



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE READING HOSPITAL	D Employer identification number 23-2201344
		Doing Business As	E Telephone number (610) 988-8114
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 16052	G Gross receipts \$ 4,903,859
		City or town, state or country, and ZIP + 4 READING, PA 196126052	
F Name and address of Principal Officer SCOTT R WOLFE PRESIDENT PO BOX 6052 READING, PA 196126052		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Web site:			
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other		L Year of Formation 1982	M State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities See Additional Data Table		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,224,428	400,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,796,183	-3,202,080
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-3,197,188	-3,256,479
		22,823,423	-6,058,559
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b (Total fundraising expenses, Part IX, column (D), line 25 ⁰)			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		17,904,524	37,490,098
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))		17,904,524	37,490,098
19 Revenue less expenses Subtract line 18 from line 12	4,918,899	-43,548,657	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,014,888,637	1,240,618,778
	22 Net assets or fund balances Subtract line 21 from line 20	306,539,373	545,431,825
		708,349,264	695,186,953

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

Please Sign Here	Signature of officer	Date 2010-05-10		
	STEVEN FINKEL VICE PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date 2010-05-12	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
				Phone no

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 4,004,703 including grants of \$) (Revenue \$)
TO FACILITATE THE INVESTMENT AND FINANCING ACTIVITIES OF THE HEALTH CARE SYSTEM THROUGH ITS AFFILIATES, INCLUDING THE READING HOSPITAL & MEDICAL CENTER, THE SYSTEM ENGAGED IN THE FOLLOWING COMMUNITY & CHARITY CARE ACTIVITIES DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2009 RELATING TO EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 32,343 PATIENT ADMISSIONS EMERGENCY SERVICES 92,608 PATIENT VISITS OUTPATIENT SERVICES 4,549,576 UNITS OF SERVICE AMOUNT OF CHARITY CARE PROVIDED 10,781,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER 54,742 VISITS TO OUTPATIENT CLINIC FOR MEDICALLY UNDERSERVED INDIVIDUALS RANGING FROM NEWBORNS THROUGH TEENS -OPERATE HEALTH EDUCATION CENTER TOURS THROUGH HOSPITAL AND VISIT TO HEALTH MUSEUM FOR STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH 6TH GRADE, SUPPORTS SCHOOLS' HEALTH CURRICULUM -PURCHASED A FIRE SAFETY HOUSE FOR THE BURN PREVENTION FOUNDATION TO USE IN EDUCATING CHILDREN ABOUT FIRE SAFETY 7,000 -HOSTED ALL GROWN UP PROGRAM ATTENDED BY 82 MOTHERS AND ADOLESCENT DAUGHTERS -PROVIDE HAND-KNITTED CAP TO HELP REGULATE BODY TEMPERATURE TO EACH OF THE 3,618 BABIES BORN AT TRHMC -SPONSORED ANNUAL INFANT LOSS REMEMBRANCE AND REFLECTION EVENT FOR 38 PARENTS WHO EXPERIENCED A PRENATAL LOSS -PROVIDED 12 DIFFERENT PRENATAL EDUCATION PROGRAMS THROUGH 136 SESSIONS TO 1,339 EXPECTANT FAMILIES -PRESENTED FIVE EDUCATIONAL PROGRAMS ON ADVANCES IN INFERTILITY TREATMENTS ATTENDED BY 101 COUPLES -HOSTED PROGRAM ON PREVENTING INFANT ABDUCTION FOR 48 ATTENDEES -SPONSORED PROGRAM ON IDENTIFYING AND PREVENTION ADOLESCENT BULLYING, 64 ATTENDEES -CONDUCTED PROGRAM ON AUTISM, ATTENDED BY 93 INDIVIDUALS - PROVIDE FREE ONGOING LACTATION SUPPORT SERVICES TO NEW MOTHERS DURING AND AFTER HOSPITALIZATION -CONDUCT JUNIOR VOLUNTEER PROGRAM TO OFFER SERVICE, INFORMATION, AND HEALTH EDUCATION TO OLDER STUDENTS -OFFERED 20 FUTURE OF CARING SCHOLARSHIPS TO THE SCHOOL OF HEALTH SCIENCES TO ATTRACT STUDENTS INTO NURSING AND RADIOLOGIC TECHNOLOGY CAREERS HEALTH OUTREACH FOR ADULTS -OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE, 35,540 VISITS -OPENED CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE -OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDES PRIMARY AND SUBSPECIALLY CARE TO MEDICALLY UNDERSERVED ADULTS, 7,651 VISITS -PROVIDED FREE CANCER SCREENINGS TO 353 ADULTS AT FOUR EVENTS FOR GYNECOLOGIC, PROSTATE AND SKIN (2) CANCER -PROVIDED FREE SEASONAL FLU IMMUNIZATIONS TO 1,978 AT-RISK ADULTS -HOSTED "GO RED" HEALTH EDUCATIONAL SEMINAR AND PANEL DISCUSSION FOR 295 WOMEN INTERESTED IN HEART HEALTH -CONDUCT CAREGIVERS SUPPORT GROUP, 6 SESSIONS ATTENDED BY 17 CAREGIVERS -HOSTED 19 STEPPING STONES TO WELLNESS FOR 48 RECENTLY DIAGNOSED CANCER PATIENTS AND THEIR FAMILIES TO PROVIDE INFORMATION AND SUPPORT ON SURVIVORSHIP -PROVIDED 14 CANCER PATIENTS WITH YOGA THERAPY -PROVIDED FREE INFLUENZA VACCINES TO 1,617 AT-RISK MEMBERS OF THE COMMUNITY, OFFERED FLU VACCINATIONS AT NO CHARGE TO 9,000 PHYSICIANS AND HOSPITAL EMPLOYEES -OPERATE ADULT MEDICAL OUTPATIENT SERVICES CLINIC FOR MEDICALLY UNDERSERVED PATIENTS, 8,036 VISITS -OPERATE THE READING HEALTH DISPENSARY AND 2ND STREET SATELLITE TO PROVIDE DIAGNOSTIC AND TREATMENT SERVICES TO MEDICALLY UNDERSERVED INDIVIDUALS, 27,569 VISITS -OFFER FAMILY CANCER RISK ASSESSMENT PROGRAM FOR WOMEN AND PROSTATE CANCER RISK ASSESSMENT PROGRAM FOR MEN -CONDUCT FREE ASK THE NURSE PROGRAM FOR WOMEN WITH GYNECOLOGIC HEALTH ISSUES -OFFER FREE STEPPING STONES TO WELLNESS PROGRAM TO ADDRESS PHYSICAL, EMOTIONAL, AND SPIRITUAL CONCERNS OF CANCER SURVIVORS -PROVIDE FACILITIES, AS WELL AS FACILITATORS AND/OR REFRESHMENTS, FOR 16 HEALTH-RELATED SUPPORT GROUPS -HOST 19 FOR YOUR HEALTH SEMINARS ON BROAD RANGE OF HEALTH TOPICS, ATTENDED BY 779 ADULTS IN FY 2009 -CONDUCT 17 FREE WEIGHT MANAGEMENT SEMINARS TO REVIEW WEIGHT LOSS OPTIONS, ATTENDED BY 1,201 INDIVIDUALS IN FY 2009 -HOSTED 12 TALKS ON JOINT REPLACEMENT AND OTHER ORTHOPAEDIC SUBJECTS, ATTENDED BY 74 ADULTS IN FY 2009 -CONDUCTED FREE EDUCATIONAL PROGRAM ON ADVANCES IN ARTHRITIS, ATTENDED BY 138 INDIVIDUALS - HOSTED TRAUMA EDUCATIONAL INITIATIVE INCLUDING ONE GENERAL TRAUMA PRESENTATION ATTENDED BY 96 ADULTS AND 10 ADDITIONAL SESSIONS ON PREVENTING TRAUMATIC INJURIES, ATTENDED BY 44 INDIVIDUALS -HOSTED TWO FREE PROGRAMS ON SLEEP APNEA ATTENDED BY 53 ADULTS AND FOUR PROGRAMS ON BREATHING EASY ATTENDED BY 45 ADULTS WITH CHRONIC RESPIRATORY CONDITIONS -HOSTED TWO FREE PROGRAMS ON PREVENTING/RECOGNIZING STROKE AND SURVIVING A HEART ATTACK ATTENDED BY 42 INDIVIDUALS -OFFER ADULT IN-SERVICE VOLUNTEER PROGRAM AND WORK GROUPS -OPERATE IMAGE RECOVERY CENTER FREE CONSULTATION FOR NEWLY DIAGNOSED CANCER PATIENTS, PLUS FULL-LINE OF PRODUCTS AND SERVICES AVAILABLE TO ADDRESS APPEARANCE CHANGES CAUSED BY CANCER OR ITS TREATMENT HEALTH OUTREACH FOR SENIORS -MAINTAIN SENIORITY CLUB OFFERING FREE EDUCATIONAL PROGRAMS, SCREENINGS, AND HEALTHY NEWSLETTER TO OLDER MEMBERS OF OUR COMMUNITY -PROVIDED 481 FLU IMMUNIZATIONS TO SENIORITY CLUB MEMBERS -OPERATE THE READING HOSPITAL CENTER FOR AGING THAT FEATURES FELLOWSHIP-TRAINED GERIATRIC SPECIALISTS IN ASSESSING AND TREATING PHYSICAL AND EMOTIONAL HEALTH CONCERNS IN SENIORS -CONDUCTED 20 ACTIVE AGING EDUCATIONAL PROGRAMS ON TOPICS OF INTEREST TO HEALTHY SENIORS, ATTENDED BY 990 ADULTS IN FY 2009, OFFERED FREE BLOOD PRESSURE SCREENINGS AT MOST OF THESE PROGRAMS HEALTH OUTREACH IMPACTING ALL AGES -OPERATE AN ACCREDITED TRAUMA CENTER, PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY, AND PROFESSIONAL EDUCATION TO EMS AND HOSPITAL PROVIDERS -OPERATE A 24/7 EMERGENCY DEPARTMENT -OPERATE THE READING HEALTH DISPENSARY, PROVIDE PRIMARY CARE TO FAMILIES AND ADULTS WHO ARE MEDICALLY UNDERSERVED, 25 105 VISITS -OPERATE EYE CLINIC PROVIDES OPHTHALMOLOGIC CARE TO MEDICALLY UNDERSERVED ADULTS, 689 VISITS -OPERATE ALLERGY CLINIC PROVIDED CARE DURING 266 VISITS TO MEDICALLY UNDERSERVED INDIVIDUALS -OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEGE-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGIC TECHNOLOGY, CLINICAL PASTORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE) -OPERATE A SCHOOL OF CLINICAL LABORATORY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE -OPERATE TWO URGENT CARE CENTERS TO PROVIDE HEALTHCARE ACCESS ON WEEKENDS AND WEEKDAY EVENINGS WHEN MOST PRIVATE PRACTICES ARE CLOSED, 15,639 INDIVIDUALS USED THE SERVICE -MAINTAIN 24/7 INTERPRETING SERVICES 20 ON-SITE SPANISH-ENGLISH INTERPRETERS, NETWORK OF 24/7 TELEPHONES FOR ANY LANGUAGE, PARTNERSHIP WITH VENDOR FOR WRITTEN TRANSLATIONS -MAINTAIN 24/7 SIGN LANGUAGE SERVICES PARTNERSHIP WITH BERKS DEAF AND HARD OF HEARING TO PROVIDE CERTIFIED SIGN LANGUAGE INTERPRETER AS NEEDED -PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS -DEVELOPED PALLIATIVE CARE SERVICES TO SUPPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS -PROVIDE INPATIENT HOSPICE SERVICES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE -OFFER RAGGEDY THERAPY PROGRAM AS A NON-THREATENING METHOD OF ESTABLISHING COMMUNICATION WITH ANXIOUS OR DEPRESSED PATIENTS -OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PROGRAMS AT NO CHARGE TO PATIENTS -OFFERS NO ONE DIES ALONE PROGRAM THROUGH SPECIALLY TRAINED VOLUNTEERS -PROVIDE FREE VALET PARKING TO PATIENTS AND THEIR VISITORS, OFFER WHEELCHAIRS AND ESCORTS TO SUPPORT MEDICALLY FRAGILE PATIENTS -SUPPORT ORGAN DONATION COMMUNICATION AND PROCESS, EARNED RECOGNITION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LEVEL OF SUCCESS -MAINTAIN HELP LINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, AND/OR LOCAL SUPPORT GROUPS 3) EDUCATING HEALTHCARE PROFESSIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOSPITAL SCHOOLS ENROLLED CLINICAL LABORATORY SCIENCE 4 CLINICAL PASTORAL EDUCATION 14 NURSING 410 PARAMEDIC INSTITUTE 23 RADIOLOGICAL TECHNOLOGY 38 SURGICAL TECHNOLOGY 14 PHYSICIAN PROGRAMS ENROLLED PHYSICIANS IN RESIDENCIES 60 MEDICAL STUDENTS IN CLERKSHIPS 166 ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS -CREATED CARDIOLOGY FELLOWSHIP WITH THOMAS JEFFERSON MEDICAL SCHOOL TO SUPPORT CONTINUED GROWTH OF GRADUATE MEDICAL EDUCATION PROGRAM IN THIS COMMUNITY -OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUNCTION WITH HOSPITAL'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT TRHMC -ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS CME DEPARTMENT WITHIN ACADEMIC AFFAIRS DIVISION OVERSEE

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

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






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

4e Total program service expenses \$ 4,004,703 *Must equal Part IX, Line 25, column (B).*

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	Yes	
36	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> 		No
37	Did the organization conduct more than 5 percent 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> 		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.		
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
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)?		No
4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		No
6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6b			
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
7g			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
7h			No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
8			No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
a	Did the organization make any taxable distributions under section 4966?		No
9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
9b			No
10	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 own website another's website upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 STEVEN FINKEL SENIOR VP TREASURER
 SIXTH AVE SPRUCE ST
 WEST READING, PA 19611
 (610) 988-8227

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	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	400,000				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) ▶	400,000				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶ \$ _____					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) ▶	7,760,338			7,760,338	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses	10,962,418			
			Gain or (loss)	-10,962,418			
	d	Net gain or (loss) ▶	-10,962,418			-10,962,418	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . . ▶						
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances . . . a						
		Less cost of goods sold . . . b					
		Net income or (loss) from sales of inventory . . . ▶					
	Miscellaneous Revenue	Business Code					
11a	THE HIGHLANDS AT WYOMISSING _____		-3,256,479		-3,256,479		
b	_____						
c	_____						
d	All other revenue _____						
e	Total. Add lines 11a-11d ▶	\$ -3,256,479					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	-6,058,559			-6,458,559		

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S 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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a IMPAIRED INVESTMENT EXP	25,736,069		25,736,069	
b EXTRAORDINARY EXPENSE	7,749,326		7,749,326	
c AMORTIZATION EXP & FEES	4,004,703	4,004,703		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	37,490,098	4,004,703	33,485,395	0
26 Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	8,128,813	1	28,813
	2 Savings and temporary cash investments	98,119,526	2	42,992,825
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	418,071,535	4	473,044,370
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis			
		10a 32,465,865		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 8,684,726	10c	32,465,865
	11 Investments—publicly traded securities	474,748,297	11	684,903,241
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14 Intangible assets		14		
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	7,135,740	15	7,183,664	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,014,888,637	16	1,240,618,778	
Liabilities	17 Accounts payable and accrued expenses	5,514,196	17	6,673,663
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	269,229,112	20	504,222,607
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	31,796,065	25	34,535,555
	26 Total liabilities. Add lines 17 through 25	306,539,373	26	545,431,825
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	708,349,264	27	695,186,953
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	708,349,264	33	695,186,953	
34 Total liabilities and net assets/fund balances	1,014,888,637	34	1,240,618,778	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?		No
c	If "Yes" to lines 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?		
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?		No
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
THE READING HOSPITAL

Employer identification number
23-2201344

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
THE READING HOSPITAL & MEDICAL CENTER	231352204	3	Yes		Yes		Yes		0
Total									22,000

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 IV 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 - 2007. 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 IV 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 the 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV.)						
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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 23-2201344
Name: THE READING HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
SCOTT R WOLFE 1 , PRESIDENT	1	X		X			0	640,703	36,117	
GERALD P MALICK , MEDICAL DIR	1	X		X			0	324,890	22,568	
ANNE L STEVENS , BOARD MEMBER	1	X					0	0	0	
MICHAEL AVEDISSIAN MD , BOARD MEMBER	1	X					0	0	0	
DAVID B REES MD , BOARD MEMBER	1	X					0	0	0	
ELLIZABETH EHRLICH , LIFE MEMBER	1	X					0	0	0	
BERNARD FROMM , LIFE MEMBER	1	X					0	0	0	
CHRIST G KRARAS , BOARD MEMBER	1	X					0	0	0	
THOMAS P HANDWORK , LIFE MEMBER	1	X					0	0	0	
SIDNEY D KLINE JR , LIFE MEMBER	1	X					0	0	0	
SAMUAL A MCCULLOUGH , LIFE MEMBER	1	X					0	0	0	
MARLIN MILLER JR , LIFE MEMBER	1	X					0	0	0	
DAVID REYNOLDS , LIFE MEMBER	1	X					0	0	0	
DAVID H ROLAND , LIFE MEMBER	1	X					0	0	0	
JAMES R STOUST , LIFE MEMBER	1	X					0	0	0	
DAVID L THUN , LIFE MEMBER	1	X					0	0	0	
P MICHAEL EHLERMAN , CHAIR BOARD	1	X					0	0	0	
C THOMAS WORK , VICE CHAIR B	1	X					0	0	0	
BARBARA ARNER , BOARD MEMBER	1	X					0	0	0	
THEODORE WAUMAN , BOARD MEMBER	1	X					0	0	0	
THOMAS A BEAVER , BOARD MEMBER	1	X					0	0	0	
BRUCE BENGTON , BOARD MEMBER	1	X					0	0	0	
ROBERT J GIBBLE , BOARD MEMBER	1	X					0	0	0	
VICTOR HAMMEL , BOARD MEMBER	1	X					0	0	0	
JULIA H KLEIN , BOARD MEMBER	1	X					0	0	0	
EDWIN A LAKIN , LIFE MEMBER	1	X					0	0	0	
DANIEL R LANGDON , BOARD MEMBER	1	X					0	0	0	
EDWARD T LENTZ , BOARD MEMBER	1	X					0	0	0	
TERRENCE J MCGLINN , BOARD MEMBER	1	X					0	0	0	
MARGARET S MCSHANE , BOARD MEMBER	1	X					0	0	0	

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY RUTH MIKES , BOARD MEMBER	1	X						0	0	0
LEON MYERS , BOARD MEMBER	1	X						0	0	0
RICHARD M PALMER , BOARD MEMBER	1	X						0	0	0
JOHN ROLAND ESQ , BOARD MEMBER	1	X						0	0	0
ELIZABETH B ROTHERMEL , BOARD MEMBER	1	X						0	0	0
JAY S SIDHU , BOARD MEMBER	1	X						0	0	0
PATRICK J GAVIN , COO	1			X				0	434,440	24,498
STEVEN I FINKEL 1 , SR VP/TREAS	1			X				0	408,666	463,408
ROBERT A BRIGHAM , DIR OF SURG	1			X				0	248,911	27,569
RICHARD J MABLE , SR VP PLAN	1			X				0	243,826	37,342
JAYASHREE V RAMAN , CIO	1			X				0	238,988	28,143
CARL J SEIDL , VP	1			X				0	208,414	31,830
MARGARET M BLYGH , VP	1			X				0	204,295	34,087
A PHILIP ESPINOSA , VP HR	1			X				0	190,071	23,843
DONNA F WEBER , VP NURSING	1			X				0	185,447	31,592
DANIEL COCHRAN , VP FINANCE	1			X				0	80,388	12,547
PAUL J TOBUREN , VP	1			X				0	63,149	18,065
CHARLES B SULLIVAN 1 , FORMER CEO	1					X		0	369,643	1,484,800
LAWRENCE R COBAUGH , FORMER TREAS	1					X		0	173,775	0
MARK E LOOS , FORMER VP	1					X		0	94,066	11,769

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

AS A HEALTH CARE SYSTEM PARENT COMPANY, THE READING HOSPITAL IS DEDICATED TO PROVIDING HIGH QUALITY AND ASSESSIBLE HEALTH CARE THAT MEETS THE NEEDS OF THE PEOPLE AND COMMUNITIES IT SERVES. DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2009 RELATING TO EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 32,343 PATIENT ADMISSIONS EMERGENCY SERVICES 92,608 PATIENT VISITS OUTPATIENT SERVICES 4,549,576 UNITS OF SERVICE AMOUNT OF CHARITY CARE PROVIDED: 10,781,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER: 54,742 VISITS TO OUTPATIENT CLINIC FOR MEDICALLY UNDERSERVED INDIVIDUALS RANGING FROM NEWBORNS THROUGH TEENS. - OPERATE HEALTH EDUCATION CENTER: TOURS THROUGH HOSPITAL AND VISIT TO HEALTH MUSEUM FOR STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH 6TH GRADE; SUPPORTS SCHOOLS' HEALTH CURRICULUM. -PURCHASED A FIRE SAFETY HOUSE FOR THE BURN PREVENTION FOUNDATION TO USE IN EDUCATING CHILDREN ABOUT FIRE SAFETY: 7,000 -HOSTED ALL GROWN

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

AS A HEALTH CARE SYSTEM PARENT COMPANY, THE READING HOSPITAL IS DEDICATED TO PROVIDING HIGH QUALITY AND ASSESSIBLE HEALTH CARE THAT MEETS THE NEEDS OF THE PEOPLE AND COMMUNITIES IT SERVES. DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2009 RELATING TO EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 32,343 PATIENT ADMISSIONS EMERGENCY SERVICES 92,608 PATIENT VISITS OUTPATIENT SERVICES 4,549,576 UNITS OF SERVICE AMOUNT OF CHARITY CARE PROVIDED: 10,781,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER: 54,742 VISITS TO OUTPATIENT CLINIC FOR MEDICALLY UNDERSERVED INDIVIDUALS RANGING FROM NEWBORNS THROUGH TEENS. - OPERATE HEALTH EDUCATION CENTER: TOURS THROUGH HOSPITAL AND VISIT TO HEALTH MUSEUM FOR STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH 6TH GRADE; SUPPORTS SCHOOLS' HEALTH CURRICULUM. -PURCHASED A FIRE SAFETY HOUSE FOR THE BURN PREVENTION FOUNDATION TO USE IN EDUCATING CHILDREN ABOUT FIRE SAFETY: 7,000 -HOSTED ALL GROWN

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization THE READING HOSPITAL

Employer identification number 23-2201344

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor informed status.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, acreage, and monitoring details.

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

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and the amounts reported.

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		32,465,865		32,465,865
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				32,465,865

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2008

Open to Public Inspection

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE READING HOSPITAL

Employer identification number
23-2201344

Part I Questions Regarding Compensation

	Yes	No
1a		
1b		
2		
3		
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 type="checkbox"/> Tax idemnification 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 (e g , maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 in Form 990, Part VII, Section A, line 1a

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

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

5 For persons listed in 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," to line 5a or 5b, describe in Part III

6 For persons listed in 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," to line 6a or 6b, describe in Part III

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT R WOLFE 1	(i)							
	(ii)	519,677	97,000	24,026		36,117	676,820	
GERALD P MALICK	(i)							
	(ii)	273,103	38,000	13,787		22,568	347,458	
PATRICK J GAVIN	(i)							
	(ii)	357,667	70,000	6,773		24,498	458,938	
STEVEN I FINKEL 1	(i)							
	(ii)	338,212	50,000	20,454	420,094	43,314	872,074	
ROBERT A BRIGHAM	(i)							
	(ii)	213,911	35,000			27,569	276,480	
RICHARD J MABLE	(i)							
	(ii)	203,934	28,000	11,892		37,342	281,168	
JAYASHREE V RAMAN	(i)							
	(ii)	208,904	26,000	4,084		28,143	267,131	
CARL J SEIDL	(i)							
	(ii)	181,241	21,000	6,173		31,830	240,244	
MARGARET M BLIGH	(i)							
	(ii)	175,530	22,500	6,265		34,087	238,382	
A PHILIP ESPINOSA	(i)							
	(ii)	164,772	22,500	2,799		23,843	213,914	
DONNA F WEBER	(i)							
	(ii)	162,616	20,000	2,831		31,592	217,039	
CHARLES B SULLIVAN 1	(i)							
	(ii)	197,957		171,686	1,469,234	15,566	1,854,443	
LAWRENCE R COBAUGH	(i)							
	(ii)			173,775			173,775	
MARK E LOOS	(i)							
	(ii)	93,974		92		11,769	105,835	
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 23-2201344
Name: THE READING HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT R WOLFE 1	(i) (ii)	519,677	97,000	24,026		36,117	676,820	
GERALD P MALICK	(i) (ii)	273,103	38,000	13,787		22,568	347,458	
PATRICK J GAVIN	(i) (ii)	357,667	70,000	6,773		24,498	458,938	
STEVEN I FINKEL 1	(i) (ii)	338,212	50,000	20,454	420,094	43,314	872,074	
ROBERT A BRIGHAM	(i) (ii)	213,911	35,000			27,569	276,480	
RICHARD J MABLE	(i) (ii)	203,934	28,000	11,892		37,342	281,168	
JAYASHREE V RAMAN	(i) (ii)	208,904	26,000	4,084		28,143	267,131	
CARL J SEIDL	(i) (ii)	181,241	21,000	6,173		31,830	240,244	
MARGARET M BLIGH	(i) (ii)	175,530	22,500	6,265		34,087	238,382	
A PHILIP ESPINOSA	(i) (ii)	164,772	22,500	2,799		23,843	213,914	
DONNA F WEBER	(i) (ii)	162,616	20,000	2,831		31,592	217,039	
CHARLES B SULLIVAN 1	(i) (ii)	197,957		171,686	1,469,234	15,566	1,854,443	
LAWRENCE R COBAUGH	(i) (ii)			173,775			173,775	
MARK E LOOS	(i) (ii)	93,974		92		11,769	105,835	

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

2008

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE READING HOSPITAL

Employer identification number
23-2201344

Part I Bond Issues (Required for 2008)

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	BERKS COUNTY MUNICIPAL AUTHORITY SERIES 2008	23-2201344	084538FN2	12-04-2008	100,000,000	REFUND 2005 BONDS		X		X
B	BERKS COUNTY MUNICIPAL AUTHORITY SERIES 2009A	23-2201344	084538FP7	02-01-2009	100,000,000	REDEEM'01,'05,'07 BO		X		X
C	BERKS COUNTY MUNICIPAL AUTHORITY SERIES 2009B	23-2201344	084538FR3	02-01-2009	80,000,000	REDEEM'01,'05,'07 BO		X		X

Part II Proceeds (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Total Proceeds of Issue										
2	Gross Proceeds in Reserve Funds										
3	Proceeds in Refunding or Defeasance Escrows										
4	Other Unspent Proceeds										
5	Issuance Costs from Proceeds										
6	Working Capital Expenditures from Proceeds										
7	Capital Expenditures from Proceeds										
8	Year of Substantial Completion										
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b Are there any research agreements with respect to the financed property which may result in private business use?										
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6 Total of lines 4 and 5										
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

Name of the organization THE READING HOSPITAL	Employer identification number 23-2201344
---	---

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2009 RELATING TO EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 32,343 PATIENT ADMISSIONS EMERGENCY SERVICES 92,608 PATIENT VISITS OUTPATIENT SERVICES 4,549,576 UNITS OF SERVICE AMOUNT OF CHARITY CARE PROVIDED 10,781,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER 54,742 VISITS TO OUTPATIENT CLINIC FOR MEDICALLY UNDERSERVED INDIVIDUALS RANGING FROM NEWBORNS THROUGH TEENS - OPERATE HEALTH EDUCATION CENTER TOURS THROUGH HOSPITAL AND VISIT TO HEALTH MUSEUM FOR STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH 6TH GRADE, SUPPORTS SCHOOLS' HEALTH CURRICULUM -PURCHASED A FIRE SAFETY HOUSE FOR THE BURN PREVENTION FOUNDATION TO USE IN EDUCATING CHILDREN ABOUT FIRE SAFETY 7,000 -HOSTED ALL GROWN UP PROGRAM ATTENDED BY 82 MOTHERS AND ADOLESCENT DAUGHTERS -PROVIDE HAND-KNITTED CAP TO HELP REGULATE BODY TEMPERATURE TO EACH OF THE 3,618 BABIES BORN AT TRHMC -SPONSORED ANNUAL INFANT LOSS REMEMBRANCE AND REFLECTION EVENT FOR 38 PARENTS WHO EXPERIENCED A PRENATAL LOSS -PROVIDED 12 DIFFERENT PRENATAL EDUCATION PROGRAMS THROUGH 136 SESSIONS TO 1,339 EXPECTANT FAMILIES -PRESENTED FIVE EDUCATIONAL PROGRAMS ON ADVANCES IN INFERTILITY TREATMENTS ATTENDED BY 101 COUPLES -HOSTED PROGRAM ON PREVENTING INFANT ABDUCTION FOR 48 ATTENDEES - SPONSORED PROGRAM ON IDENTIFYING AND PREVENTION ADOLESCENT BULLYING, 64 ATTENDEES -CONDUCTED PROGRAM ON AUTISM, ATTENDED BY 93 INDIVIDUALS -PROVIDE FREE ONGOING LACTATION SUPPORT SERVICES TO NEW MOTHERS DURING AND AFTER HOSPITALIZATION -CONDUCT JUNIOR VOLUNTEER PROGRAM TO OFFER SERVICE, INFORMATION, AND HEALTH EDUCATION TO OLDER STUDENTS -OFFERED 20 FUTURE OF CARING SCHOLARSHIPS TO THE SCHOOL OF HEALTH SCIENCES TO ATTRACT STUDENTS INTO NURSING AND RADIOLOGIC TECHNOLOGY CAREERS HEALTH OUTREACH FOR ADULTS -OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE, 35,540 VISITS -OPENED CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE -OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDES PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS, 7,651 VISITS -PROVIDED FREE CANCER SCREENINGS TO 353 ADULTS AT FOUR EVENTS FOR GYNECOLOGIC, PROSTATE AND SKIN (2) CANCER -PROVIDED FREE SEASONAL FLU IMMUNIZATIONS TO 1,978 AT-RISK ADULTS -HOSTED "GO RED" HEALTH EDUCATIONAL SEMINAR AND PANEL DISCUSSION FOR 295 WOMEN INTERESTED IN HEART HEALTH -CONDUCT CAREGIVERS SUPPORT GROUP, 6 SESSIONS ATTENDED BY 17 CAREGIVERS -HOSTED 19 STEPPING STONES TO WELLNESS FOR 48 RECENTLY DIAGNOSED CANCER PATIENTS AND THEIR FAMILIES TO PROVIDE INFORMATION AND SUPPORT ON SURVIVORSHIP -PROVIDED 14 CANCER PATIENTS WITH YOGA THERAPY -PROVIDED FREE INFLUENZA VACCINES TO 1,617 AT-RISK MEMBERS OF THE COMMUNITY, OFFERED FLU VACCINATIONS AT NO CHARGE TO 9,000 PHYSICIANS AND HOSPITAL EMPLOYEES -OPERATE ADULT MEDICAL OUTPATIENT SERVICES CLINIC FOR MEDICALLY UNDERSERVED PATIENTS, 8,036 VISITS -OPERATE THE READING HEALTH DISPENSARY AND 2ND STREET SATELLITE TO PROVIDE DIAGNOSTIC AND TREATMENT SERVICES TO MEDICALLY UNDERSERVED INDIVIDUALS, 27,569 VISITS -OFFER FAMILY CANCER RISK ASSESSMENT PROGRAM FOR WOMEN AND PROSTATE CANCER RISK ASSESSMENT PROGRAM FOR MEN -CONDUCT FREE ASK THE NURSE PROGRAM FOR WOMEN WITH GYNECOLOGIC HEALTH ISSUES -OFFER FREE STEPPING STONES TO WELLNESS PROGRAM TO ADDRESS PHYSICAL, EMOTIONAL, AND SPIRITUAL CONCERNS OF CANCER SURVIVORS -PROVIDE FACILITIES, AS WELL AS FACILITATORS AND/OR REFRESHMENTS, FOR 16 HEALTH-RELATED SUPPORT GROUPS -HOST 19 FOR YOUR HEALTH SEMINARS ON BROAD RANGE OF HEALTH TOPICS, ATTENDED BY 779 ADULTS IN FY 2009 - CONDUCT 17 FREE WEIGHT MANAGEMENT SEMINARS TO REVIEW WEIGHT LOSS OPTIONS, ATTENDED BY 1,201 INDIVIDUALS IN FY 2009 -HOSTED 12 TALKS ON JOINT REPLACEMENT AND OTHER ORTHOPAEDIC SUBJECTS, ATTENDED BY 74 ADULTS IN FY 2009 -CONDUCTED FREE EDUCATIONAL PROGRAM ON ADVANCES IN ARTHRITIS, ATTENDED BY 138 INDIVIDUALS -HOSTED TRAUMA EDUCATIONAL INITIATIVE INCLUDING ONE GENERAL TRAUMA PRESENTATION ATTENDED BY 96 ADULTS AND 10 ADDITIONAL SESSIONS ON PREVENTING TRAUMATIC INJURIES, ATTENDED BY 44 INDIVIDUALS -HOSTED TWO FREE PROGRAMS ON SLEEP APNEA ATTENDED BY 53 ADULTS AND FOUR PROGRAMS ON BREATHING EASY ATTENDED BY 45 ADULTS WITH CHRONIC RESPIRATORY CONDITIONS -HOSTED TWO FREE PROGRAMS ON PREVENTING/RECOGNIZING STROKE AND SURVIVING A HEART ATTACK ATTENDED BY 42 INDIVIDUALS -OFFER ADULT IN-SERVICE VOLUNTEER PROGRAM AND WORK GROUPS -OPERATE IMAGE RECOVERY CENTER FREE CONSULTATION FOR NEWLY DIAGNOSED CANCER PATIENTS, PLUS FULL-LINE OF PRODUCTS AND SERVICES AVAILABLE TO ADDRESS APPEARANCE CHANGES CAUSED BY CANCER OR ITS TREATMENT HEALTH OUTREACH FOR SENIORS -MAINTAIN SENIORITY CLUB OFFERING FREE EDUCATIONAL PROGRAMS, SCREENINGS, AND HEALTHY NEWSLETTER TO OLDER MEMBERS OF OUR COMMUNITY -PROVIDED 481 FLU IMMUNIZATIONS TO SENIORITY CLUB MEMBERS -OPERATE THE READING HOSPITAL CENTER FOR AGING THAT FEATURES FELLOWSHIP-TRAINED GERIATRIC SPECIALISTS IN ASSESSING AND TREATING PHYSICAL AND EMOTIONAL HEALTH CONCERNS IN SENIORS -CONDUCTED 20 ACTIVE AGING EDUCATIONAL PROGRAMS ON TOPICS OF INTEREST TO HEALTHY SENIORS, ATTENDED BY 990 ADULTS IN FY 2009, OFFERED FREE BLOOD PRESSURE SCREENINGS AT MOST OF THESE PROGRAMS HEALTH OUTREACH IMPACTING ALL AGES - OPERATE AN ACCREDITED TRAUMA CENTER, PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY, AND PROFESSIONAL EDUCATION TO EMS AND HOSPITAL PROVIDERS - OPERATE A 24/7 EMERGENCY DEPARTMENT -OPERATE THE READING HEALTH DISPENSARY, PROVIDE PRIMARY CARE TO FAMILIES AND ADULTS WHO ARE MEDICALLY UNDERSERVED, 25 105 VISITS -OPERATE EYE CLINIC PROVIDES OPHTHALMOLOGIC CARE TO MEDICALLY UNDERSERVED ADULTS, 689 VISITS -OPERATE ALLERGY CLINIC PROVIDED CARE DURING 266 VISITS TO MEDICALLY UNDERSERVED INDIVIDUALS -OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEGE-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGIC TECHNOLOGY, CLINICAL PASTORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE) -OPERATE A SCHOOL OF CLINICAL LABORATORY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE -OPERATE TWO URGENT CARE CENTERS TO PROVIDE HEALTHCARE ACCESS ON WEEKENDS AND WEEKDAY EVENINGS WHEN MOST PRIVATE PRACTICES ARE CLOSED, 15,639 INDIVIDUALS USED THE SERVICE -MAINTAIN 24/7 INTERPRETING SERVICES 20 ON-SITE SPANISH-ENGLISH INTERPRETERS, NETWORK OF 24/7 TELEPHONES FOR ANY LANGUAGE, PARTNERSHIP WITH VENDOR FOR WRITTEN TRANSLATIONS - MAINTAIN 24/7 SIGN LANGUAGE SERVICES PARTNERSHIP WITH BERKS DEAF AND HARD OF HEARING TO PROVIDE CERTIFIED SIGN LANGUAGE INTERPRETERS AS NEEDED -PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS -DEVELOPED PALLIATIVE CARE SERVICES TO SUPPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS -PROVIDE INPATIENT HOSPICE SERVICES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE -OFFER RAGGEDY THERAPY PROGRAM AS A NON-THREATENING METHOD OF ESTABLISHING COMMUNICATION WITH ANXIOUS OR DEPRESSED PATIENTS -OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PROGRAMS AT NO CHARGE TO PATIENTS -OFFERS NO ONE DIES ALONE PROGRAM THROUGH SPECIALLY TRAINED VOLUNTEERS -PROVIDE FREE VALET PARKING TO PATIENTS AND THEIR VISITORS, OFFER WHEELCHAIRS AND ESCORTS TO SUPPORT MEDICALLY FRAGILE PATIENTS -SUPPORT ORGAN DONATION COMMUNICATION AND PROCESS, EARNED RECOGNITION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LEVEL OF SUCCESS -MAINTAIN HELP LINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, AND/OR LOCAL SUPPORT GROUPS 3) EDUCATING HEALTHCARE PROFESSIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOSPITAL SCHOOLS ENROLLED CLINICAL LABORATORY SCIENCE 4 CLINICAL PASTORAL EDUCATION 14 NURSING 410 PARAMEDIC INSTITUTE 23 RADIOLOGICAL TECHNOLOGY 38 SURGICAL TECHNOLOGY 14 PHYSICIAN PROGRAMS ENROLLED PHYSICIANS IN RESIDENCIES 60 MEDICAL STUDENTS IN CLERKSHIPS 166 ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS -CREATED CARDIOLOGY FELLOWSHIP WITH THOMAS JEFFERSON MEDICAL SCHOOL TO SUPPORT CONTINUED GROWTH OF GRADUATE MEDICAL EDUCATION PROGRAM IN THIS COMMUNITY -OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUNCTION WITH HOSPITAL'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT TRHMC -ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS CME DEPARTMENT WITHIN ACADEMIC AFFAIRS DIVISION OVERSEES DEPARTMENT-BASED PROGRAM FOR CME CATEGORY 1 AND CATEGORY 2 CREDITS -PROVIDES ONGOING EDUCATION FOR STAFF IN ALL CLINICAL DEPARTMENTS -PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIANCE, AND RELATE</p>

Identifier	Return Reference	Explanation
<p>FIRST ACHIEVEMENT DESCRIPTION</p>	<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>AMOUNT OF CHARITY CARE PROVIDED 10,781,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER 54,742 VISITS TO OUTPATIENT CLINIC FOR MEDICALLY UNDERSERVED INDIVIDUALS RANGING FROM NEWBORNS THROUGH TEENS -OPERATE HEALTH EDUCATION CENTER TOURS THROUGH HOSPITAL AND VISIT TO HEALTH MUSEUM FOR STUDENTS AND TEACHERS FROM KINDERGARTEN THROUGH 6TH GRADE, SUPPORTS SCHOOLS' HEALTH CURRICULUM -PURCHASED A FIRE SAFETY HOUSE FOR THE BURN PREVENTION FOUNDATION TO USE IN EDUCATING CHILDREN ABOUT FIRE SAFETY 7,000 -HOSTED ALL GROWN UP PROGRAM ATTENDED BY 82 MOTHERS AND ADOLESCENT DAUGHTERS -PROVIDE HAND-KNITTED CAP TO HELP REGULATE BODY TEMPERATURE TO EACH OF THE 3,618 BABIES BORN AT TRHMC -SPONSORED ANNUAL INFANT LOSS REMEMBRANCE AND REFLECTION EVENT FOR 38 PARENTS WHO EXPERIENCED A PRENATAL LOSS - PROVIDED 12 DIFFERENT PRENATAL EDUCATION PROGRAMS THROUGH 136 SESSIONS TO 1,339 EXPECTANT FAMILIES -PRESENTED FIVE EDUCATIONAL PROGRAMS ON ADVANCES IN INFERTILITY TREATMENTS ATTENDED BY 101 COUPLES -HOSTED PROGRAM ON PREVENTING INFANT ABDUCTION FOR 48 ATTENDEES -SPONSORED PROGRAM ON IDENTIFYING AND PREVENTION ADOLESCENT BULLYING, 64 ATTENDEES - CONDUCTED PROGRAM ON AUTISM, ATTENDED BY 93 INDIVIDUALS -PROVIDE FREE ONGOING LACTATION SUPPORT SERVICES TO NEW MOTHERS DURING AND AFTER HOSPITALIZATION -CONDUCT JUNIOR VOLUNTEER PROGRAM TO OFFER SERVICE, INFORMATION, AND HEALTH EDUCATION TO OLDER STUDENTS - OFFERED 20 FUTURE OF CARING SCHOLARSHIPS TO THE SCHOOL OF HEALTH SCIENCES TO ATTRACT STUDENTS INTO NURSING AND RADIOLOGIC TECHNOLOGY CAREERS HEALTH OUTREACH FOR ADULTS - OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE, 35,540 VISITS -OPENED CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE -OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDES PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS, 7,651 VISITS -PROVIDED FREE CANCER SCREENINGS TO 353 ADULTS AT FOUR EVENTS FOR GYNECOLOGIC, PROSTATE AND SKIN (2) CANCER -PROVIDED FREE SEASONAL FLU IMMUNIZATIONS TO 1,978 AT-RISK ADULTS -HOSTED "GO RED" HEALTH EDUCATIONAL SEMINAR AND PANEL DISCUSSION FOR 295 WOMEN INTERESTED IN HEART HEALTH -CONDUCT CAREGIVERS SUPPORT GROUP, 6 SESSIONS ATTENDED BY 17 CAREGIVERS -HOSTED 19 STEPPING STONES TO WELLNESS FOR 48 RECENTLY DIAGNOSED CANCER PATIENTS AND THEIR FAMILIES TO PROVIDE INFORMATION AND SUPPORT ON SURVIVORSHIP -PROVIDED 14 CANCER PATIENTS WITH YOGA THERAPY -PROVIDED FREE INFLUENZA VACCINES TO 1,617 AT-RISK MEMBERS OF THE COMMUNITY, OFFERED FLU VACCINATIONS AT NO CHARGE TO 9,000 PHYSICIANS AND HOSPITAL EMPLOYEES -OPERATE ADULT MEDICAL OUTPATIENT SERVICES CLINIC FOR MEDICALLY UNDERSERVED PATIENTS, 8,036 VISITS -OPERATE THE READING HEALTH DISPENSARY AND 2ND STREET SATELLITE TO PROVIDE DIAGNOSTIC AND TREATMENT SERVICES TO MEDICALLY UNDERSERVED INDIVIDUALS, 27,569 VISITS -OFFER FAMILY CANCER RISK ASSESSMENT PROGRAM FOR WOMEN AND PROSTATE CANCER RISK ASSESSMENT PROGRAM FOR MEN -CONDUCT FREE ASK THE NURSE PROGRAM FOR WOMEN WITH GYNECOLOGIC HEALTH ISSUES -OFFER FREE STEPPING STONES TO WELLNESS PROGRAM TO ADDRESS PHYSICAL, EMOTIONAL, AND SPIRITUAL CONCERNS OF CANCER SURVIVORS - PROVIDE FACILITIES, AS WELL AS FACILITATORS AND/OR REFRESHMENTS, FOR 16 HEALTH-RELATED SUPPORT GROUPS -HOST 19 FOR YOUR HEALTH SEMINARS ON BROAD RANGE OF HEALTH TOPICS, ATTENDED BY 779 ADULTS IN FY 2009 -CONDUCT 17 FREE WEIGHT MANAGEMENT SEMINARS TO REVIEW WEIGHT LOSS OPTIONS, ATTENDED BY 1,201 INDIVIDUALS IN FY 2009 -HOSTED 12 TALKS ON JOINT REPLACEMENT AND OTHER ORTHOPAEDIC SUBJECTS, ATTENDED BY 74 ADULTS IN FY 2009 -CONDUCTED FREE EDUCATIONAL PROGRAM ON ADVANCES IN ARTHRITIS, ATTENDED BY 138 INDIVIDUALS -HOSTED TRAUMA EDUCATIONAL INITIATIVE INCLUDING ONE GENERAL TRAUMA PRESENTATION ATTENDED BY 96 ADULTS AND 10 ADDITIONAL SESSIONS ON PREVENTING TRAUMATIC INJURIES, ATTENDED BY 44 INDIVIDUALS -HOSTED TWO FREE PROGRAMS ON SLEEP APNEA ATTENDED BY 53 ADULTS AND FOUR PROGRAMS ON BREATHING EASY ATTENDED BY 45 ADULTS WITH CHRONIC RESPIRATORY CONDITIONS - HOSTED TWO FREE PROGRAMS ON PREVENTING/RECOGNIZING STROKE AND SURVIVING A HEART ATTACK ATTENDED BY 42 INDIVIDUALS -OFFER ADULT IN-SERVICE VOLUNTEER PROGRAM AND WORK GROUPS - OPERATE IMAGE RECOVERY CENTER FREE CONSULTATION FOR NEWLY DIAGNOSED CANCER PATIENTS, PLUS FULL-LINE OF PRODUCTS AND SERVICES AVAILABLE TO ADDRESS APPEARANCE CHANGES CAUSED BY CANCER OR ITS TREATMENT HEALTH OUTREACH FOR SENIORS -MAINTAIN SENIORITY CLUB OFFERING FREE EDUCATIONAL PROGRAMS, SCREENINGS, AND HEALTHY NEWSLETTER TO OLDER MEMBERS OF OUR COMMUNITY -PROVIDED 481 FLU IMMUNIZATIONS TO SENIORITY CLUB MEMBERS -OPERATE THE READING HOSPITAL CENTER FOR AGING THAT FEATURES FELLOWSHIP-TRAINED GERIATRIC SPECIALISTS IN ASSESSING AND TREATING PHYSICAL AND EMOTIONAL HEALTH CONCERNS IN SENIORS -CONDUCTED 20 ACTIVE AGING EDUCATIONAL PROGRAMS ON TOPICS OF INTEREST TO HEALTHY SENIORS, ATTENDED BY 990 ADULTS IN FY 2009, OFFERED FREE BLOOD PRESSURE SCREENINGS AT MOST OF THESE PROGRAMS HEALTH OUTREACH IMPACTING ALL AGES -OPERATE AN ACCREDITED TRAUMA CENTER, PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY, AND PROFESSIONAL EDUCATION TO EMS AND HOSPITAL PROVIDERS -OPERATE A 24/7 EMERGENCY DEPARTMENT -OPERATE THE READING HEALTH DISPENSARY, PROVIDE PRIMARY CARE TO FAMILIES AND ADULTS WHO ARE MEDICALLY UNDERSERVED, 25 105 VISITS -OPERATE EYE CLINIC PROVIDES OPHTHALMOLOGIC CARE TO MEDICALLY UNDERSERVED ADULTS, 689 VISITS -OPERATE ALLERGY CLINIC PROVIDED CARE DURING 266 VISITS TO MEDICALLY UNDERSERVED INDIVIDUALS -OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEGE-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGIC TECHNOLOGY, CLINICAL PASTORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE) -OPERATE A SCHOOL OF CLINICAL LABORATORY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE -OPERATE TWO URGENT CARE CENTERS TO PROVIDE HEALTHCARE ACCESS ON WEEKENDS AND WEEKDAY EVENINGS WHEN MOST PRIVATE PRACTICES ARE CLOSED, 15,639 INDIVIDUALS USED THE SERVICE -MAINTAIN 24/7 INTERPRETING SERVICES 20 ON-SITE SPANISH-ENGLISH INTERPRETERS, NETWORK OF 24/7 TELEPHONES FOR ANY LANGUAGE, PARTNERSHIP WITH VENDOR FOR WRITTEN TRANSLATIONS -MAINTAIN 24/7 SIGN LANGUAGE SERVICES PARTNERSHIP WITH BERKS DEAF AND HARD OF HEARING TO PROVIDE CERTIFIED SIGN LANGUAGE INTERPRETER AS NEEDED -PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS -DEVELOPED PALLIATIVE CARE SERVICES TO SUPPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS -PROVIDE INPATIENT HOSPICE SERVICES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE -OFFER RAGGEDY THERAPY PROGRAM AS A NON-THREATENING METHOD OF ESTABLISHING COMMUNICATION WITH ANXIOUS OR DEPRESSED PATIENTS - OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PROGRAMS AT NO CHARGE TO PATIENTS - OFFERS NO ONE DIES ALONE PROGRAM THROUGH SPECIALLY TRAINED VOLUNTEERS -PROVIDE FREE VALET PARKING TO PATIENTS AND THEIR VISITORS, OFFER WHEELCHAIRS AND ESCORTS TO SUPPORT MEDICALLY FRAGILE PATIENTS -SUPPORT ORGAN DONATION COMMUNICATION AND PROCESS, EARNED RECOGNITION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LEVEL OF SUCCESS - MAINTAIN HELP LINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, AND/OR LOCAL SUPPORT GROUPS 3) EDUCATING HEALTHCARE PROFESSIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOSPITAL SCHOOLS ENROLLED CLINICAL LABORATORY SCIENCE 4 CLINICAL PASTORAL EDUCATION 14 NURSING 410 PARAMEDIC INSTITUTE 23 RADIOLOGICAL TECHNOLOGY 38 SURGICAL TECHNOLOGY 14 PHYSICIAN PROGRAMS ENROLLED PHYSICIANS IN RESIDENCIES 60 MEDICAL STUDENTS IN CLERKSHIPS 166 ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS -CREATED CARDIOLOGY FELLOWSHIP WITH THOMAS JEFFERSON MEDICAL SCHOOL TO SUPPORT CONTINUED GROWTH OF GRADUATE MEDICAL EDUCATION PROGRAM IN THIS COMMUNITY -OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUNCTION WITH HOSPITAL'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT TRHMC -ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS CME DEPARTMENT WITHIN ACADEMIC AFFAIRS DIVISION OVERSEES DEPARTMENT-BASED PROGRAM FOR CME CATEGORY 1 AND CATEGORY 2 CREDITS -PROVIDES ONGOING EDUCATION FOR STAFF IN ALL CLINICAL DEPARTMENTS -PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIANCE, AND RELATED REGULATORY AND PROFESSIONAL ISSUES -INVESTED IN THE FUTURE HEALTH AND WELLBEING OF THE COMMUNITY THROUGH EDUCATIONAL AND RESEARCH ACTIVITIES 4) OTHER WAYS WE PROVIDE VALUE TO OUR COMMUNITY SPONSORSHIP OF OTHER NONPROFITS' E</p>

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE SOLE MEMBER OF THE CORPORATION SHALL CONSIST OF THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE MANAGEMENT OF THE CORPORATION SHALL BE VESTED IN THE BOARD OF DIRECTORS WHO SERVES AS THE SOLE MEMBER

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE MANAGEMENT OF THE CORPORATION SHALL BE VESTED IN THE BOARD OF DIRECTORS WHO SERVE AS THE SOLE MEMBER

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	THE FORM 990 IS POSTED ON A WEBSITE FOR BOARD MEMBERS MEMBERS ARE ALERTED TO INFORMATION AND NOTICES A COPY OF THE 990 IS AVAILABLE TO ANY BOARD MEMBER UNABLE TO VIEW THIS SITE

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	IT SHALL BE THE POLICY OF THE HOSPITAL TO REQUIRE EACH BOARD MEMBER TO SUBMIT IN WRITING TO THE CHIEF EXECUTIVE OFFICER A LIST OF BUSINESS OR OTHER ORGANIZATIONS OF WHICH THE MEMBER OR MEMBER'S SPOUSE IS AN OFFICER, DIRECTOR, MEMBER EMPLOYEE OR OWNER (10% OR GREATER SHARE) WITH WHICH THE COMPANY MIGHT REASONABLY ENTER INTO A RELATIONSHIP OR A TRANSACTION IN WHICH THE BOARD MEMBER WOULD HAVE CONFLICTING INTERESTS EACH YEAR A COPY OF THE WRITTEN STATEMENT WILL BE SENT TO THE BOARD MEMBER FOR UPDATING AND RESUBMISSION AND BY WHICH THE BOARD MEMBER SHALL CONFIRM HIS AWARENESS OF THIS POLICY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE READING HOSPITAL'S BOARD OF DIRECTORS HAS DULY APPOINTED AN EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE HOSPITAL'S EXECUTIVE MANAGEMENT THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT AND AN EXECUTIVE COMPENSATION COMMITTEE CHARTER GOVERNING THE WORK AND REVIEW PROCESS OF THE COMMITTEE THE COMMITTEE FOLLOWS THE PROCEDURES DESCRIBED IN THE PHILOSOPHY STATEMENT AND THE CHARTER WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND EMPLOYEE BENEFITS PROVIDED TO THE HOSPITAL'S SENIOR MANAGEMENT, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF FINANCIAL OFFICER THE COMMITTEE'S REVIEW ANALYZES EVERY ELEMENT OF COMPENSATION, INCLUDING CURRENT AND DEFERRED COMPENSATION, AND BENEFITS, INCLUDING QUALIFIED AND NON-QUALIFIED BENEFITS THE COMMITTEE CONDUCTS ITS REVIEW AND APPROVAL PROCESS AT LEAST ANNUALLY, AND APPROVES COMPENSATION AND BENEFITS ONLY TO THE EXTENT THAT THE COMMITTEE HAS CONCLUDED THAT THE COMPENSATION AND BENEFITS CONSTITUTE NO MORE THAN REASONABLE COMPENSATION FOR EACH EXECUTIVE THE COMMITTEE CONSISTS ENTIRELY OF DISINTERESTED MEMBERS OF THE BOARD, AND THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT TO PREPARE AND REVIEW IN ADVANCE COMPREHENSIVE DATA SHOWING THE COMPENSATION PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS THE COMMITTEE ALSO PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS AS A RESULT, THE COMMITTEE'S REVIEW PROCESS IS DESIGNED TO SATISFY THE PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SAME RESPONSE AS LINE 15A

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	<p>PART IV, LINE 12 AND PART XI, LINE 2B THE READING HOSPITAL WAS PART OF A CONSOLIDATED FINANCIAL STATEMENT AUDIT OF THE READING HOSPITAL AND ITS CONTROLLED ENTITIES FOOTNOTE TO FORM 990 FOR FISCAL YEAR ENDED JUNE 30, 2009 SCHEDULE J, PART II (1) THE READING HOSPITAL PROVIDES CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO ITS OFFICERS AND KEY EMPLOYEES THESE BENEFITS ARE PROVIDED THROUGH A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH THE BENEFITS BEING EARNED ARE SUBJECT TO A "SUBSTANTIAL RISK OF FORFEITURE" THE SUPPLEMENTAL RETIREMENT BENEFITS ARE STRUCTURED TO PROVIDE A RETENTION INCENTIVE THAT HAS BEEN DETERMINED BY THE COMPENSATION COMMITTEE OF THE HOSPITAL'S BOARD TO BE OF SUBSTANTIAL VALUE TO THE HOSPITAL ACCORDINGLY, TO BECOME ENTITLED TO THE BENEFITS PROVIDED, EACH COVERED EMPLOYEE MUST MEET SUBSTANTIAL REQUIREMENTS RELATING TO FUTURE EMPLOYMENT AND A TWO-YEAR NONCOMPETITION COVENANT THAT REQUIRES REPAYMENT OF THE ENTIRE RETIREMENT BENEFIT TO THE HOSPITAL FOLLOWING MOST FORMS OF EMPLOYMENT TERMINATION IF THE EMPLOYEE COMPETES WITH THE HOSPITAL UNTIL THOSE REQUIREMENTS ARE SATISFIED, AN EMPLOYEE IS NOT ENTITLED TO THESE AMOUNTS FOR EXAMPLE, IF MR WOLFE WERE TO HAVE TERMINATED EMPLOYMENT VOLUNTARILY IN THE YEAR TO WHICH THIS RETURN APPLIES, THE SUPPLEMENTAL RETIREMENT BENEFITS HE HAS EARNED WOULD NOT HAVE BEEN PAID OUT IT SHOULD ALSO BE NOTED THAT THESE SUPPLEMENTAL RETIREMENT BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE EMPLOYEE PROVIDES TO THE HOSPITAL ANY RETIREMENT BENEFITS SHOULD BE VIEWED AS APPLYING TO THE ENTIRE LENGTH OF THE EMPLOYEE'S SERVICE FOR THE HOSPITAL (FOR EXAMPLE, MR SULLIVAN HAD 32 YEARS OF SERVICE, MR WOLFE HAS HAD 17 YEARS OF SERVICE, AND MR FINKLE HAS HAD 30 YEARS OF SERVICE, WITH THE HOSPITAL) THE COMPENSATION COMMITTEE APPROVES ALL RETIREMENT BENEFITS, TOGETHER WITH ALL OTHER FORMS OF COMPENSATION AND BENEFITS FOR THESE AND OTHER EXECUTIVES, IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF FEDERAL INCOME TAX LAW THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE SUPPLEMENTAL PLAN IN 2008 CHARLES B SULLIVAN, SCOTT R WOLFE AND STEVEN I FINKEL THE AMOUNT OF ADDITIONAL BENEFIT EARNED, BUT NEITHER VESTED NOR PAID OUT, IS INCLUDED IN THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (C), AND THE AMOUNT OF ADDITIONAL BENEFIT THAT BECAME TAXABLE DUE TO BECOMING VESTED IN 2008 (AND THAT WAS INCLUDED ON THE INDIVIDUAL'S FORM W-2 FOR 2008) IS INCLUDED IN THE AMOUNTS REPORTED ON SCHEDULE J, PART II, COLUMN (B) III 990 PART VI, SECTION C, LINE 19 THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE READING HOSPITAL

Employer identification number

23-2201344

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE READING HOSPITAL & MEDICAL CEN SIXTH AVE SPRUCE ST WEST READING, PA19611 23-1352204	HEALTHCARE	PA	501	3	RDG HOSP
THE FRIENDS OF THE READING HOSPITAL SIXTH AVE SPRUCE ST WEST READING, PA19611 23-6026108	SUPPORTING	PA	501	11B	RDG HOSP
THE RDG HOSPITAL & MED CENTER SELF- SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2087514	TRUST FUND	PA	501	11B	RDG HOSP
THE RDG HOSPITAL & MED CENTER WORKE SIXTH AVE SPRUCE ST WEST READING, PA19611 22-3054717	TRUST FUND	PA	501	11B	RDG HOSP
READING PROFESSIONAL SERVICES SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2266054	HEALTHCARE	PA	501	11B	RDG HOSP
THE RDG HOSPITAL MEDICAL GROUP SIXTH AVE SPRUCE ST WEST READING, PA19611 20-5095905	HEALTHCARE	PA	501	11B	RDG HOSP

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
THE READING HOSPITAL SURGICENTER AT 2603 KEISER BLVD WYOMISSING, PA19610 58-2682467	SURGERY		N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) THE READING HOSPITAL & MED CENTER	R	51,364,669
(2) THE READING HOSPITAL MEDICAL GROUP	B	16,000,000
(3) READING PROFESSIONAL SERVICES	B	6,000,000
(4)		
(5)		
(6)		

Software ID:
Software Version:
EIN: 23-2201344
Name: THE READING HOSPITAL

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
THE READING HOSPITAL & MEDICAL CEN SIXTH AVE SPRUCE ST WEST READING, PA19611 23-1352204	HEALTHCARE	PA	501	3	RDG HOSP
THE FRIENDS OF THE READING HOSPITAL SIXTH AVE SPRUCE ST WEST READING, PA19611 23-6026108	SUPPORTING	PA	501	11B	RDG HOSP
THE RDG HOSPITAL & MED CENTER SELF- SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2087514	TRUST FUND	PA	501	11B	RDG HOSP
THE RDG HOSPITAL & MED CENTER WORKE SIXTH AVE SPRUCE ST WEST READING, PA19611 22-3054717	TRUST FUND	PA	501	11B	RDG HOSP
READING PROFESSIONAL SERVICES SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2266054	HEALTHCARE	PA	501	11B	RDG HOSP
THE RDG HOSPITAL MEDICAL GROUP SIXTH AVE SPRUCE ST WEST READING, PA19611 20-5095905	HEALTHCARE	PA	501	11B	RDG HOSP