

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue ServiceA Check box if
address changed

B Exempt under section

☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)
C Book value of all assets
at end of year

1431681304.

Name of organization (Check box if name changed and see instructions)

MOSES H. CONE MEMORIAL HOSPITAL
OPERATING CORPORATION

Number, street, and room or suite no. If a P.O. box, see instructions

1200 NORTH ELM STREET

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

GREENSBORO, NC 27401

D Employer identification number
(Employees' trust, see instructions)

58-1588823

E Unrelated business activity code
(See instructions)

621500

F Group exemption number (See instructions)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses 2 Describe the only (or first) unrelated trade or business here RENTAL & LAB SERVICES If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation ATCH 1 MOSE SD-0532302

J The books are in care of ANDY BARROW

Telephone number 336-832-7000

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 157,727.			
b Less returns and allowances			
c Balance	1c 157,727.		
2 Cost of goods sold (Schedule A, line 7)	2 46,758.		
3 Gross profit Subtract line 2 from line 1c	3 110,969.		110,969.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Schedule C)	6 1,529,111.	662,973.	866,138.
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions, attach schedule)	12		
13 Total. Combine lines 3 through 12	13 1,640,080.	662,973.	977,107.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	977,107.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income Subtract line 30 from line 29	31	977,107.

For Paperwork Reduction Act Notice, see instructions.

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JSA
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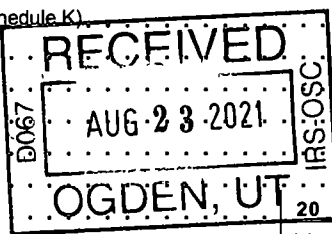
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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	977,107.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	977,107.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	977,107.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	976,107.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	204,982.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	204,982.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	204,982.
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	204,982.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	302,200.
c	Tax deposited with Form 8868	51c	116,100.
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	118,300.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	1,543.
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	211,775.
56	Enter the amount of line 55 you want credited to 2020 estimated tax	56	161,775.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file	Yes	No
59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **Andrew E. Barrow** 8/9/2021 CFO
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only
Print/Type preparer's name: CAROLINE GRIFFIN
Preparer's signature: *Caroline Griffin*
Date: 08/09/2021
Check ☐ if self-employed
PTIN: P00960141
Firm's name: PRICEWATERHOUSECOOPERS LLP
Firm's EIN: 13-4008324
Firm's address: 800 GREEN VALLEY RD, STE 500, GREENSBORO, NC 27408
Phone no: 336-665-2700

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) ATCH 2

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total 1,529,111.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
1,529,111.		662,973.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals				

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals				

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals						

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I.						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2) ATCH 10		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

MOSES H. CONE MEMORIAL HOSPITAL

58-1588823

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

THE MOSES H. CONE MEMORIAL HOSPITAL 56-0532302

ATTACHMENT 1

SCHEDULE C - RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY
ATTACHMENT 2

1. DESCRIPTION OF PROPERTY	2. RENT RECEIVED OR ACCRUED		3. DEDUCTIONS DIRECTLY CONNECTED
	A. FROM PERSONAL PROPERTY	B. FROM REAL AND PERSONAL PROPERTY	
TIME SHARE - CHAPS HOUSE		11,468.	17,954.
TIME SHARE - CORP APT		11,094.	24,516.
TIME SHARE - KERNERSVILLE		26,807.	127,216.
TIME SHARE - W ROCKINGHAM		2,255.	65,157.
TIME SHARE - HIGH POINT		16,900.	86,173.
CENTURY CARE - WLNC		720,008.	177,445.
CENTURY CARE - ECC		740,579.	164,472.
TOTALS		<u>1,529,111.</u>	<u>662,973.</u>
TOTAL INCOME (COL. 2A + COL. 2B)		<u>1,529,111.</u>	

ATTACHMENT 3SCHEDULE C - RENT INCOME DEDUCTIONSTIME SHARE CHAPS HOUSE

OTHER DEDUCTIONS 17,994.

TOTAL 17,994.

ATTACHMENT 4SCHEDULE C - RENT INCOME DEDUCTIONSTIME SHARE - CORP APT

OTHER DEDUCTIONS

24,516.

TOTAL

24,516.

ATTACHMENT 5SCHEDULE C - RENT INCOME DEDUCTIONSTIME SHARE - KERNERSVILLE

OTHER DEDUCTIONS 127,216.

TOTAL 127,216.

ATTACHMENT 6SCHEDULE C - RENT INCOME DEDUCTIONSTIME SHARE - W ROCKINGHAM

OTHER DEDUCTIONS

65,157.

TOTAL

65,157.

ATTACHMENT 7SCHEDULE C - RENT INCOME DEDUCTIONSTIME SHARE - HIGH POINT

OTHER DEDUCTIONS

86,173.

TOTAL

86,173.

SCHEDULE C - RENT INCOME DEDUCTIONSCENTURY CARE - WLNC

OTHER DEDUCTIONS

177,445.

TOTAL

177,445.

ATTACHMENT 9SCHEDULE C - RENT INCOME DEDUCTIONSCENTURY CARE - ECC

OTHER DEDUCTIONS

164.4 / 2.

TOTAL

164.4 / 2.

ATTACHMENT 10SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
AKIN, TERRENCE 1200 NORTH ELM STREET GREENSBORO, NC 27401	PRESIDENT & CHIEF EXECUTIVE OF	0	0.
BALSLEY III, JACOB B. 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
BARROW, ANDREW 1200 NORTH ELM STREET GREENSBORO, NC 27401	ASSISTANT TREASURER	0	0.
BOYLSTON M.D., YUN 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
CAGLE M.D., MARY JO 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF OPERATING OFFICER	0	0.
CAMPBELL M.D., JOHN 1200 NORTH ELM STREET GREENSBORO, NC 27401	PHYSICIAN	0	0.
CAMPBELL PH.D., LENORA R. 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
CARTER, ROBERT 1200 NORTH ELM STREET GREENSBORO, NC 27401	VP & GENERAL COUNSEL	0	0.
CONE, EDWARD 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
CUNNINGHAM, DEBORAH 1200 NORTH ELM STREET GREENSBORO, NC 27401	SVP & PRESIDENT WOMEN'S HEALTH	0	0.

ATTACHMENT 10 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
DAVIDSON III, DWIGHT M. 1200 NORTH ELM STREET GREENSBORO, NC 27401	VICE CHAIR	0	0.
DOUGLAS, MAE 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
EATON, MANDY 1200 NORTH ELM STREET GREENSBORO, NC 27401	FVP & ASSISTANT SECRETARY	0	0.
EVANS, JOAN 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF OF STAFF	0	0.
HAMMOCK, PRESTON 1200 NORTH ELM STREET GREENSBORO, NC 27401	PRESIDENT ARMC, MCH & SR VP	0	0.
HAYES, WILLIAM B. 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
HAYWOOD, MEHEE 1200 NORTH ELM STREET GREENSBORO, NC 27401	ASSISTANT TREASURER	0	0.
HORNADAY, F.D. 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHAIR	0	0.
JEFFREY, PAUL 1200 NORTH ELM STREET GREENSBORO, NC 27401	PRESIDENT WESLEY LONG HOSPITAL	0	0.
JOHNSON, JULIE 1200 NORTH ELM STREET GREENSBORO, NC 27401	ASSISTANT TREASURER	0	0.

ATTACHMENT 10 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
JONES, JEFFREY 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF FINANCIAL OFFICER & SECR	0	0.
JONNALAGADDA, JANARDHANA 1200 NORTH ELM STREET GREENSBORO, NC 27401	PHYSICIAN	0	0.
KIBBE, IKE 1200 NORTH ELM STREET GREENSBORO, NC 27401	SVP	0	0.
KITCHEN, J. EDWARD 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
KITZMILLER, DAVID 1200 NORTH ELM STREET GREENSBORO, NC 27401	ASSISTANT TREASURER	0	0.
KUMAR, ARCHANA 1200 NORTH ELM STREET GREENSBORO, NC 27401	PHYSICIAN	0	0.
MAXWELL M.D., JAMES 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
MCQUEEN M.D., CHAPMAN T. 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
MILLER, JOHN 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF INVESTMENT OFFICER & TRE	0	0.
REMPHER PH.D., KENNETH 1200 NORTH ELM STREET GREENSBORO, NC 27401	EVP & ASSISTANT SECRETARY	0	0.

ATTACHMENT 10 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
ROSKELLY, JAMES 1200 NORTH ELM STREET GREENSBORO, NC 27401	EVP & ASSISTANT SECRETARY	0	0.
SIMMS, CAROL 1200 NORTH ELM STREET GREENSBORO, NC 27401	TRUSTEE	0	0.
SIMMS, MICHAEL 1200 NORTH ELM STREET GREENSBORO, NC 27401	VP & ASSISTANT TREASURER	0	0.
SMITH, RENE 1200 NORTH ELM STREET GREENSBORO, NC 27401	ASSISTANT TREASURER	0	0.
SWORDS, BRUCE 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF PHYSICIAN EXECUTIVE	0	0.
WRIGHT, PATRICK 1200 NORTH ELM STREET GREENSBORO, NC 27401	PHYSICIAN	0	0.
SCHANEL, JUDITH 1200 NORTH ELM STREET GREENSBORO, NC 27401	CHIEF OPERATING OFFICER	0	0.
STREET, REX 1200 NORTH ELM STREET GREENSBORO, NC 27401	VP & ASSISTANT TREASURER	0	0.
BURT, NOEL 1200 NORTH ELM STREET GREENSBORO, NC 27401	EVP & ASSISTANT SECRETARY	0	0.
CLONTZ, TIMOTHY 1200 NORTH ELM STREET GREENSBORO, NC 27401	SVP & ASSISTANT SECRETARY	0	0.

ATTACHMENT 10 (CONT'D)SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
FOSTER, MICKEY 1200 NORTH ELM STREET GREENSBORO, NC 27401	SVP & PRESIDENT THE MOSES H. C	0	0.
TOTAL COMPENSATION			<u>0.</u>