDATION FOR A HEALTHY HIGH POINT, REIDSVILLE AREA FOUNDATION, GUILFORD COMMUNITY CARE NETWORK, ROCKINGHAM EDUCATION ALLIANCE, ROCKINGHAM COUNTY HEALTHCARE ALLIANCE, UNITED WAY OF HIGH POINT, UNITED WAY OF GREATER GREENSBORO UNITED WAY OF ROCKINGHAM COUNTY AND ALCOHOL AND DRUG SERVICES OF GUILFORD

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHNA SIGNIFICANT NEEDS	<p>FORM 990, SCH H, PT V, SEC B, LINE 11-FACILITY 1 Of the top priority health issues in Guilford County (chronic disease sexually transmitted infections, healthy pregnancy, access to clinical care, poverty and unemployment, violent crime, and access to healthy food), Cone Health decided it was feasible to focus on four primary health issues These issues are 1 Access to clinical care for minority populations 2 Mental health and substance abuse 3 Healthy pregnancy 4 Obesity All of the Cone Health priorities were identified as top priorities within Guilford County Priorities were also determined with regard to clinical impact, particularly for minority populations This includes increasing access to health services and the availability of health care providers willing to accept Medicaid and Medicare This also included support for services to promote health and disease prevention Obesity was considered a precipitator of chronic disease, therefore, it was identified as an area of focus Enhancing programs and services that focus on obesity is believed to reduce chronic disease among patients Priorities were also selected based on strategic fit within the mission, values and goals of Cone Health Two hospital sites within Cone Health will lead initiatives to address selected health priorities Behavioral Health Hospital will lead collaborative efforts with mental health organizations within the Cone Health catchment to enhance mental health services and programming for patients Womens Hospital will lead efforts to improve the number of healthy pregnancies through collaboration with community partners in addition to enhancing pregnancy-related programs and services Several priorities were identified by the overall Guilford County health assessment that were not selected as priorities for Cone Health These priorities were sexually transmitted infections, poverty and unemployment, violent crime, and access to healthy food Several community agencies within the Cone Health catchment area have services and programs directly targeting these priorities Cone Health is aware of these ongoing efforts by community agencies By focusing on the selected priorities above, Cone Health seeks to provide efforts to reduce the gaps in the current services and programs in the catchment area Sexually Transmitted Infections The Cone Health Foundation, a supporting organization to Cone Health, provides grants and other support to reduce the burden of HIV/AIDS and other sexually transmitted diseases Guilford County Department of Public Health, Piedmont Health Services and Sickle Cell Agency, and the Triad Health Project strengthen these efforts Combined, these agencies offer HIV and sexually transmitted diseases infection counseling, free and confidential testing and treatment for syphilis, gonorrhea and chlamydia, and HIV testing and referral services Poverty and Unemployment Community agencies such as the Employment Security Commission, Guilford County JobLi</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHNA SIGNIFICANT NEEDS	<p>nk Center and Vocational Rehabilitation Office work to reduce poverty and unemployment wit hin the Cone Health catchment area. These organizations provide unemployment compensation, job resources and training, and access to employment opportunities. Violent Crime There a re a number of community organizations dedicated to reducing crime within the Cone Health catchment area. For example, the Juvenile Crime Prevention Council in Guilford County prov ides crime prevention efforts for juveniles at risk of becoming delinquent, community-base d alternatives to training schools and substance abuse prevention programs for youth. Addi tionally, organizations such as the Criminal Justice Partnership and the Day Reporting and Restitution Center offers prevention programs to reduce recidivism, probation revocation and substance abuse among offenders. Access to Healthy Food Lastly, Guilford County Cooper ative Extension, the Edible Schoolyard Project, Food Assistance, Inc , FoodCorps, Inc , an d the Greensboro Urban Ministry are community agencies that focus on increasing food acces s and providing nutrition education to community members. These organizations work to incr ease access to healthy food within the catchment area.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PRE-COLLECTION PRACTICES	FORM 990, SCH H, PT V, SEC B, LINE 20E-FACILITY 1 THE HOSPITAL MAINTAINS A HARDSHIP SETTLEMENT POLICY WHICH PROVIDES AN OPPORTUNITY FOR PATIENTS TO REQUEST DISCOUNTS ON BALANCES DUE TO THE HOSPITAL IN EXCESS OF \$5,000 THE PURPOSE OF THIS POLICY IS TO RECOGNIZE THAT EVEN AFTER THE ADMINISTRATION OF THE HOSPITALS AUTOMATIC DISCOUNT FOR ALL UNINSURED PATIENTS, THERE STILL COULD BE SITUATIONS WHERE THE PATIENT IS EXPERIENCING A FINANCIAL HARDSHIP TO PAY THE BALANCE DUE IN FULL A PATIENT MAY REQUEST A HARDSHIP SETTLEMENT FINANCIAL NEED WILL BE DETERMINED BY COMPARING A PATIENTS TOTAL HOUSEHOLD FINANCIAL RESOURCES AND ASSETS TO THE REMAINING BALANCE IF IT IS DETERMINED THAT AFTER ALL THIRD PARTY REIMBURSEMENTS, THE REMAINING BALANCE IS GREATER THAN \$5,000 AND 20% OF THE PATIENTS TOTAL FINANCIAL RESOURCES, THE PATIENT IS ELIGIBLE FOR A HARDSHIP SETTLEMENT THE APPLICABLE DISCOUNT INCREASES FOR BALANCES THAT MAKE UP A GREATER PERCENTAGE OF THE PATIENTS TOTAL HOUSEHOLD FINANCIAL RESOURCES IF AFTER ALL EFFORTS TO QUALIFY THE PATIENT FOR FINANCIAL ASSISTANCE HAVE BEEN EXHAUSTED AND THE PATIENT REMAINS UNABLE TO PAY BALANCES GREATER THAN \$5,000, THE UNPAID PORTION OF THE BILL MAY BE TURNED OVER TO COLLECTIONS

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public
Inspection

Employer identification number
58-1588823

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24

3 Enter total number of other organizations listed in the line 1 table

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
MONITORING PROCEDURES	FORM 990, SCHEDULE I, PART I, LINE 2 Requests for sponsorship to Cone Health are submitted in writing from the requesting organization. The requests are then evaluated online by a small group to determine whether the sponsorship request aligns with Cone Health's strategy. The group evaluating the requests typically includes the Executive Vice President for People & Corporate Services, the Senior Vice President Marketing & Communications, the Director of Communications, and, as needed/appropriate, the CEO or his Administrative Assistant. Once a decision has been made, the requesting organization receives written confirmation from Cone Health on the outcome.

Additional Data

Software ID:
Software Version:
EIN: 58-1588823
Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE AT GREENSBORO INC 2500 SUMMIT AVENUE Suite 100-A GREENSBORO, NC 27405	56-1249146	501(C)(3)	50,000				Support of end of life care
Greensboro Chamber of Commerce 342 North Elm Street GREENSBORO, NC 27401	23-7181435	501(C)(3)	105,498				SUPPORT OF COMMUNITY NON-PROFIT ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENSBORO CHILDRENS MUSEUM 220 N Church Street GREENSBORO, NC 27401	56-1959695	501(C)(3)	27,500				PROMOTES GROWTH AND DEVELOPMENT
FREE CLINIC OF ROCKINGHAM COUNTY 315 S MAIN STREET REIDSVILLE, NC 27320	56-2003143	501(C)(3)	15,250				Access to healthcare for the indigent

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alamance Co Area Chamber of Commerce 610 Lexington Avenue Burlington, NC 27215	56-0156970	501(C)(3)	58,500				Economic development
Alamance Burlington School System 1712 Vaughn Road Burlington, NC 27217	56-1957903	501(C)(3)	30,000				Promotion of healthy lifestyles

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Way of Alamance County 803 Heritage Road Burlington, NC 27217	56-0599239	501(C)(3)	60,200				Support of community non-profit organizations
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75321	13-5613797	501(C)(3)	50,000				Funding heart research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE ST GREENSBORO, NC 27405	56-0668555	501(C)(3)	82,500				Support of community non-profit organizations
Blue Ridge Parkway Foundation 717 S Marshall Street Suite 105b WinstonSalem, NC 27101	31-1512730	501(c)(3)	7,500				Support of Cone family U S National park site

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greensboro Medical Society Foundation 1593 Yanceyville Street Suite 200 Greensboro, NC 27402	91-2047364	501(c)(3)	30,500				SUPPORT GMS Foundation SHOLARSHIP
ALAMANCE COMMUNITY COLLEGE 1247 Jimmie Kerr Road Post Office B Graham, NC 27253	58-1511004	501(c)(3)	60,000				PROMOTION OF HEALTHY LIFESTYLES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKINGHAM CO STUDENT HEALTH CENTER 117 East Kings Highway Eden, NC 27288	56-6001527	501(C)(3)	50,000				PROMOTION OF HEALTHY LIFESTYLES
NAT GREENE KIWANIS CLUB 3625 North Elm Street Suite 100-A Greensboro, NC 27455	26-1079240	501(c)(3)	35,000				SUPPORT ACC POSTGRADUATE SHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTSGREENSBORO PO Box 877 Greensboro, NC 27402	56-0746180	501(c)(3)	27,500				SUPPORT 2017 NATIONAL FOLK FESTIVAL
HABITAT FOR HUMANITY PO Box 3402 Greensboro, NC 25000	56-1586870	501(c)(3)	25,000				PROVIDE HOUSING IN COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE VINE CATERING 3011 Shallowford Drive Greensboro, NC 27406	56-2046838	501(c)(3)	21,000				PROVIDE CATERING SERVICES
THE SALVATION ARMY PO BOX 5310 Greensboro, NC 27435	58-0660607	501(c)(3)	20,750				PROVIDE SERVICES TO FAMILIES IN CRISIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC GREENSBORO PO Box 26170 Greensboro, NC 27402	56-6001468	501(c)(3)	20,000				PROMOTION OF HEALTHY LIFESTYLES
UNITED WAY OF GREATER HIGH POINT 201 Church Avenue High Point, NC 27320	56-0847486	501(c)(3)	15,000				SUPPORT OF COMMUNITY NON-PROFIT ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUILFORD COUNTY PARTNERSHIP 500 W Friendly Ave Suite 100 Greensboro, NC 27401	56-1982976	501(c)(3)	10,000				PROMOTE SAFE AND HEALTHY ENVIRONMENT
SIT IN MOVEMENT INC 134 S Elm St Greensboro, NC 27401	56-1856093	501(c)(3)	10,000				EDUCATION OF BLACK HISTORY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDASSIST OF MECKLENBERG 4428 Taggart Creek Rd Suite 101 Charlotte, NC 28208	56-2018957	501(c)(3)	7,500				PROVIDE OVER THE COUNTER MEDICATION TO COMMUNITY
ANNIE PENN HOSPITAL FOUNDATION 618 S Main St Reidsville, NC 27320	56-1897269	501(c)(3)	7,100				PROMOTION OF HEALTHY LIFESTYLES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Employer identification number
58-1588823

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b Yes	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
EARNINGS CONTINGENT COMP	FORM 990, SCHEDULE J, PART I, LINE 6 OFFICERS ARE PAID BY MOSES H. CONE MEMORIAL HOSPITAL OPERATING CORPORATION, INC AND PARTICIPATE IN THE MANAGEMENT INCENTIVE COMPENSATION PROGRAM. UNDER THIS PROGRAM, A PORTION OF THE SALARY OF THOSE AT A LEVEL OF DEPARTMENT DIRECTOR AND HIGHER IS SET ASIDE AND IS CONTINGENT UPON THE HEALTH SYSTEM'S PERFORMANCE ON SEVERAL MEASURES, INCLUDING NET EARNINGS. NOTE: IF THESE MEASURES ARE NOT MET, THEIR COMPENSATION WILL BE BELOW THE MARKET LEVEL FOR THEIR JOB.
Severance and Other Payments	Form 990, Schedule J, Part I, Line 4 Former CNO Theresa Broderick - \$120,468

Additional Data

Software ID:

Software Version:

EIN: 58-1588823

Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Terrence B Akin President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,025,459	569,389	28,806	85,750	-	-	0
						27,190	1,736,594	
1Andrew Barrow Assistant Treasurer	(i)	233,168	62,840	19,866	36,990	7,488	360,352	0
	(ii)	0	0	0	0	-	-	0
						0	0	
2Theresa Brodenck Former Chief Nursing Officer	(i)	0	0	0	0	0	0	0
	(ii)	29,902	84,571	4,387	1,041	-	-	0
						567	120,468	
3Noel F Burt EVP & Assistant Secretary	(i)	414,750	241,326	76,079	52,704	6,888	791,747	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4Mary Jo Cagle MD Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	554,518	240,829	32,149	56,115	-	-	0
						23,020	906,631	
5John Campbell MDTrustee	(i)	257,748	103,904	84,996	47,930	4,749	499,327	0
	(ii)	6,842	0	0	766	-	-	0
						61	7,669	
6Robert B Carter VP and General Council	(i)	271,710	73,393	56,332	43,834	6,578	451,847	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7Timothy J Clontz SVP & Assistant Secretary	(i)	237,973	134,072	47,028	52,373	4,989	476,435	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Joan Evans EVP Innovation & Transformatio	(i)	295,609	100,944	44,510	47,375	2,340	490,778	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Cynthia Farrand Site Pres- Annie Penn Hospital	(i)	205,849	56,967	42,105	44,838	4,989	354,748	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Mickey Foster Site President- Cone Hospital	(i)	323,187	122,148	42,293	36,362	6,817	530,807	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11Mehee Haywood Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	94,641	21,110	16,895	43,182	-	-	0
						2,428	178,256	
12Stephen HorsleySVP & CIO	(i)	332,629	102,396	68,630	47,994	4,835	556,484	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13Paul Jeffery Site Pres-Wesley Long Hospital	(i)	314,822	85,720	45,710	29,539	6,888	482,679	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14Julie Johnson Assistant Treasurer	(i)	160,498	18,166	9,554	26,563	2,255	217,036	0
	(ii)	0	0	0	0	-	-	0
						0	0	
15Jeffery F Jones CFO and Secretary	(i)	0	0	0	0	0	0	0
	(ii)	547,315	186,909	30,770	48,140	-	-	0
						33,524	846,658	
16Ike D Kibbe SVP Network Devel &Contractng	(i)	291,612	50,000	62,231	28,356	6,838	439,037	0
	(ii)	0	0	0	0	-	-	0
						0	0	
17David Kitzmiller Assistant Treasurer	(i)	133,867	24,311	16,338	25,646	4,810	204,972	0
	(ii)	0	0	0	0	-	-	0
						0	0	
18Kelly Leggett MD Exec Director & Clininca	(i)	283,356	35,782	61,684	36,300	11,227	428,349	0
	(ii)	0	0	0	0	-	-	0
						0	0	
19Valene Leschber MD Chief Med Informatics Officer	(i)	304,270	64,901	22,002	35,927	1,911	429,011	0
	(ii)	0	0	0	0	-	-	0
						0	0	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21John Miller Chief Invest Officer and Treas	(i)	0	0	0	0	0	0	0
	(ii)	238,528	73,033	42,314	49,642	- 4,860	- 408,377	0
1James Roskelly EVP & Assistant Secretary	(i)	343,341	200,566	91,267	67,756	6,771	709,701	0
	(ii)	0	0	0	0	- 0	- 0	0
2Judith Schanel Chief Operating Officer	(i)	0	4,326	0	0	0	4,326	0
	(ii)	553,378	246,849	36,721	41,362	- 27,404	- 905,714	0
3Mike Simms VP & Assistant Treasurer	(i)	217,901	62,819	35,557	28,355	5,048	349,680	0
	(ii)	0	0	0	0	- 0	- 0	0
4Rex Street VP & Assistant Treasurer	(i)	296,262	93,294	44,389	52,516	6,888	493,349	0
	(ii)	0	0	0	0	- 0	- 0	0
5Bruce Swords MD Chief Medical Officer	(i)	433,320	138,976	54,263	44,006	10,286	680,851	0
	(ii)	0	0	0	0	- 0	- 0	0
6Peter Whitfield MDTrustee	(i)	0	0	0	0	0	0	0
	(ii)	366,259	70,991	12,702	34,905	- 4,141	- 488,998	0
7Pat Wnght MD Chief Patient Safety Officer	(i)	334,930	54,879	50,189	53,148	9,222	502,368	0
	(ii)	0	0	0	0	- 0	- 0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Employer identification number
58-1588823

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	2,250	99,869	Proceeds Less Fees
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization MOSES H CONE MEMORIAL HOSPITAL OPERATING CORPORATION	Employer identification number 58-1588823
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990 Schedule O, Supplemental Information

Return Reference	Explanation
GOVERNING DOCUMENTS	FORM 990, PART VI, SECTION C, LINE 19 These documents are proprietary and are not made available to the public

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMPENSATION REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 15 THE FOLLOWING METHODS ARE USED TO ESTABLISH COMPENSA TION OF OFFICERS COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMP LOYEMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
INFORMATION REGARDING DELEGATION	FORM 990, PART VI, SECTION A, LINE 3 CONE HEALTH SYSTEM HAS CONTRACTED WITH CAROLINAS HEALTH SYSTEM (CHS) TO PERFORM THE FOLLOWING MANAGEMENT DUTIES (1) PROVIDE EXECUTIVE STAFF, (2) MANAGED CARE CONTRACTING, (3) BEST PRACTICES CONSULTING FOR OPERATIONS ACROSS THE HEALTH SYSTEM, (4) PROVIDE ACCESS TO ITS PURCHASING CONTRACTS, AND (5) COLLABORATION OF QUALITY DATA ANALYSIS THAT WILL ALLOW THEM TO BETTER MANAGE THE CONVERSION OF REIMBURSEMENT FROM VOLUME-BASED MODELS TO VALUE-BASED MODELS AS IS REQUIRED UNDER THE AFFORDABLE CARE ACT The following officers were compensated by CHS during the calendar year ending within the company's tax year Terrence Akin, Chief Executive Officer \$1,736,594 Jeffrey Jones, Chief Financial Officer \$846,658 Judith Schanel, Chief Operating Officer \$910,040 Mary Jo Cagle, Chief Clinical Officer \$906,631 Theresa Broderick, Former CNO \$120,468

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990, PART VI, SECTION B, LINE 11B AN ELECTRONIC VERSION OF THE RETURN IS MADE AVAILABLE TO BOARD MEMBERS PRIOR TO THE FILING DEADLINE FINANCE STAFF IS AVAILABLE TO ADDRESS ANY QUESTIONS OR ISSUES THAT ARISE FROM THEIR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C BEFORE EVERY BOARD OR COMMITTEE MEETING, THE CHAIR WILL ASK EVERY MEMBER TO REVIEW THE AGENDA AND TO DISCLOSE ANY AREA WHERE A CONFLICT MAY E XIST SO THAT THE DISCLOSURE IS COMPLETE PRIOR TO THE DISCUSSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 OTHER COMPREHENSIVE INCOME \$ 16,424,973 INCREASE IN TEMPORARILY RESTRICTED FUNDS \$ 475,682 INCREASE IN UNRESTRICTED FUNDS \$ 263,366 ----- TOTAL CH ANGE IN NET ASSETS OR FUND BALANCE \$ 17,164,021

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Employer identification number
58-1588823

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 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 controlling entity

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Cone Health Connected Care LLC 1200 N Elm St Greensboro, NC 27401 81-4880456	For Profit HC Ser	NC	WLCHS	N/A				No			No	
(2) NSC GREENSBORO WEST LLC 1200 North Elm Street Greensboro, NC 27401 47-2847536	PHYSICIANS	NC	MC MED SVCS	N/A				No			No	
(3) Wellsmith LLC 1200 N Elm St Greensboro, NC 27401 81-0901611	Software	NC	WLCHS	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Wesley Long Community Health Services 1200 North Elm Street Greensboro, NC 27401 56-1441377	MEDICAL SERVICES	NC	MC PARENT	C				Yes	
(2) Care-N-Care of North Carolina 1200 North Elm Street Greensboro, NC 27401 47-2847536	INSURANCE	NC	WLCHS	C				Yes	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:

Software Version:

EIN: 58-1588823

Name: MOSES H CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 1200 North Elm Street Greensboro, NC 27401 56-0532302	Parent	NC	501(C)(3)	12 b	NA		No
(1) 1200 North Elm Street Greensboro, NC 27401 56-1714318	PHYSICIANS	NC	501(C)(3)	3	MC PARENT	Yes	
(2) 1200 North Elm Street Greensboro, NC 27401 80-0249057	PHYSICIANS	NC	501(C)(3)	3	MC PARENT	Yes	
(3) 1200 North Elm Street Greensboro, NC 27401 30-0554775	PHYSICIANS	NC	501(C)(3)	3	MC PARENT	Yes	
(4) 1200 North Elm Street Greensboro, NC 27401 80-0217430	PHYSICIANS	NC	501(C)(3)	3	MC AFFIL PHY	Yes	
(5) 618 S Main Street Reidsville, NC 27320 58-1897269	FUNDING	NC	501(C)(3)	3	NA		No
(6) 1200 North Elm Street Greensboro, NC 27401 58-1681363	OPERATIONS	NC	501(C)(3)	3	MC PARENT	Yes	
(7) 1200 North Elm Street Greensboro, NC 27401 56-0529994	OPERATIONS	NC	501(C)(3)	3	ARMC HC	Yes	
(8) 1200 North Elm Street Greensboro, NC 27401 58-1681364	L-T CARE	NC	501(C)(3)	10	ARMC HC	Yes	
(9) 1200 North Elm Street Greensboro, NC 27401 56-1681560	FUNDING	NC	501(C)(3)	12 B	ARMC HC	Yes	
(10) 1200 North Elm Street Greensboro, NC 27401 27-4683614	OPERATIONS	NC	501(C)(3)	3	MC OPERATING	Yes	
(11) 1200 North Elm Street Greensboro, NC 27401 56-2095382	physicians	NC	501(C)(3)	3	ARMC HC	Yes	
(12) 1200 North Elm Street Greensboro, NC 27401 46-2505818	FUNDING	NC	501(C)(3)	12 B	MC PARENT	Yes	
(13) 1200 North Elm Street Greensboro, NC 27401 56-2001399	FUNDING	NC	501(C)(3)	12 B	MC PARENT		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Moses Cone Physician Services Inc	p	11,716,328	Accrual
(1)	Moses Cone Physician Services Inc	q	4,643,275	Accrual
(2)	Moses Cone Medical Services Inc	q	4,045,321	Accrual
(3)	Moses Cone Affiliated Physicians Inc	p	8,747,138	Accrual
(4)	Moses Cone Affiliated Physicians Inc	q	115,167	Accrual
(5)	Alamance Regional Medical Center Inc	q	34,915,771	Accrual
(6)	Alamance Extended Care Inc	q	950,231	Accrual
(7)	Alamance Physicians Inc	q	541,759	Accrual
(8)	Alamance Extended Care Inc	p	68,611	Accrual
(9)	Moses Cone Medical Services Inc	p	162,501	Accrual