

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MCCREADY FOUNDATION INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 HALL HIGHWAY City or town, state or province, country, and ZIP or foreign postal code CRISFIELD, MD 21817	D Employer identification number 52-0607921 E Telephone number 410-968-1200
F Name and address of principal officer: CAMESHA SPENCE 201 HALL HIGHWAY, CRISFIELD, MD 21817		G Gross receipts \$ 23,847,934. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.MCCREADYHEALTH.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1923 M State of legal domicile: MD

Part I Summary

1	Briefly describe the organization's mission or most significant activities: HOSPITAL, NURSING HOME, AND ASSISTED LIVING FACILITY	
2	Check this box <input type="checkbox"/> 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)	3 13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5 363
6	Total number of volunteers (estimate if necessary)	6 0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 51,584. 280,978.
9	Program service revenue (Part VIII, line 2g)	9 24,322,122. 23,554,141.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 16,629. 6,319.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 11,824. 6,496.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 24,402,159. 23,847,934.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 0. 0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 14,251,141. 13,976,611.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 11,589,844. 11,703,647.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 25,840,985. 25,680,258.
19	Revenue less expenses. Subtract line 18 from line 12	19 -1,438,826. -1,832,324.
20	Total assets (Part X, line 16)	20 22,583,707. 20,213,559.
21	Total liabilities (Part X, line 26)	21 12,836,408. 12,293,025.
22	Net assets or fund balances. Subtract line 21 from line 20	22 9,747,299. 7,920,534.

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 CAMESHA SPENCE, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name ANDREW M. HAYNIE, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00440764
	Firm's name ▶ PKS & COMPANY, P.A. Firm's address ▶ 1801 SWEETBAY DRIVE SALISBURY, MD 21804	Firm's EIN ▶ 52-1224986 Phone no. (410) 546-5600

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

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: OUR GOAL EACH DAY IS TO PROVIDE HIGH QUALITY, COMPASSIONATE HEALTHCARE THROUGH AN EFFICIENT AND DIVERSIFIED SERVICE NETWORK, WHILE MAINTAINING AND IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE OVER THEIR LIFETIME.

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

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

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 \$ 15,211,986. including grants of \$) (Revenue \$ 16,508,581.) MCCREADY MEMORIAL HOSPITAL

4b (Code:) (Expenses \$ 6,478,568. including grants of \$) (Revenue \$ 6,203,901.) ALICE BYRD TAWES NURSING HOME

4c (Code:) (Expenses \$ 1,139,378. including grants of \$) (Revenue \$ 841,659.) CHESAPEAKE COVE ASSISTED LIVING FACILITY

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

4e Total program service expenses 22,829,932.

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 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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	X
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	X
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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
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	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
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 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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 X	
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	X
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	X
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	X
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 X	
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 X	
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 X	
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 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
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	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
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>		X
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>		X
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	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 363		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 13		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website 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 **THE ORGANIZATION - 410-968-1200
201 HALL HIGHWAY, CRISFIELD, MD 21817**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MR. PERCY J. PURNELL CHAIRMAN	1.00	X		X				0.	0.	0.
(2) MS. LESLIE WILSON 1ST VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DR. LLOYD TYLER 2ND VICE CHAIR	1.00	X		X				0.	0.	0.
(4) MR. RUSS BLAKE DIRECTOR	1.00	X						0.	0.	0.
(5) CLARENCE BELL DIRECTOR	1.00	X						0.	0.	0.
(6) DOUG CROCKETT DIRECTOR	1.00	X						0.	0.	0.
(7) SUE HEATH DIRECTOR	1.00	X						0.	0.	0.
(8) JOHN HICKMAN DIRECTOR	1.00	X						0.	0.	0.
(9) KAREN KITCHING DIRECTOR	1.00	X						0.	0.	0.
(10) JOHN PHOEBUS DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN TOWNSEND DIRECTOR	1.00	X						0.	0.	0.
(12) DR. RONDALL ALLEN DIRECTOR	1.00	X						0.	0.	0.
(13) DR. SIDNEY BARNES DOCTOR	40.00					X		298,043.	0.	0.
(14) MICHAEL ATKINS DOCTOR	40.00					X		239,797.	0.	0.
(15) GERALDINE GOERTZEN DOCTOR	40.00					X		335,458.	0.	0.
(16) VIJAYJUMAR KARUMBUNATHAN DOCTOR	40.00					X		340,609.	0.	0.
(17) JESSICA GOTHAM DOCTOR	40.00					X		179,262.	0.	0.

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 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			
1b Sub-total							1,393,169.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,393,169.	0.	0.	

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 **5**

	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>		X
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>	X	
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>		X

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
KATHLEEN DEVINE, MD 5417 ROYAL MILES BLVD, SALISBURY, MD 21801	MEDICAL PROVIDER	226,375.
ERICA FINE, DO 29 ASHTON DRIVE, VOORHEES, NJ 08043	MEDICAL PROVIDER	219,843.
PRONET DBA IMAGING ON CALL 1510 COTNER AVE, LOS ANGELES, CA 90025	MEDICAL PROVIDER	214,032.
FRANCISCO RODRIGUEZ, MD 306 KENT PLACE, MILFORD, DE 19963	MEDICAL PROVIDER	205,275.
PERRY RUSSELL WEISMAN, MD 7408 CAMPBELL DRIVE, SEVERN, MD 21144	MEDICAL PROVIDER	188,539.

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 **6**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	280,978.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			280,978.			
Program Service Revenue	2 a HOSPITAL	Business Code	622000	16,508,581.	16,508,581.		
	b NURSING HOME		622000	6,203,901.	6,203,901.		
	c ASSISTED LIVING		622000	841,659.	841,659.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			23,554,141.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,319.	6,319.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		622000	6,496.	6,496.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			6,496.				
12 Total revenue. See instructions			23,847,934.	23,566,956.	0.	0.	

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 X

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,302,569.	10,306,958.	995,611.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,887,052.	1,742,707.	144,345.	
10 Payroll taxes	786,990.	718,059.	68,931.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,750.		7,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,035,242.	2,007,553.	1,027,689.	
12 Advertising and promotion	100,201.		100,201.	
13 Office expenses	1,347.	1,347.		
14 Information technology				
15 Royalties				
16 Occupancy	597,836.	502,990.	94,846.	
17 Travel	36,724.	31,573.	5,151.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	470,034.	470,034.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,094,299.	1,064,568.	29,731.	
23 Insurance	451,371.	423,994.	27,377.	
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 SUPPLIES	2,213,071.	2,130,456.	82,615.	
b SERVICE CONTRACTS AND M	1,680,848.	1,675,873.	4,975.	
c BAD DEBT	857,183.	857,183.		
d MISCELLANEOUS	421,466.	242,920.	178,546.	
e All other expenses	736,275.	653,717.	82,558.	
25 Total functional expenses. Add lines 1 through 24e	25,680,258.	22,829,932.	2,850,326.	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 Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,278,677.	1	1,411,768.	
	2 Savings and temporary cash investments	202,830.	2	204,295.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	4,249,135.	4	2,796,809.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	385,967.	8	361,924.	
	9 Prepaid expenses and deferred charges	297,792.	9	172,663.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 30,684,341.			
	b Less: accumulated depreciation	10b 15,688,855.	15,897,444.	10c	14,995,486.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	253,244.	12	256,363.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	18,618.	15	14,251.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,583,707.	16	20,213,559.		
Liabilities	17 Accounts payable and accrued expenses	2,801,634.	17	2,747,962.	
	18 Grants payable		18		
	19 Deferred revenue	272,246.	19	329,054.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties	9,618,378.	23	9,102,794.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	144,150.	25	113,215.	
	26 Total liabilities. Add lines 17 through 25	12,836,408.	26	12,293,025.	
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	9,747,299.	27	7,920,534.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	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	9,747,299.	33	7,920,534.		
34 Total liabilities and net assets/fund balances	22,583,707.	34	20,213,559.		

Part XI Reconciliation of Net Assets

Check 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	23,847,934.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,680,258.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,832,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,747,299.
5	Net unrealized gains (losses) on investments	5	5,559.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,920,534.

Part XII Financial Statements and Reporting

Check 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		X
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	X	
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.	X	
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? _____		X
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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization MCCREADY FOUNDATION INC.	Employer identification number 52-0607921
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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, or 8 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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>		

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>		

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>		

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>		

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 <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
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>	Yes	No
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>		

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 (explain in Part VI.) **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):		
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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

MCCREADY FOUNDATION INC.

Employer identification number

52-0607921

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MCCREADY FOUNDATION INC.	Employer identification number 52-0607921
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARYLAND DEPARTMENT OF GENERAL SERVICES 301 WEST PRESTON STREET BALTIMORE, MD 21201	\$ 239,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SOMERSET COUNTY BOARD OF COMMISSIONERS 11916 SOMERSET AVE ROOM 111 PRINCESS ANNE, MD 21853	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MCCREADY FOUNDATION INC.	Employer identification number 52-0607921
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MCCREADY FOUNDATION INC.	Employer identification number 52-0607921
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **MCCREADY FOUNDATION INC.** Employer identification number **52-0607921**

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

▶ \$ _____

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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on 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	855,695.	830,244.	801,846.	801,810.	823,062.
b Contributions	1,543.	752.	3,037.	4,191.	4,702.
c Net investment earnings, gains, and losses	8,540.	27,162.	28,757.	-647.	-25.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	2,489.	2,463.	3,396.	3,508.	25,929.
g End of year balance	863,289.	855,695.	830,244.	801,846.	801,810.

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

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

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

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	24,731,488.		10,341,619.	14,389,869.
c Leasehold improvements				
d Equipment	5,952,853.		5,347,236.	605,617.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 14,995,486.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (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	
(2) RESTRICTED PATIENT FUNDS	14,251.
(3) MEDICARE PERIODIC INTERIM PAYMENT	97,753.
(4) RESIDENTS PERSONAL FUNDS	1,211.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	113,215.

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	23,853,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,559.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,559.
3	Subtract line 2e from line 1	3	23,847,934.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,847,934.

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	25,680,258.
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	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	25,680,258.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	25,680,258.

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.

PART X, LINE 2:

THE PARENT ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE PARENT ORGANIZATION FILES A CONSOLIDATED FORM 990 THAT INCLUDES ALL ACTIVITIES OF THE EDWARD W. MCCREADY MEMORIAL HOSPITAL, THE ALICE BYRD TAWES NURSING HOME, CHESAPEAKE COVE ASSISTED LIVING, AND THE MCCREADY FOUNDATION, INC. ENDOWMENT FUND.

UNDER THE REQUIREMENTS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, "INCOME TAXES", TAX-EXEMPT ORGANIZATIONS COULD BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION THEY HAVE HISTORICALLY TAKEN

Part XIII Supplemental Information *(continued)*

ON VARIOUS TAX EXPOSURE ITEMS. AS OF JUNE 30, 2019, THE PARENT ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **MCCREADY FOUNDATION INC.** Employer identification number **52-0607921**

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1	243	386,546.		386,546.	1.51%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	1	243	386,546.		386,546.	1.51%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,518	55,434.		55,434.	.22%
f Health professions education (from Worksheet 5)		248	125,115.		125,115.	.49%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		2,766	180,549.		180,549.	.71%
k Total. Add lines 7d and 7j	1	3,009	567,095.		567,095.	2.22%

Part II 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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes and No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. (Amount: 857,183.). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B with columns Yes and No. Row 5: Enter total revenue received from Medicare (including DSH and IME). (Amount: 8,913,062.). Row 6: Enter Medicare allowable costs of care relating to payments on line 5. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall). (Amount: 8,913,062.).

Section C. Collection Practices

Table for Section C with columns Yes and No. Row 9a: Did the organization have a written debt collection policy during the tax year? Row 9b: 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.

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (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 %.

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)

Name of hospital facility or letter of facility reporting group THE EDWARD W. MCCREADY MEMORIAL HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

	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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
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 type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
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		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MCCREADYHEALTH.ORG</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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		X
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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)

Name of hospital facility or letter of facility reporting group THE EDWARD W. MCCREADY MEMORIAL HOSPITAL

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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):		
a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input 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 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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.MCCREADYHEALTH.ORG</u>		
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 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 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 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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group THE EDWARD W. MCCREADY MEMORIAL HOSPITAL

	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 nonpayment?	X	
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?	X	
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 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 (if not, describe in Section C)		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input 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?	X	
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)

Name of hospital facility or letter of facility reporting group THE EDWARD W. MCCREADY MEMORIAL HOSPITAL

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.	23	X
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.	24	X

Part V Facility Information *(continued)*

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, 20a, 20b, 20c, 20d, 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.

THE EDWARD W. MCCREADY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 3J: MCCREADY'S STAFF MEMBERS MET WITH LOCAL SCHOOLS AND HEALTH DEPARTMENTS REGULARLY TO DISCUSS HEALTH NEEDS IN THE LOCAL COMMUNITY. IN 2005, THE MCCREADY FOUNDATION WAS INVOLVED WITH A CONSORTIUM OF AREA HEALTH CARE PROVIDERS WHICH INCLUDED ALL THREE AREA HOSPITALS (MCCREADY, PENINSULA REGIONAL MEDICAL CENTER, AND ATLANTIC GENERAL HOSPITAL), LOCAL HEALTH DEPARTMENTS, AS WELL AS AREA SCHOOLS AND OTHER AGENCIES. THE TEAM DEVELOPED THE TRI-COUNTY SURVEY THAT WAS SENT TO LOWER SHORE RESIDENTS. THE RESULTS OF THE SURVEY WERE USED TO IDENTIFY HEALTH CARE NEEDS IN THE TRI-COUNTY AREA (WICOMICO, WORCESTER, AND SOMERSET) AND PROGRAMS WERE DEVELOPED IN RESPONSE TO THAT SURVEY. THE STUDY IDENTIFIED THE FOLLOWING MEDICAL CONDITIONS TO BE THE MOST PREVALENT IN THE COMMUNITY: DIABETES, HEART AND LUNG DISEASE, CANCER, OBESITY AND METABOLIC SYNDROME. A 2009 SURVEY WAS CONDUCTED BY THE SAME STAKEHOLDERS PARTICIPATING IN THE 2005 STUDY TO ADDRESS ANT POTENTIALLY NEW AREAS OF CONCERN IN THE COMMUNITY. AS THE NEW FINDINGS DEVELOPED, MCCREADY'S MEDICAL AND NURSING STAFFS WORKED WITH THE FOUNDATION'S LEADERSHIP TO DETERMINE WHICH COMMUNITY NEEDS MCCREADY COULD HELP ADDRESS. THE MCCREADY FOUNDATION CONTINUED ITS WORK WITH THE SOMERSET COUNTY HEALTH DEPARTMENT TO IDENTIFY MEDICALLY INDEGENT WOMEN IN THE COMMUNITY AND PROVIDE THEM WITH FREE PREVENTIVE WOMEN'S HEALTH SERVICES. THE PROGRAM PROVIDES FREE MAMMOGRAMS, SCREENING SURGERY, IF NECESSARY. THE PROGRAM IS PARTIALLY FUNDED THROUGH A GRANT RECEIVED BY THE HEALTH DEPARTMENT. ALSO IN CONJUNCTION WITH THE HEALTH DEPARTMENT, MCCREADY PROVIDES COLORECTAL SCREENINGS. IN 2017 THE SOMERSET COUNTY HEALTH DEPARTMENT AND MCCREADY FOUNDATION PARTNERED WITH THE BUSINESS ECONOMIC AND COMMUNITY OUTREACH NETWORK (BEACON) TO SPONSOR A HEALTH NEEDS ASSESSMENT IN SOMERSET COUNTY,

Part V Facility Information *(continued)*

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, 20a, 20b, 20c, 20d, 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.

MARYLAND. THE GOAL OF THIS NEEDS ASSESSMENT WAS TO IDENTIFY THE HEALTH CONCERNS OF RESIDENTS AND BARRIERS THEY ENCOUNTER IN ACCESSING HEALTH CARE. INFORMANT INTERVIEWS WERE CONDUCTED WITH FOCUS GROUPS ACCESSING OVER 102 OPINION LEADERS. SECONDARY DATA AND INFORMATION FROM PUBLIC SOURCES WAS ASSESSED TO PROVIDE THE BACKGROUND AND CONTEXT FOR THE IN-DEPTH INTERVIEWS. IT WAS IDENTIFIED THAT POVERTY, LOW HEALTH LITERACY, TRANSPORTATION BARRIERS, FINANCIAL CONSTRAINTS, AND LACK OF INSURANCE APPEARED AS THE LARGEST BARRIERS. OBESITY AND DIABETES WERE IDENTIFIED AS MAJORY PUBLIC HEALTH CONCERNS.

THE EDWARD W. MCCREADY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 5: SAME ANSWER AS PART V SECTION B1J.

THE EDWARD W. MCCREADY MEMORIAL HOSPITAL:

PART V, SECTION B, LINE 6A: PENINSULA REGIONAL MEDICAL CENTER , ATLANTIC GENERAL HOSPITAL, AS WELL AS LOCAL HEALTH DEPARTMENTS.

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MCCREADY FOUNDATION INC.

Employer identification number

52-0607921

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 aren't 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				
(1) DR. SIDNEY BARNES DOCTOR	(i)	298,043.	0.	0.	0.	0.	298,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ATKINS DOCTOR	(i)	239,797.	0.	0.	0.	0.	239,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GERALDINE GOERTZEN DOCTOR	(i)	335,458.	0.	0.	0.	0.	335,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) VIJAYJUMAR KARUMBUNATHAN DOCTOR	(i)	340,609.	0.	0.	0.	0.	340,609.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA GOTHAM DOCTOR	(i)	179,262.	0.	0.	0.	0.	179,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

PART I LINE 1B BONUSES ARE GROSSED UP. THERE IS NO WRITTEN POLICY
REGARDING THIS PRACTICE IT IS A TRADITIONAL POLICY TO QUOTE A SET AMOUNT
AND GROSS IT UP SO THE PARTY WILL NET THE SAME AMOUNT.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

MCCREADY FOUNDATION INC.

Employer identification number

52-0607921

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD REVIEWS THE 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY ISSUE WHICH COULD CAUSE A CONFLICT OF INTEREST IS REVIEWED BY THE BOARD
WITH THE EXCLUSION OF THE AFFECTED PARTY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE ORGANIZATION'S CFO AND CEO ARE REVIEWED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

A COPY OF THE 990 IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES	:	
PROGRAM SERVICE EXPENSES		2,007,553.
MANAGEMENT AND GENERAL EXPENSES		1,027,689.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		3,035,242.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A		3,035,242.

FORM 990, PART XII, LINE 2C

THE BOARD OVERSEES THE AUDIT REVIEW PROCESS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. MCCREADY FOUNDATION INC.	Employer identification number (EIN) or 52-0607921
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 201 HALL HIGHWAY	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CRISFIELD, MD 21817	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **201 HALL HIGHWAY - CRISFIELD, MD 21817**
Telephone No. ▶ **410-968-1200** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment

THE MCCREADY FOUNDATION, INC.
CONSOLIDATED FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2019 AND 2018

THE MCCREADY FOUNDATION, INC.

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INDEPENDENT AUDITORS' REPORT



INDEPENDENT AUDITORS' REPORT

ANDREW M. HAYNIE, CPA

SUSAN P. KEEN, CPA

MICHAEL C. KLEGER, CPA

E. LEE McCABE, CPA

JEFFREY A. MICHALIK, CPA

ROBERT L. MOORE, CPA

DANIEL M. O'CONNELL II, CPA

JOHN M. STERN, JR., CPA

To the Management and Board of Directors
The McCready Foundation, Inc.
Crisfield, Maryland

Report on the consolidated financial statements

We have audited the accompanying consolidated financial statements of The McCready Foundation, Inc. (a nonprofit organization) and affiliates, which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

PKScpa.com

Salisbury

1801 SWEETBAY DRIVE

P.O. Box 72

SALISBURY, MD 21803

TEL: 410.546.5600

Ocean City

12216 OCEAN GATEWAY

SUITE 800

OCEAN CITY, MD 21842

TEL: 410.213.7185

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Lewes

1143 SAVANNAH ROAD

SUITE 1

LEWES, DE 19958

TEL: 302.645.5757

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

MEMBERS OF:

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

MARYLAND ASSOCIATION OF
CERTIFIED PUBLIC ACCOUNTANTS

DELAWARE SOCIETY OF
CERTIFIED PUBLIC ACCOUNTANTS

ALLINIAL GLOBAL

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

Auditor's responsibility (continued)

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The McCreedy Foundation, Inc. and affiliates as of June 30, 2019 and 2018, and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating statements of financial position on pages 23 - 24, the consolidating statements of activities on page 25, the consolidating statements of functional expenses on pages 26 – 28 and the statements of activity by organization on pages 29 - 32 are presented for the purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and is derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects to the consolidated financial statements as a whole.

Emphasis of matter

As discussed in the notes to the financial statements, the Organization adopted a new accounting guidance ASU 2016-14, Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities. Our opinion is not modified with respect to this matter.

CERTIFIED PUBLIC ACCOUNTANTS

Salisbury, Maryland
October 16, 2019

CONSOLIDATED FINANCIAL STATEMENTS

THE MCCREADY FOUNDATION, INC.

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2019 AND 2018

	ASSETS	
	<u>2019</u>	<u>2018</u>
CURRENT ASSETS		
Cash and cash equivalents	\$ 1,411,763	\$ 1,278,677
Certificates of deposit	204,295	202,830
Accounts receivable, net	2,796,809	4,249,135
Inventories	361,924	385,967
Prepaid expenses	172,663	297,792
Total current assets	<u>4,947,454</u>	<u>6,414,401</u>
INVESTMENTS, AT FAIR VALUE		
Investments maintained by		
Community Foundation of the Eastern Shore	256,363	253,244
Total investments	<u>256,363</u>	<u>253,244</u>
PROPERTY AND EQUIPMENT		
Property and equipment	30,684,341	30,895,620
Less accumulated depreciation	<u>(15,688,855)</u>	<u>(14,998,176)</u>
Net property and equipment	<u>14,995,486</u>	<u>15,897,444</u>
OTHER ASSETS		
Restricted patient funds	14,251	18,618
Total other assets	<u>14,251</u>	<u>18,618</u>
Total assets	<u>\$ 20,213,554</u>	<u>\$ 22,583,707</u>

LIABILITIES AND NET ASSETS

	<u>2019</u>	<u>2018</u>
CURRENT LIABILITIES		
Line of credit	\$ 70,576	\$ 86,206
Current portion of long-term debt	321,530	495,312
Accounts payable	1,813,408	1,774,335
Accrued salaries, annual leave and related taxes	959,150	996,060
Accrued interest	29,941	31,239
Medicare periodic interim payment program	97,753	123,244
Blue cross - advance	174,700	158,400
Assisted living deposits	1,211	2,413
Medicaid - advance	99,811	113,846
Total current liabilities	<u>3,568,080</u>	<u>3,781,055</u>
NON-CURRENT LIABILITIES		
Loan payable	8,710,689	9,036,860
Total non-current liabilities	<u>8,710,689</u>	<u>9,036,860</u>
OTHER LIABILITIES		
Restricted patient funds	14,251	18,493
Total other liabilities	<u>14,251</u>	<u>18,493</u>
 Total liabilities	 <u>12,293,020</u>	 <u>12,836,408</u>
NET ASSETS		
Without donor restrictions	7,920,534	9,747,299
Total net assets	<u>7,920,534</u>	<u>9,747,299</u>
 Total liabilities and net assets	 <u>\$ 20,213,554</u>	 <u>\$ 22,583,707</u>

The accompanying notes are an integral part of these financial statements.

THE MCCREADY FOUNDATION, INC.
CONSOLIDATED STATEMENTS OF ACTIVITIES
YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
OPERATING REVENUE	\$ 23,554,141	\$ 24,322,122
EXPENSES		
Program services	22,829,932	23,260,080
General and administrative	2,850,326	2,656,233
Total expenses	25,680,258	25,916,313
Operating loss	(2,126,117)	(1,594,191)
NON-OPERATING INCOME	299,352	104,910
Change in net assets	(1,826,765)	(1,489,281)
NET ASSETS, BEGINNING OF YEAR, AS RESTATED	9,747,299	11,236,580
NET ASSETS, END OF YEAR	\$ 7,920,534	\$ 9,747,299

The accompanying notes are an integral part of these financial statements.

THE MCCREADY FOUNDATION, INC.

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2019 AND 2018

	2019			2018
	Program Services	General and Administrative	Total	Total
Salaries	\$ 10,306,958	\$ 995,611	\$ 11,302,569	\$ 11,757,351
Payroll taxes	718,059	68,931	786,990	826,756
Employee benefits	1,742,707	144,345	1,887,052	1,686,364
	12,767,724	1,208,887	13,976,611	14,270,471
Professional service fees	2,007,553	1,035,439	3,042,992	2,167,164
Consumable supplies	2,127,376	82,615	2,209,991	2,333,318
Advertising and recruiting		100,201	100,201	132,959
Service contracts and maintenance	1,675,873	4,975	1,680,848	1,524,806
Leases and rentals	401,134	17,407	418,541	510,124
Depreciation expense	1,064,568	29,731	1,094,299	1,246,459
Utilities	502,990	94,846	597,836	596,467
Interest expense	470,034		470,034	503,072
Insurance	423,994	27,377	451,371	416,532
Training	29,144	9,467	38,611	44,065
Dues and subscriptions	47,865	55,684	103,549	89,913
Laundry	74,773		74,773	77,646
Other expenses	379,721	183,697	563,418	799,585
Bad debt expense	857,183		857,183	1,203,732
Total expenses	\$ 22,829,932	\$ 2,850,326	\$ 25,680,258	\$ 25,916,313

The accompanying notes are an integral part of these financial statements.

THE MCCREADY FOUNDATION, INC.

CONSOLIDATED STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES		
Decrease in net assets	\$ (1,826,765)	\$ (1,489,281)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	1,094,299	1,246,459
Unrealized loss gain on investments	(5,559)	(24,873)
(Increase) decrease in operating assets:		
Accounts receivable	1,452,326	(1,062,087)
Pledges receivable		1,600
Inventories	24,043	(16,497)
Medicare periodic interim payment program	(25,491)	73,825
Prepaid expenses	125,129	(58,115)
Increase (decrease) in operating liabilities:		
Accounts payable	39,073	906,387
Accrued salaries, annual leave and related taxes	(36,910)	126,478
Accrued interest	(1,298)	(1,347)
Blue Cross - advance	16,300	4,800
Assisted living deposits	(1,202)	2,413
Medicaid advance	(14,035)	(72,786)
Restricted funds	125	9,462
Net cash provided (used) by operating activities	840,035	(353,562)
CASH FLOWS FROM INVESTING ACTIVITIES		
Redemption of certificates of deposit	(1,465)	(884)
Purchase of fixed assets net of disposals and transfers	(192,341)	(734,592)
Investments maintained by		
Community Foundation of the Eastern Shore	2,440	2,457
Net cash used by investing activities	(191,366)	(733,019)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from line of credit	70,576	86,206
Principal payments on long term debt	(586,159)	(581,969)
Net cash used by financing activities	(515,583)	(495,763)
Net increase (decrease) in cash and cash equivalents	133,086	(1,582,344)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	1,278,677	2,861,021
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 1,411,763	\$ 1,278,677
SUPPLEMENTARY INFORMATION		
Interest paid	\$ 470,034	\$ 503,072

The accompanying notes are an integral part of these financial statements.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

ORGANIZATION

The McCready Foundation, Inc. (Foundation) is located in Crisfield, Maryland. The Foundation consists of The Edward W. McCready Memorial Hospital (Hospital), The Alice Byrd Tawes Nursing Home (Nursing Home), Chesapeake Cove Assisted Living Center (Chesapeake Cove), and The McCready Foundation, Inc. Endowment Fund (Endowment Fund). These four organizations are controlled by a common Board of Directors and Chief Executive Officer that operates under the name of The McCready Foundation, Inc. (the Parent Organization). The consolidated financial statements consist of a combination of the individual financial statements of the Hospital, Nursing Home, Chesapeake Cove, and Endowment Fund with eliminations of certain inter-entity balances and transactions.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The financial statements are prepared on the accrual basis of accounting. Revenues are recognized when earned and expenses are recognized when the product or service has been received and the liability incurred.

New accounting pronouncement

On August 18, 2016, FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) – *Presentation of Financial Statements of Not-for-Profit Entities*. This update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about the expense and investment return. The Foundation has adjusted the presentation of these consolidated statements accordingly. The ASU has been applied retrospectively to all periods presented.

Basis of presentation

The Foundation has adopted the provisions of the American Institute of Certified Public Accountants' *Audit and Accounting Guide for Not-For-Profit Entities* in the presentation of its financial information.

Net assets and revenues, including contributions, are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets can be designated for specific purposes by action of the Board of Directors.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Basis of presentation (continued)

With donor restrictions – Net assets subject to donor-imposed restrictions that can be fulfilled by actions of the Foundation pursuant to those restrictions or that expire by the passage of time, such as term endowments. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity and are primarily comprised of original endowment gifts given to the Foundation by donors. Generally, the donors of these assets permit the Foundation to use all or part of the income on these assets.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified to net assets without donor restrictions in the statement of activities as net assets released from restrictions.

Net assets at the beginning of the year were reclassified to comply with the new standard as follows:

	<u>Unrestricted</u>	<u>Without Donor Restrictions</u>	<u>Total</u>
Balances, previously reported	\$ 9,822,627	\$	\$ 9,822,627
Reclassification	<u>(9,822,627)</u>	<u>9,822,627</u>	
Balances, as restated	<u>\$</u>	<u>\$ 9,822,627</u>	<u>\$ 9,822,627</u>

Cash and cash equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less.

Inventories

Inventories, which primarily consist of medical supplies and drugs, are carried at the lower of cost or net realizable value. Cost is determined using the first-in, first-out method.

Investments

The Foundation's investment policies follow conservative guidelines desired to yield modest returns on low-risk investments. The investment policy reflects a modest objective with only investments in cash products, such as certificates of deposit, encouraged. The only exception to this conservative approach are the funds that were placed in the custody of the Community Foundation of the Eastern Shore (CFES).

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investments (continued)

The Foundation has accepted the valuation of assets as provided by the CFES which has adopted the Financial Accounting Standards Board “*Accounting Standards Codification*.” Under FASB, investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the consolidated statement of financial position. Unrealized gains and losses are included in the change in net assets.

Investment gains, losses and income

Gains and losses on investments are reported on the consolidated statement of activities as increases or decreases in net assets without donor restrictions unless their use is restricted by explicit donor stipulations. Dividends, interest and other investment income are reported in the period earned as increases in net assets without donor restrictions, unless the use of the income received is limited by donor-imposed restrictions.

Accounts receivable and allowances

The Organization's policy is to write off all patient accounts that have been identified as uncollectible. A reserve for uncollectible receivables is recorded for accounts not yet written off that are anticipated to become uncollectible in future periods. When determining the allowance, the policy considers the probability of recoverability of accounts based on historical write-offs, net of recoveries, as well as an analysis of the aged accounts receivable balances with allowances generally increasing as the receivable ages. The analysis of receivables is performed monthly, and the allowances are adjusted accordingly.

A reserve for uncollectible receivables has been established based on private pay, insurances and sliding scale fees. The reserve is estimated at \$745,936 and \$1,401,793 as of June 30, 2019 and 2018, respectively. Recoveries of accounts previously written off are recorded as a reduction to bad debt expense when received. Interest is not charged on patient accounts receivable.

Property and equipment

Expenditures for property, equipment, and improvements are capitalized at cost. Equipment expenditures of \$1,000 or less are charged to expense. Ordinary repairs and maintenance are charged to expense when incurred. Donated assets are capitalized, and recorded as support, at their fair value at the date of receipt. Such donations are reported as without donor restrictions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use, and contributions of cash that must be used to acquire property and equipment, are reported as with donor restrictions. Absent donor stipulations regarding how long those donated assets must be

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Property and equipment (continued)

maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies with donor restrictions net assets to without donor restrictions net assets at that time. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets, which are as follows:

	<u>Life</u>
Land improvements	10 - 50 years
Buildings	10 - 50 years
Fixed equipment	5 years
Major moveable equipment	10 - 20 years

Donated services

No amounts have been reported in the financial statements for donated services or materials. The organization generally pays for services requiring specific expertise.

Donations and bequests

Unconditional promises to give and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, with donor restrictions net assets are reclassified as without donor restrictions net assets and reported in the statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as without donor restrictions contributions.

Income taxes

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and therefore has made no provision for federal income taxes in the accompanying financial statements. The Foundation files a consolidated form 990 that includes all activities of The Edward W. McCready Memorial Hospital, The Alice Byrd Tawes Nursing Home, Chesapeake Cove Assisted Living, and The McCready Foundation, Inc. Endowment Fund.

Under the requirements of Financial Accounting Standards Board (FASB) ASC 740, "Income Taxes", tax-exempt organizations could be required to record an obligation as the result of a tax position they have historically taken on various tax exposure items. As of June 30, 2019, the Foundation has determined that it does not have any uncertain tax positions that qualify for either recognition or disclosure in the financial statements.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net patient service revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Revenue under third-party agreements is subject to audit and retroactive adjustment. Provisions for estimated third-party payor settlements are provided in the period the related services are rendered. Differences between the estimated amounts accrued and interim and final settlements are reported in operations in the year of settlement.

The Foundation has agreements with third-party payors that provide for payments to the hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

The following estimated adjustments were made to gross patient revenues for the years ended June 30, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Gross patient service revenue	\$ 27,788,247	\$ 28,971,818
Less charity care and contractual adjustments	(5,647,546)	(4,649,696)
Net patient service revenue	<u>\$ 22,140,701</u>	<u>\$ 24,322,122</u>

The Foundation's revenues may be subject to adjustments as a result of examination by government agencies or contractors, and as a result of differing interpretation of government regulations, medical diagnosis, charge coding, medical necessity, or other contract terms. The resolution of these matters, if any, often is not finalized until subsequent to the period during which the services were rendered.

Medicare and Medicaid

Services rendered to Medicare and Medicaid program beneficiaries are paid at prospectively determined rates per visit. The Foundation is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of an annual cost report and audits thereof by the Medicare fiscal intermediary.

Commercial carriers

The Foundation has also entered into payment agreements with certain commercial insurance carriers. The basis for payment to the Foundation is based on charges for services provided to the patients.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Functional expenses

The costs of providing program and other activities have been summarized on a functional basis in the statements of activities. Accordingly, certain costs have been allocated among program and general and administrative services. Therefore these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, leases, utilities, and insurance, which is allocated based on the department.

Subsequent events

Management has evaluated subsequent events through October 16, 2019, the date the consolidated financial statements were available and approved to be issued. With the exception of the matters discussed below, there were no material subsequent events that required recognition or additional disclosure in these financial statements.

On June 26, 2019 the McCready Foundation, Inc. entered into an Affiliation Agreement with Peninsula Regional Health System, Inc. See the **AFFILIATION AGREEMENT** note for details about this agreement.

ADVERTISING

The Foundation's policy is to expense advertising costs as the costs are incurred. Total advertising, marketing and development costs for the years ended June 30, 2019 and 2018 amounted to \$100,201 and \$132,959, respectively.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

CASH AND CASH EQUIVALENTS

All cash and cash equivalent funds are in local banks and are secured up to \$250,000, per bank, by the Federal Deposit Insurance Corporation (FDIC), an agency of the Federal government. The bank accounts of all four organizations controlled by The McCready Foundation, Inc. have been opened as accounts of The McCready Foundation, Inc. As a result, these four organizations are subject to FDIC as one entity. As of June 30, 2019, The McCready Foundation, Inc. has cash balances totaling \$1,328,921 in excess of the amount insured by the FDIC.

AVAILABILITY AND LIQUIDITY

The following represents The McCready Foundation, Inc.'s financial assets at June 30, 2019:

Financial assets at year end:	
Cash and cash equivalents	\$ 1,411,563
Certificates of deposit	204,295
Accounts receivable, net	2,796,809
Inventories	361,924
Total financial assets	<u>4,774,591</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 4,774,591</u>

The Foundation manages its cash available to meet general expenditures by adopting and operating within an annual budget approved by the Board of Directors.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

PROPERTY AND EQUIPMENT

At June 30, 2019 and 2018, the cost and related depreciation of property and equipment were as follows:

	2019	2018
Land improvements	\$ 126,380	\$ 106,851
Buildings	24,589,423	24,511,215
Fixed equipment	1,459,313	1,435,966
Major moveable equipment	4,509,225	4,841,588
Total assets	30,684,341	30,895,620
Less: accumulated depreciation	(15,688,855)	(14,998,176)
Net property and equipment	<u>\$ 14,995,486</u>	<u>\$ 15,897,444</u>

Depreciation expense for the years ended June 30, 2019 and 2018 amounted to \$1,094,299 and \$1,246,459, respectively.

LONG-LIVED ASSETS

The carrying value of long-lived assets and certain identifiable intangibles is reviewed by the Organization for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable, as prescribed by ASC Topic 360 *Property, Plant and Equipment*. There were no impairments identified as of June 30, 2019 and 2018, respectively.

COMPENSATED ABSENCES

Employees of the Foundation are entitled to paid vacation, depending on length of service and job classification. Accrued vacation balances at June 30, 2019 and 2018 were \$497,278 and \$553,519, respectively. Rights to receive sick leave do not vest.

LINE OF CREDIT

The Hospital Agency opened a Convertible Line of Credit with PNC Bank on January 27, 2016 with an available line of credit totaling \$114,500. Interest on any borrowing against this line of credit is due the 27th of each month until the conversion date, when all accrued interest shall be due and payable. The balance outstanding as of June 30, 2019 and 2018 was \$70,576 and \$86,206, respectively.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

LONG TERM DEBT

The following summarizes long-term debt at June 30,

	2019	2018
Hospital long term debt:		
USDA Mortgage loan payable to USDA, made on February 5, 1979 in the amount of \$3,200,000 matures January, 2021, payable in monthly installments of \$15,712 including interest at 5%, collateralized by a first mortgage on the Hospital's land, building, personal property, and pledge of real income. A debt service account requirement (USDA loan agreement paragraph 4.5.1) has been waived by having the McCready Foundation, Inc. pledge a savings account held at PNC Bank. The USDA subordinated its' position on this mortgage, but only to the extent of parity with the mortgages from the Bank of Delmarva in the amount of \$4,000,000 and the USDA in the amount of \$6,000,000.	\$	\$ 59,916
Convertible line of credit payable to PNC, made on May 15, 2015 and converted on December 15, 2015, with the original amount owed of \$300,978 and upon conversion \$326,958 maturing November 15, 2022, payable in monthly installments of \$4,427.56 at an interest rate of 3.67%.	170,209	216,038
Hologic 3D Mammo System - \$414,178 financed by Provident Leasing for 36 months at \$12,409 (4.977% interest rate)	39,745	182,792
Hemalology System - \$33,834 financed by Leasing Associates of Barrington for 48 months at \$733 (1.93% interest rate)	13,706	22,148
C Arm Radiology System - \$76,985 financed by Siemens Financing for 60 months at \$1,353 (2.098% interest rate)	43,338	59,105
Xray - \$106,260 financed by Provident Leasing for 36 months at \$3,184 (4.985% interest rate)		25,002
Ultrasound - \$154,375 financed by GE for for 60 months at \$2,682 (1.64% interest rate)	47,267	73,709
McKesson Coagulation Analyzer, NH Call System, Ultrasound \$117,806 financed by First American Lease for 60 months at \$2,249 (5.476% interest rate)	89,468	110,985

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

LONG TERM DEBT (Continued)

	<u>2019</u>	<u>2018</u>
Nursing Home long term debt:		
USDA – Second mortgage – \$6,000,000 dated June 4, 2009 bearing interest at 4.25%. It is amortized over 40 years with the final installment due June 4, 2049. The purpose of the loan is to construct the new nursing home. The collateral is to include all assets of the Hospital, Nursing Home and the Foundation. Payments were interest only through June 4, 2011, with monthly principal and interest payments commencing on July 4, 2011.	5,352,982	5,442,359
The Bank of Delmarva – Third mortgage – \$4,000,000 dated June 4, 2009 bearing interest at 6.5% on the total sums disbursed, starting July 4, 2009 to June 4, 2011. Monthly principal and interest payments commenced on July 4, 2011 and shall continue through June 4, 2016. From and after the 4th of June, 2016, principal and interest at the rate of prime minus one-half percent (-.50%), as of June 4, 2016, on the unpaid principal, shall be due and payable in three hundred (300) consecutive monthly installments (based on a thirty (30) year amortization) commencing on July 4, 2016, and continuing on the like day of each month thereafter, to and including the June 4, 2041, when the final payment of all principal and interest shall be due and payable in full. The term “prime rate of interest” as used herein is defined as the prevailing corporate prime rate as published daily in the Wall Street Journal, or its successor publication. Any increase or decrease in said rate of interest shall be adjusted every 60 months beginning June, 2016, and shall be due on the 4th day of each month following such change in said interest rate. Notwithstanding the above, it is understood and agreed, by and between the parties hereto, that the interest rate set forth herein shall, in no event, be less than 6.50%, nor greater than 9.75%, for the life of the loan. This loan is guaranteed by the USDA. The collateral is to include all assets of the Hospital, Nursing Home, Chesapeake Cove Assisted Living and the Foundation.	3,275,504	3,340,118
Total debt	9,032,219	9,532,172
Less short term portion of debt	321,530	495,312
Total long term debt	\$ 8,710,689	\$ 9,036,860

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

LONG TERM DEBT (Continued)

Scheduled payments of principal due on long term debt for subsequent years ending June 30 are as follows:

	<u>Hospital</u>	<u>Nursing Home</u>	<u>Total</u>
2020	\$ 161,058	\$ 160,472	\$ 321,530
2021	114,688	169,081	283,769
2022	88,663	178,174	266,837
2023	39,325	187,779	227,104
2024		197,926	197,926
Thereafter		7,735,053	7,735,053
Total	<u>\$ 403,734</u>	<u>\$ 8,628,485</u>	<u>\$ 9,032,219</u>

CHARITY CARE

The Foundation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. The Foundation does not pursue collection of amounts determined to qualify as charity care. The amount of charges foregone for services and supplies furnished under the Foundation's charity care policy aggregated approximately \$378,616 and \$326,004 in the years ended June 30, 2019 and 2018, respectively.

INVESTMENTS MAINTAINED BY COMMUNITY FOUNDATION OF THE EASTERN SHORE

During the year ended June 30, 2011, the Foundation established a fund in the amount of \$105,000 with the Community Foundation of the Eastern Shore (CFES) in order to develop a constant stream of income. CFES is a community based charitable organization established to support worthwhile projects in Wicomico, Worcester, and Somerset Counties. The CFES fund is managed by third party investment managers in a diversified portfolio. The principal of this fund is considered unrestricted. Written board approval is required to draw on the principal of the fund. The balances of the account at June 30, 2019 and 2018 were \$256,363 and \$253,244, respectively. Unrealized gain (loss) on investments represents the Foundation's share of CFES's realized and unrealized gains and losses, interest and dividends.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

FAIR VALUE MEASUREMENT

The framework for measuring for fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs other than quoted prices included within Level 1, to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Investments maintained by the Community Foundation of the Eastern Shore: Valued at the reported fund balances by the CFES which represents the Endowment Fund's share in a portion of the total investments held by the CFES.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

FAIR VALUE MEASUREMENT (Continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Endowment Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date

The following table sets forth by level, within the fair value hierarchy, the Endowment Fund's assets at fair value as of June 30, 2019 and 2018:

Assets Measured at Fair Value on a Recurring Basis June 30, 2019:

Description	Fair Value Measurement at Reporting Date			Total
	Using:			
	(Level 1)	(Level 2)	(Level 3)	
Investment maintained by CFES	\$	\$	\$ 256,363	\$ 256,363
Total	\$	\$	\$ 256,363	\$ 256,363

Assets Measured at Fair Value on a Recurring Basis June 30, 2018:

Description	Fair Value Measurement at Reporting Date			Total
	Using:			
	(Level 1)	(Level 2)	(Level 3)	
Investment maintained by CFES	\$	\$	\$ 253,244	\$ 253,244
Total	\$	\$	\$ 253,244	\$ 253,244

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended June 30, 2019.

Assets measured at Fair Value on a Recurring Basis Using Significant Unobservable Inputs (Level 3).

	Investment maintained by CFES
Balance, beginning of year	\$ 253,244
Administration fees	(2,490)
Contribution	50
Unrealized gain	5,559
Balance, end of year	\$ 256,363

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

EMPLOYEE PENSION PLAN – DEFINED CONTRIBUTION

The Foundation provides a discretionary employer pension contribution with a salary cap of \$100,000 per year. The employer contribution is not a match but an across the board contribution to all full time employees who have been employed for one year or more. Both full time and part time employees are allowed to participate in the plan through payroll deductions. Employer contributions to the plan for the years ended June 30, 2019 and 2018 amounted to \$70,458 and \$148,146 respectively.

OPERATING LEASES

As of June 30, 2019, the Foundation had two operating lease agreements for the rental of various pieces of equipment. The agreements expired in 2019 and have been extended on a month to month schedule

COMMITMENTS AND CONTINGENCIES

The Foundation's charges are subject to review and approval by the Maryland Health Services Cost Review Commission. Until such review has been completed and approved, there exists a contingent liability to repay amounts in excess of allowable charges.

The Foundation has elected the reimbursement method of Maryland unemployment coverage whereby the organization reimburses the State of Maryland Unemployment Insurance Fund for unemployment claims charged against its account. These amounts are recorded as expense when a bill is received from the State of Maryland Department of Labor, Licensing, and Regulation Division of Unemployment Insurance. No accrual for estimated unassessed reimbursements has been made since the amount charged to an employer's account is subject to complex rules and management believes any reimbursement to be assessed will not be material. Unemployment claims for fiscal years 2019 and 2018 were \$(2,669) and \$21,523 respectively.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

CONCENTRATION OF CREDIT RISK

At June 30, 2019, the Foundation received a substantial amount of its support from Medicaid and Medicare. A reduction in the level of this reimbursement, if this were to occur, may have an effect on the organization's activities.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimated revenue will change by a material amount in the near term.

The Foundation elected to be self-insured for employee health insurance up to a cap of about \$1.5 million. The Foundation's actual cost for the year ended June 30, 2019 and 2018 were \$1,579,260 and \$1,368,425 respectively.

AFFILIATION AGREEMENT

The Affiliation Agreement entered into between the McCready Foundation, Inc. and Peninsula Regional Health System, Inc. ("PRHS") on June 26, 2019 will significantly change the manner in which the McCready Foundation, Inc. operates in the future.

Highlights of the agreement include PRHS becoming the sole member of the McCready Foundation, Inc. with sole voting rights on the closing date which is set to occur on or before November 30, 2019. Upon closing the McCready Board will be reduced in number to 5 members to be appointed by PRHS, all actions of this Board will be subject to approval of PRHS.

Prior to the closing date McCready and PRHS will work together to convert McCready Hospital to a Freestanding Medical Facility ("FMF") which will continue operations at McCready Hospital's current location until which time a new facility is constructed at a new location. Current inpatient and surgical services being offered by McCready Hospital will not be offered by the new FMF. The Nursing and Assisted Living facilities will operate in the same manner as they are currently operating, but as affiliates of PRHS after the closing.

THE MCCREADY FOUNDATION INC.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2019 AND 2018

RISK MANAGEMENT

The Hospital is exposed to various risk of losses related to torts; theft of; damage to; and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Hospital has obtained coverage from commercial insurance companies for these risks. There were no significant reductions in insurance coverage from the prior year. No settlements exceeded insurance coverage in the past three fiscal years.

PRIOR PERIOD ADJUSTMENT

In 2018 the Hospital understated its liabilities. The adjustment to without donor restrictions is as follows:

	<u>Hospital</u>	<u>Endowment</u>	<u>Assisted Living</u>	<u>Nursing Home</u>	<u>Total</u>
Without donor restrictions at					
June 30, 2018, as previously reported	\$ 11,060,832	\$ 855,695	\$ (3,018,552)	\$ 924,652	\$ 9,822,627
Adjustment for the state of Maryland emergency funds	<u>(75,328)</u>				<u>(75,328)</u>
Without donor restrictions at June 30, 2018, as restated	<u>\$ 10,985,504</u>	<u>\$ 855,695</u>	<u>\$ (3,018,552)</u>	<u>\$ 924,652</u>	<u>\$ 9,747,299</u>

NEW ACCOUNTING STANDARDS

FASB issued Accounting Standards Update (ASU) No. 2016-02, *Leases*. Under the new guidance, a lessee will be required to recognize assets and liabilities for leases with lease terms of more than 12 months. Consistent with current Generally Accepted Accounting Principles (GAAP), the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a finance or operating lease. However, unlike current GAAP—which requires only capital leases to be recognized on the balance sheet—the new ASU will require both types of leases to be recognized on the balance sheet. The new guidance on leases will take effect for the year ended June 30, 2021.

SUPPLEMENTARY INFORMATION

THE MCCREADY FOUNDATION, INC.

CONSOLIDATING STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2019 AND 2018

	ASSETS					Total
	2019					
	<u>Hospital</u>	<u>Endowment</u>	<u>Assisted Living</u>	<u>Nursing</u>	<u>Eliminations</u>	
CURRENT ASSETS						
Cash and cash equivalents	\$ 1,335,496	\$ 43,191	\$ 11,364	\$ 21,712		\$ 1,411,763
Certificates of deposit		204,295				204,295
Accounts receivable, net	1,962,056		59,018	775,735		2,796,809
Inventories	335,402			26,522		361,924
Prepaid expenses	168,870			3,793		172,663
Total current assets	<u>3,801,824</u>	<u>247,486</u>	<u>70,382</u>	<u>827,762</u>		<u>4,947,454</u>
INVESTMENTS, AT FAIR VALUE						
Investments maintained by Community Foundation of the Eastern Shore		256,363				256,363
Total investments		<u>256,363</u>				<u>256,363</u>
PROPERTY AND EQUIPMENT						
Property and equipment	16,689,643		4,030,007	9,964,691		30,684,341
Less accumulated depreciation	(11,816,538)		(957,571)	(2,914,746)		(15,688,855)
Net property and equipment	<u>4,873,105</u>		<u>3,072,436</u>	<u>7,049,945</u>		<u>14,995,486</u>
OTHER ASSETS						
Due from affiliates	4,748,682	370,640		5,439,599	(10,558,921)	
Restricted patient funds				14,251		14,251
Total other assets	<u>4,748,682</u>	<u>370,640</u>		<u>5,453,850</u>	<u>(10,558,921)</u>	<u>14,251</u>
Total assets	<u>\$ 13,423,611</u>	<u>\$ 874,489</u>	<u>\$ 3,142,818</u>	<u>\$ 13,331,557</u>	<u>\$ (10,558,921)</u>	<u>\$ 20,213,554</u>

	2018					
	Hospital	Endowment	Assisted Living	Nursing Home	Eliminations	Total
CURRENT ASSETS						
Cash and cash equivalents	\$ 1,216,700	\$ 8,010	\$ 22,476	\$ 31,491	\$	\$ 1,278,677
Certificates of deposit		202,830				202,830
Accounts receivable, net	3,134,016		67,962	1,047,157		4,249,135
Pledges receivable						
Inventories	355,547			30,420		385,967
Prepaid expenses	293,795			3,997		297,792
Total current assets	<u>5,000,058</u>	<u>210,840</u>	<u>90,438</u>	<u>1,113,065</u>		<u>6,414,401</u>
INVESTMENTS, AT FAIR VALUE						
Investments maintained by						
Community Foundation of the Eastern Shore		253,244				253,244
Total investments		<u>253,244</u>				<u>253,244</u>
PROPERTY AND EQUIPMENT						
Property and equipment	16,858,976		4,051,429	9,985,215		30,895,620
Less accumulated depreciation	(11,480,843)		(872,326)	(2,645,007)		(14,998,176)
Net property and equipment	<u>5,378,133</u>		<u>3,179,103</u>	<u>7,340,208</u>		<u>15,897,444</u>
OTHER ASSETS						
Due from affiliates	4,263,500	402,811		5,328,509	(9,994,820)	
Restricted patient funds				18,618		18,618
Total other assets	<u>4,263,500</u>	<u>402,811</u>		<u>5,347,127</u>	<u>(9,994,820)</u>	<u>18,618</u>
Total assets	<u>\$ 14,641,691</u>	<u>\$ 866,895</u>	<u>\$ 3,269,541</u>	<u>\$ 13,800,400</u>	<u>\$ (9,994,820)</u>	<u>\$ 22,583,707</u>

THE MCCREADY FOUNDATION, INC.

CONSOLIDATING STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2019 AND 2018

LIABILITIES AND NET ASSETS

	2019					
	Hospital	Endowment	Assisted Living	Nursing Home	Eliminations	Total
CURRENT LIABILITIES						
Line of credit	\$ 70,576	\$	\$	\$	\$	\$ 70,576
Current portion of long-term debt	161,058			160,472		321,530
Accounts payable	1,574,716		5,131	233,561		1,813,408
Accrued salaries, annual leave and related taxes	631,022		38,413	289,715		959,150
Accrued interest	855			29,086		29,941
Medicare periodic interim payment program	97,753					97,753
Blue cross - advance	174,700					174,700
Assisted living deposits			1,211			1,211
Medicaid - advance	41,596			58,215		99,811
Total current liabilities	<u>2,752,276</u>		<u>44,755</u>	<u>771,049</u>		<u>3,568,080</u>
NON-CURRENT LIABILITIES						
Loan payable	242,677			8,468,012		8,710,689
Total non-current liabilities	<u>242,677</u>			<u>8,468,012</u>		<u>8,710,689</u>
OTHER LIABILITIES						
Due to affiliates	370,640	11,200	6,429,721	3,747,360	(10,558,921)	
Restricted patient funds				14,251		14,251
Total other liabilities	<u>370,640</u>	<u>11,200</u>	<u>6,429,721</u>	<u>3,761,611</u>	<u>(10,558,921)</u>	<u>14,251</u>
Total liabilities	<u>3,365,593</u>	<u>11,200</u>	<u>6,474,476</u>	<u>13,000,672</u>	<u>(10,558,921)</u>	<u>12,293,020</u>
NET ASSETS (DEFICIT)						
Without donor restrictions	10,058,018	863,289	(3,331,658)	330,885		7,920,534
Total net assets (deficit)	<u>10,058,018</u>	<u>863,289</u>	<u>(3,331,658)</u>	<u>330,885</u>		<u>7,920,534</u>
Total liabilities and net assets	<u>\$ 13,423,611</u>	<u>\$ 874,489</u>	<u>\$ 3,142,818</u>	<u>\$ 13,331,557</u>	<u>\$ (10,558,921)</u>	<u>\$ 20,213,554</u>

	2018					
	Hospital	Endowment	Assisted Living	Nursing Home	Eliminations	Total
CURRENT LIABILITIES						
Line of credit	\$ 86,206	\$	\$	\$	\$	\$ 86,206
Current portion of long-term debt	345,993			149,319		495,312
Accounts payable	1,392,186		3,204	378,945		1,774,335
Accrued salaries, annual leave and related taxes	686,782		32,888	276,390		996,060
Accrued interest	1,639			29,600		31,239
Medicare periodic interim payment program	123,244					123,244
Blue cross - advance	158,400					158,400
Assisted Living Deposits			2,413			2,413
Medicaid - advance	55,224			58,622		113,846
Total current liabilities	<u>2,849,674</u>		<u>38,505</u>	<u>892,876</u>		<u>3,781,055</u>
NON-CURRENT LIABILITIES						
Loan payable	403,702			8,633,158		9,036,860
Total non-current liabilities	<u>403,702</u>			<u>8,633,158</u>		<u>9,036,860</u>
OTHER LIABILITIES						
Due to affiliates	402,811	11,200	6,249,588	3,331,221	(9,994,820)	
Restricted patient funds				18,493		18,493
Total other liabilities	<u>402,811</u>	<u>11,200</u>	<u>6,249,588</u>	<u>3,349,714</u>	<u>(9,994,820)</u>	<u>18,493</u>
Total liabilities:	<u>3,656,187</u>	<u>11,200</u>	<u>6,288,093</u>	<u>12,875,748</u>	<u>(9,994,820)</u>	<u>12,836,408</u>
NET ASSETS (DEFICIT)						
Unrestricted, as restated	10,985,504	855,695	(3,018,552)	924,652		9,747,299
Total net assets (deficit), as restated	<u>10,985,504</u>	<u>855,695</u>	<u>(3,018,552)</u>	<u>924,652</u>		<u>9,747,299</u>
Total liabilities and net assets	<u>\$ 14,641,691</u>	<u>\$ 866,895</u>	<u>\$ 3,269,541</u>	<u>\$ 13,800,400</u>	<u>\$ (9,994,820)</u>	<u>\$ 22,583,707</u>

THE MCCREADY FOUNDATION, INC.
CONSOLIDATING STATEMENTS OF ACTIVITY
YEARS ENDED JUNE 30, 2019 AND 2018

	2019				Total
	Hospital	Endowment	Assisted Living	Nursing Home	
OPERATING REVENUE	\$ 16,508,581	\$	\$ 841,659	\$ 6,203,901	\$ 23,554,141
EXPENSES					
Program services	15,211,986		1,139,378	6,478,568	22,829,932
General and administrative	2,513,114	2,489	15,387	319,336	2,850,326
Total expenses	17,725,100	2,489	1,154,765	6,797,904	25,680,258
Operating loss	(1,216,519)	(2,489)	(313,106)	(594,003)	(2,126,117)
NON-OPERATING INCOME	289,033	10,083		236	299,352
Change in net assets	(927,486)	7,594	(313,106)	(593,767)	(1,826,765)
NET ASSETS, BEGINNING OF YEAR, AS RESTATED	10,985,504	855,695	(3,018,552)	924,652	9,747,299
NET ASSETS, END OF YEAR	\$ 10,058,018	\$ 863,289	\$ (3,331,658)	\$ 330,885	\$ 7,920,534

	2018				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
OPERATING REVENUE	\$ 17,343,163	\$	\$ 810,784	\$ 6,168,175	\$ 24,322,122
EXPENSES					
Program services	15,839,140		1,046,329	6,374,611	23,260,080
General and administrative	2,344,113	2,463	39,582	270,075	2,656,233
Total expenses	18,183,253	2,463	1,085,911	6,644,686	25,916,313
Operating loss	(840,090)	(2,463)	(275,127)	(476,511)	(1,594,191)
NON-OPERATING INCOME	75,185	27,914		1,811	104,910
Change in net assets	(764,905)	25,451	(275,127)	(474,700)	(1,489,281)
NET ASSETS, BEGINNING OF YEAR	11,750,409	830,244	(2,743,425)	1,399,352	11,236,580
NET ASSETS, END OF YEAR	\$ 10,985,504	\$ 855,695	\$ (3,018,552)	\$ 924,652	\$ 9,747,299

THE MCCREADY FOUNDATION, INC.

CONSOLIDATING STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2019 AND 2018

	2019				
	Program Services				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 6,181,293	\$	\$ 542,100	\$ 3,583,565	\$ 10,306,958
Payroll taxes	409,130		38,228	270,701	718,059
Employee benefits	1,055,969		62,128	624,610	1,742,707
	<u>7,646,392</u>		<u>642,456</u>	<u>4,478,876</u>	<u>12,767,724</u>
Professional service fees	1,955,902			51,651	2,007,553
Consumable supplies	1,350,327		192,875	584,174	2,127,376
Service contracts and maintenance	1,535,666		3,036	137,171	1,675,873
Leases and rentals	360,366			40,768	401,134
Depreciation expense	632,245		114,347	317,976	1,064,568
Utilities	279,320		41,070	182,600	502,990
Interest expense	60,721		133,204	276,109	470,034
Insurance	305,617		7,797	110,580	423,994
Training	26,837		504	1,803	29,144
Dues and subscriptions	42,433			5,432	47,865
Laundry	30,660			44,113	74,773
Other expenses	220,812		3,666	155,243	379,721
Bad debt expense	764,688		423	92,072	857,183
Total expenses	<u>\$ 15,211,986</u>	<u>\$</u>	<u>\$ 1,139,378</u>	<u>\$ 6,478,568</u>	<u>\$ 22,829,932</u>

	2018				
	Program Services				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 6,619,569	\$	\$ 512,490	\$ 3,624,774	\$ 10,756,833
Payroll taxes	441,513		36,130	251,654	729,297
Employee benefits	951,619		44,939	540,361	1,536,919
	<u>8,012,701</u>		<u>593,559</u>	<u>4,416,789</u>	<u>13,023,049</u>
Professional service fees	1,392,058			56,343	1,448,401
Consumable supplies	1,447,698		163,875	610,751	2,222,324
Service contracts and maintenance	1,401,021			109,458	1,510,479
Leases and rentals	421,187			57,305	478,492
Depreciation expense	793,912		109,217	317,542	1,220,671
Utilities	313,274		34,484	150,414	498,172
Interest expense	87,694		135,138	280,240	503,072
Insurance	255,653		9,735	124,047	389,435
Training	32,733		36	4,644	37,413
Dues and subscriptions	37,133		40	411	37,584
Laundry	29,243			48,403	77,646
Other expenses	462,329		112	147,169	609,610
Bad debt expense	1,152,504		133	51,095	1,203,732
Total expenses	<u>\$ 15,839,140</u>	<u>\$</u>	<u>\$ 1,046,329</u>	<u>\$ 6,374,611</u>	<u>\$ 23,260,080</u>

THE MCCREADY FOUNDATION, INC.

CONSOLIDATING STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2019 AND 2018

	2019				
	General and Administrative				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 763,730	\$	\$ 5,249	\$ 226,632	\$ 995,611
Payroll taxes	56,836		19	12,076	68,931
Employee benefits	126,207		66	18,072	144,345
	946,773		5,334	256,780	1,208,887
Professional service fees	1,006,550	2,489	7,750	18,650	1,035,439
Consumable supplies	76,449		395	5,771	82,615
Advertising and recruiting	94,795		125	5,281	100,201
Service contracts and maintenance	4,975				4,975
Leases and rentals	9,610		921	6,876	17,407
Depreciation expense	28,690			1,041	29,731
Utilities	94,846				94,846
Insurance	15,879		821	10,677	27,377
Training	6,240			3,227	9,467
Dues and subscriptions	50,090			5,594	55,684
Other expenses	178,217		41	5,439	183,697
Total expenses	\$ 2,513,114	\$ 2,489	\$ 15,387	\$ 319,336	\$ 2,850,326

2018

General and Administrative

	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 792,887	\$	\$ 29,983	\$ 177,648	\$ 1,000,518
Payroll taxes	76,048		570	20,841	97,459
Employee benefits	134,934		63	14,448	149,445
	<u>1,003,869</u>		<u>30,616</u>	<u>212,937</u>	<u>1,247,422</u>
Professional service fees	709,500	2,463		6,800	718,763
Consumable supplies	103,786		1,332	5,876	110,994
Advertising and recruiting	126,790			6,169	132,959
Service contracts and maintenance	14,108			219	14,327
Leases and rentals	23,877		989	6,766	31,632
Depreciation expense	23,078			2,710	25,788
Utilities	98,295				98,295
Insurance	15,694		963	10,440	27,097
Training	5,257		220	1,175	6,652
Dues and subscriptions	40,696			11,633	52,329
Other expenses	179,163		5,462	5,350	189,975
Total expenses	<u>\$ 2,344,113</u>	<u>\$ 2,463</u>	<u>\$ 39,582</u>	<u>\$ 270,075</u>	<u>\$ 2,656,233</u>

THE MCCREADY FOUNDATION, INC.

CONSOLIDATING STATEMENTS OF FUNCTIONAL EXPENSES

YEARS ENDED JUNE 30, 2019 AND 2018

	2019				
	Totals				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 6,945,023	\$	\$ 547,349	\$ 3,810,197	\$ 11,302,569
Payroll taxes	465,966		38,247	282,777	786,990
Employee benefits	1,182,176		62,194	642,682	1,887,052
	<u>8,593,165</u>		<u>647,790</u>	<u>4,735,656</u>	<u>13,976,611</u>
Professional service fees	2,962,452	2,489	7,750	70,301	3,042,992
Consumable supplies	1,426,776		193,270	589,945	2,209,991
Advertising and recruiting	94,795		125	5,281	100,201
Service contracts and maintenance	1,540,641		3,036	137,171	1,680,848
Leases and rentals	369,976		921	47,644	418,541
Depreciation expense	660,935		114,347	319,017	1,094,299
Utilities	374,166		41,070	182,600	597,836
Interest expense	60,721		133,204	276,109	470,034
Insurance	321,496		8,618	121,257	451,371
Training	33,077		504	5,030	38,611
Dues and subscriptions	92,523			11,026	103,549
Laundry	30,660			44,113	74,773
Other expenses	399,029		3,707	160,682	563,418
Bad debt expense	764,688		423	92,072	857,183
Total expenses	<u>\$ 17,725,100</u>	<u>\$ 2,489</u>	<u>\$ 1,154,765</u>	<u>\$ 6,797,904</u>	<u>\$ 25,680,258</u>

	2018				
	Totals				
	Hospital	Endowment	Assisted Living	Nursing Home	Total
Salaries	\$ 7,412,456	\$	\$ 542,473	\$ 3,802,422	\$ 11,757,351
Payroll taxes	517,561		36,700	272,495	826,756
Employee benefits	1,086,553		45,002	554,809	1,686,364
	<u>9,016,570</u>		<u>624,175</u>	<u>4,629,726</u>	<u>14,270,471</u>
Professional service fees	2,101,558	2,463		63,143	2,167,164
Consumable supplies	1,551,484		165,207	616,627	2,333,318
Advertising and recruiting	126,790			6,169	132,959
Service contracts and maintenance	1,415,129			109,677	1,524,806
Leases and rentals	445,064		989	64,071	510,124
Depreciation expense	816,990		109,217	320,252	1,246,459
Utilities	411,569		34,484	150,414	596,467
Interest expense	87,694		135,138	280,240	503,072
Insurance	271,347		10,698	134,487	416,532
Training	37,990		256	5,819	44,065
Dues and subscriptions	77,829		40	12,044	89,913
Laundry	29,243			48,403	77,646
Other expenses	641,492		5,574	152,519	799,585
Bad debt expense	1,152,504		133	51,095	1,203,732
Total expenses	<u>\$ 18,183,253</u>	<u>\$ 2,463</u>	<u>\$ 1,085,911</u>	<u>\$ 6,644,686</u>	<u>\$ 25,916,313</u>

THE MCCREADY FOUNDATION, INC.

**STATEMENTS OF ACTIVITY BY ORGANIZATION
MCCREADY MEMORIAL HOSPITAL**

YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
OPERATING REVENUES		
Regulated revenue		
Total inpatient revenue	\$ 2,143,226	\$ 2,634,026
Total outpatient revenue	13,926,794	13,433,493
Gross regulated revenue	16,070,020	16,067,519
Less allowances	(3,314,129)	(1,822,583)
Less charity care	(342,529)	(290,760)
Net regulated revenue	12,413,362	13,954,176
Unregulated revenue		
Professional fees	2,771,100	4,101,074
Other services	1,008	8,496
Gross unregulated revenue	2,772,108	4,109,570
Less: allowances	(338,632)	(864,232)
Less: charity care	(36,087)	(35,244)
Net unregulated revenue	2,397,389	3,210,094
Other operating revenue	1,697,830	178,893
Operating revenue	16,508,581	17,343,163
EXPENSES		
Program services	15,211,986	15,839,140
General and administrative	2,513,114	2,344,113
Total expenses	17,725,100	18,183,253
Operating loss	(1,216,519)	(840,090)
NON-OPERATING INCOME	289,033	75,185
Net loss	\$ (927,486)	\$ (764,905)

THE MCCREADY FOUNDATION, INC.
STATEMENTS OF ACTIVITY BY ORGANIZATION
ENDOWMENT
YEARS ENDED JUNE 30, 2019 AND 2018

	2019	2018
EXPENSES		
General and administrative	2,489	2,463
Total expenses	2,489	2,463
Operating loss	(2,489)	(2,463)
NON-OPERATING INCOME	10,083	27,914
Net income	\$ 7,594	\$ 25,451

THE MCCREADY FOUNDATION, INC.

**STATEMENTS OF ACTIVITY BY ORGANIZATION
CHESAPEAKE COVE ASSISTED LIVING**

YEARS ENDED JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
OPERATING REVENUES		
Room and board	841,659	810,784
Operating revenue	<u>841,659</u>	<u>810,784</u>
EXPENSES		
Program services	1,139,378	1,046,329
General and administrative	15,387	39,582
Total expenses	<u>1,154,765</u>	<u>1,085,911</u>
Operating loss	<u>(313,106)</u>	<u>(275,127)</u>
Net loss	<u>\$ (313,106)</u>	<u>\$ (275,127)</u>

THE MCCREADY FOUNDATION, INC.

**STATEMENTS OF ACTIVITY BY ORGANIZATION
ALICE B. TAWES NURSING HOME**

YEARS ENDED JUNE 30, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
OPERATING REVENUES		
Patient revenue		
Room and board	6,813,450	6,745,224
Ancillary services	900,302	955,686
Allowances	<u>(1,616,169)</u>	<u>(1,636,877)</u>
Net patient revenue	6,097,583	6,064,033
Dietary income	34,139	38,968
Other operating revenue	<u>72,179</u>	<u>65,174</u>
Operating revenue	<u>6,203,901</u>	<u>6,168,175</u>
EXPENSES		
Program services	6,478,568	6,374,611
General and administrative	<u>319,336</u>	<u>270,075</u>
Total expenses	<u>6,797,904</u>	<u>6,644,686</u>
Operating loss	(594,003)	(476,511)
NON-OPERATING INCOME	<u>236</u>	<u>1,811</u>
Net loss	<u>\$ (593,767)</u>	<u>\$ (474,700)</u>