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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE READING HOSPITAL & MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 16052

City or town, state or country, and ZIP + 4
READING, PA 196126052

D Employer identification number
23-1352204

E Telephone number
(610) 988-8114

G Gross receipts $ 731,191,246

F Name and address of principal officer
SCOTT R WOLFE PRESIDENT
PO BOX 16052
READING,PA 196126052

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW READINGHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1869 | **M** State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PRIMARY EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 28,814 PATIENT ADMISSIONS BIRTHS 3,469 NEWBORNS EMERGENCY SERVICES 103,015 PATIENT VISITS OUTPATIENT SERVICES 939,106 PATIENT VISITS AMOUNT OF CHARITY CARE PROVIDED 13,481,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER TO PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UNDERSERVED 9,033, PROVIDES EACH CHILD WITH A FREE BOOK THROUGH ITS REACH OUT AND READ PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR LEARNING -INITIATED ST CHRIS CARE, AN AMBULATORY PEDIATRIC SPECIALTY PRACTICE PRIMARILY FOR THE MEDICALLY UNDERSERVED HEALTH OUTREACH FOR ADULTS -OPERATE WOMEN'S HEALTH CENTER, OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE 33,421 VISITS -OPERATE CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE, 1,570 PATIENTS REGISTERED -OPERATE OUTPATIEN

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of employees (Part V, line 2a)	**5**	6,497
6	Total number of volunteers (estimate if necessary)	**6**	1,083
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . .	**7a**	1,098,484
b	Net unrelated business taxable income from Form 990-T, line 34 . .	**7b**	-27,649

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,853,856	2,364,356
9	Program service revenue (Part VIII, line 2g)	675,701,598	708,001,072
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	658,331	550,854
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,025,370	20,270,119
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	698,239,155	731,186,401

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .	514,652	547,394
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)	350,130,261	347,213,273
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)	305,574,118	322,104,498
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	656,219,031	669,865,165
19	Revenue less expenses Subtract line 18 from line 12	42,020,124	61,321,236

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	781,049,124	819,810,830
21	Total liabilities (Part X, line 26)	740,523,554	827,961,527
22	Net assets or fund balances Subtract line 21 from line 20	40,525,570	-8,150,697

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-09

▶ RICHARD W JONES CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PRICEWATERHOUSECOOPERS LLP 2001 MARKET ST STE 1700 PHILADELPHIA, PA 19103			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

1 Briefly describe the organization's mission

PRIMARY EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 28,814 PATIENT ADMISSIONS BIRTHS 3,469 NEWBORNS EMERGENCY SERVICES 103,015 PATIENT VISITS OUTPATIENT SERVICES 939,106 PATIENT VISITS AMOUNT OF CHARITY CARE PROVIDED 13,481,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) -OPERATE CHILDREN'S HEALTH CENTER TO PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UNDERSERVED 9,033, PROVIDES EACH CHILD WITH A FREE BOOK THROUGH ITS REACH OUT AND READ PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR LEARNING -INITIATED ST CHRIS CARE, AN AMBULATORY PEDIATRIC SPECIALTY PRACTICE PRIMARILY FOR THE MEDICALLY UNDERSERVED HEALTH OUTREACH FOR ADULTS -OPERATE WOMEN'S HEALTH CENTER, OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE 33,421 VISITS -OPERATE CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE, 1,570 PATIENTS REGISTERED -OPERATE OUTPATIEN

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 501(c)(4) organizations and section 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 $ 30,357,067 including grants of $) (Revenue $ 135,155,117)

OPERATING ROOM - 230,415 UNITS OF SERVICE TRHMC OPERATES IN A MARKET SERVED BY NEARLY 20 SPECIALTY, INVESTOR-OWNED FACILITIES, WHICH CARVE OUT THE BEST PAYING INSURANCE PLANS, THE HIGHEST MARGIN PROCEDURES, AND THE LEAST COMPLICATED PATIENTS TO SERVE BY CONTINUING TO PROVIDE A FULL SERVICE SURGICAL SERVICE, TRHMC OFFERS THE MOST ADVANCED SURGICAL OPTIONS, FROM ROBOTIC ASSISTED, MINIMALLY INVASIVE SURGERY TO A FULL SPECTRUM OF OUTPATIENT SURGICAL OPTIONS AND TO ENSURE OUR COMMUNITY HAS ACCESS TO SURGICAL SPECIALITIES THAT MAY BE EXPERIENCING SHORTAGES ELSEWHERE IN THE COUNTRY TRHMC SUPPORTS ITS SURGEONS IN THEIR FELLOWSHIP TRAINING AND RECRUITS AND RETAINS SURGEONS IN AREAS LIKE PLASTIC SURGERY - AVAILABLE ONLY DURING LIMITED HOURS OR NOT AT ALL, IN OTHER HOSPITALS IN ITS MARKET

4b (Code) (Expenses $ 28,278,051 including grants of $) (Revenue $ 126,832,966)

EMERGENCY CARE - 349,713 UNITS OF SERVICE TRHMC EMERGENCY DEPARTMENT PROVIDES EMERGENT, URGENT AND PRIMARY CARE SERVICES TO OUR COMMUNITY "24/7/365," REGARDLESS OF ABILITY TO PAY VOLUME TO TRHMC EMERGENCY DEPARTMENT RANKS IT AMONG THE TOP THREE IN THE STATE OF PENNSYLVANIA YEAR AFTER YEAR AS THE AREA'S ONLY ACCREDITED TRAUMA CENTER, TRHMC ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALITY SREVICES, FROM TRAUMA SURGEONS TO PLASTIC SURGEONS, AND ALL AREAS OF SEPCIALITY CARE IN ADDITION TO ITS TRAUMA CERTIFICATION, TRHMC IS THE ONLY HOSPITAL IN THE REGION TO HAVE MADE A COMMITMENT TO ACCREDIATED CARE IN STROKE AND CHEST PAIN FOLLOWING THE RELOCATION OF THE OTHER HOSPITAL IN THE CITY TO A NEW SUBURBAN CAMPUS, TRHMC IS FULFILLING ITS COMMITTMENT TO SERVE THE UNDERSERVED POPULATION OF THE CITY

4c (Code) (Expenses $ 26,645,312 including grants of $) (Revenue $ 86,146,333)

PHARMACY - 4,305,170 UNITS OF SERVICE TRHMC PROVIDES ACESS TO NEEDED PRESCRIPTIONS FOR THOSE PATIENTS WHO CANNOT AFFORD THEIR MEDICATION EACH MONTH TRHMC ABSORBS THE COST OF PRESCRIPTION MEDICATION FOR PATIENTS OF TRHMC WITH NO PRESCRIPTION COVERAGE TRHMC RECOGNIZES THE IMPORTANT ROLE OF PATIENT COMPLIANCE WITH THEIR TREATMENT, INCLUDING TAKING MEDICATION AS PRESCRIBED, AND RECOGNIZES THAT PATIENTS WITHOUT THE ABILITY TO PAY FOR THOSE MEDICATIONS WILL SIMPLY NOT COMPLY TO ENSURE OPTIMAL PATIENT HEALTH AND THE BEST PATIENT OUTCOMES, TRHMC ABSORBS THE COSTS OF THESE MEDICATIONS AS PART OF OUR EXEMPT PURPOSE IN OUR COMMUNITY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 442,989,035 including grants of $ 547,394) (Revenue $ 362,158,403)

4e **Total program service expenses** ▶ $ 528,269,465

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*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		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 U S ? *If "Yes," complete Schedule F, Part II*	15		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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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 line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		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*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	420		
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?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	6,497		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			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?	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?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	25		
b	Enter the number of voting members that are independent	1b	21		
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?		2	Yes	
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?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

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 ▶

RICHARD W JONES CFO
SIXTH AVE SPRUCE STS
WEST READING, PA 19611
(610) 988-8114

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	7,516,305		643,576

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶228

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WOHLSEN CONSTRUCTION CO 548 STEEL WAY LANCASTER, PA 17604	BUILDING	20,462,714
PERROTTO BUILDERS LTD 426 WARREN STREET READING, PA 19601	BUILDING	4,996,927
MAYO COLLABORATIVE SERVICES INC PO BOX 4100 ROCHESTER, MN 559034100	LAB SERVICES	2,317,651
PENN TRAUMA ASSOCIATES TRAUMA SURGICAL CRITICAL CARE 3400 SPRUCE ST 5 MALONEY PHILADELPHIA, PA 19104	TRAUMA SURGERY	2,172,306
READING ANESTHESIA ASSOCIATES READING ANESTHESIA ASSOCIATES PO BOX 16052 READING, PA 196106052	ANESTHESIA SERV	2,167,465

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶130

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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 239,490				
	e	Government grants (contributions) 1e 1,211,631				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 913,235				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	2,364,356			
Program Service Revenue		Business Code				
	2a	PATIENT SERVICE REVENUE	708,001,072	708,001,072		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	708,001,072			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	543,334			543,334
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 12,365				
	b	Less cost or other basis and sales expenses: 4,845				
	c	Gain or (loss): 7,520				
	d	Net gain or (loss) . . . . . ▶	7,520			7,520
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	RENT INCOME	9,493,873			9,493,873
	b	MEALS/ROOM RENTAL	4,053,610			4,053,610
	c	TUITION - NURSING TECH SCHOOL	2,291,747	2,291,747		
	d	All other revenue	4,430,889		1,098,484	3,332,405
	e	**Total.** Add lines 11a–11d . . . . . ▶	20,270,119			
	12	**Total revenue.** See Instructions . . . ▶	731,186,401	710,292,819	1,098,484	17,430,742

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	547,394	547,394		
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	5,789,762		5,789,762	
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	259,712,057	227,545,031	32,167,026	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,492,830	12,627,709	1,865,121	
9 Other employee benefits	49,287,236	38,601,790	10,685,446	
10 Payroll taxes	17,931,388	15,425,112	2,506,276	
11 Fees for services (non-employees)				
a Management				
b Legal	1,917,853		1,917,853	
c Accounting	628,611		628,611	
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	3,707,689	2,586,997	1,120,692	
17 Travel	395,137	324,724	70,413	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	460,307	312,421	147,886	
20 Interest	19,486,058	17,537,452	1,948,606	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,290,479	29,468,046	24,822,433	
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 SUPPLIES	94,335,559	90,602,946	3,732,613	
b BAD DEBTS	37,989,492	37,989,492		
c REPAIRS/MAINTENANCE	21,290,760	9,506,819	11,783,941	
d FEES - PHYSICIAN	18,534,105	18,452,304	81,801	
e FEES - OTHER	13,416,989	2,144,014	11,272,975	
f All other expenses	55,651,459	24,597,214	31,054,245	
25 **Total functional expenses.** Add lines 1 through 24f	669,865,165	528,269,465	141,595,700	0
26 **Joint costs.** Check here ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,847,595	1	2,585,407
	2	Savings and temporary cash investments		35,275,919	2	100,561,231
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		109,500,332	4	107,012,812
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,400,460	8	5,154,429
	9	Prepaid expenses and deferred charges		9,617,486	9	2,054,904
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,002,107,571			
	b	Less accumulated depreciation	10b 457,771,494	540,086,998	10c	544,336,077
	11	Investments—publicly traded securities		16,741,142	11	17,432,469
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		59,579,192	15	40,673,501
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		781,049,124	16	819,810,830
Liabilities	17	Accounts payable and accrued expenses		106,555,299	17	116,981,645
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		70,579,589	20	68,028,825
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,904,766	23	2,703,770
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		560,483,900	25	640,247,287
	26	**Total liabilities.** Add lines 17 through 25		740,523,554	26	827,961,527
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		26,082,246	27	-23,720,284
	28	Temporarily restricted net assets		494,744	28	540,817
	29	Permanently restricted net assets		13,948,580	29	15,028,770
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		40,525,570	33	-8,150,697
	34	Total liabilities and net assets/fund balances		781,049,124	34	819,810,830

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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).**

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
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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 ▶☐

b **33 1/3% support test—2008.** 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 ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 ▶☐

b **10%-facts-and-circumstances test—2008.** 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 ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE READING HOSPITAL & MEDICAL CENTER	23-1352204

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☑ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a If zero or less, enter -0-		
i	Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☑ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		96,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			96,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	PART II-B, LINE 1G A RETAINER FEE WAS PAID TO THE LAW FIRM OF STEVENS AND LEE TO DO DIRECT CONTACT WITH LEGISLATORS THE PURPOSE OF THEIR CONTACT WAS TO PROMOTE THE GENERAL INTERESTS AND WELFARE OF THE READING HOSPITAL AND MEDICAL CENTER DURING THESE DIFFICULT ECONOMIC TIMES IN THE HEALTH CARE FIELD

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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 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 the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	3,521,023	3,965,874			
b Contributions	120,701				
c Investment earnings or losses	397,389	-222,526			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	27,518				
g End of year balance	4,011,593	3,521,022			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- 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) Accumulated depreciation	(d) Book value
1a Land		18,615,397		18,615,397
b Buildings				
c Leasehold improvements				
d Equipment		517,664,826	457,771,494	59,893,332
e Other		465,827,348		465,827,348
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				544,336,077

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LT LOAN - AFFILIATE PAYABLE	488,613,085
PENSION PAYABLE	122,945,761
ESTIMATED SELF INSURANCE COSTS	27,913,101
NMG SWAP	775,340
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	640,247,287

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	731,186,401
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	669,865,165
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	61,321,236
4	Net unrealized gains (losses) on investments	4	976,824
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-111,040,642
9	Total adjustments (net) Add lines 4 - 8	9	-110,063,818
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-48,742,582

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	732,096,910
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	976,824		
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	976,824
3	Subtract line **2e** from line **1**			3	731,120,086
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	66,315		
c	Add lines **4a** and **4b**			4c	66,315
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	731,186,401

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

1	Total expenses and losses per audited financial statements			1	780,839,492
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	110,974,327		
e	Add lines **2a** through **2d**			2e	110,974,327
3	Subtract line **2e** from line **1**			3	669,865,165
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	669,865,165

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	-66,315 CONTRIBUTIONS TO TEMP RESTRICTED ASSETS - DEVELOPMENT FUND -66,315 NET ASSETS RELEASED FROM RESTRICTION -153,934 CHANGE IN PENSION LIABILITY -49,980,341 TRANSFER TO PARENT -61,900,000 1,126,263
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	66,315
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CONTRIBUTIONS TO TEMP RESTRICTED ASSETS - DEVELOPMENT FUND 66,315 NET ASSETS RELEASED FROM RESTRICTION 153,934 CHANGE IN PENSION LIABILITY 49,980,341 TRANSFER TO PARENT 61,900,000 -1,126,263

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		No
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			5,706,000	670,403	5,035,597	0 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			108,115,534	44,248,443	63,867,091	9 530 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			113,821,534	44,918,846	68,902,688	10 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			3,437,483	1,469	3,436,014	0 510 %
f Health professions education (from Worksheet 5)			13,511,990	6,401,980	7,110,010	1 060 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,603,405		1,603,405	0 240 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			208,967		208,967	0 030 %
j **Total** Other Benefits			18,761,845	6,403,449	12,358,396	1 840 %
k **Total.** Add lines 7d and 7j			132,583,379	51,322,295	81,261,084	12 130 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development			16,476		16,476	
9	Other						
10	**Total**			16,476		16,476	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	16,715,376		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	7,538,635		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	131,040,840
6	Enter Medicare allowable costs of care relating to payments on line 5	6	148,778,886
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-17,738,046
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		No	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	TRH SURGICENTER LLC	OUTPATIENT SURGERY	50 000 %		50 000 %
2	READING BERKS PT LLC	PHYSICAL THERAPY	40 000 %		
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
THE READING HOSPITAL & MEDICAL CENT SIXTH AVE SPRUCE ST WEST READING,PA 19611		X			X				
THE READING HOSPITAL & MEDICAL CENT EXETER IMAGING 2 HEARTHSTONE CT READING,PA 19606									
THE READING HOSPITAL & MEDICAL CENT DOB EXETER 4885 DEMOSS ROAD READING,PA 19606									
THE READING HOSPITAL & MEDICAL CENT READING HEALTH DISPENSARY 838 PENN ST READING,PA 19602									
THE READING HOSPITAL & MEDICAL CENT TUCKERTON OCCUPATIONAL HEALTH 1000 TUCKERTON CT READING,PA 19605									
THE READING HOSPITAL & MEDICAL CENT READING HEALTH DISPENSARY 430 NORTH 2ND ST READING,PA 19601									
THE READING HOSPITAL & MEDICAL CENT WEST LAWN PROFESSIONAL PLAZA 25 STEVENS AVE WEST LAWN,PA 19609									
THE READING HOSPITAL & MEDICAL CENT NORTHERN BERKS MEDICAL CENTER 31 INDUSTRIAL DRIVE HAMBURG,PA 19526									
THE READING HOSPITAL & MEDICAL CENT LEESPORT IMAGING CENTER 5479 POTTSVILLE PIKE LEESPROT,PA 19533									
THE READING HOSPITAL & MEDICAL CENT WYOMISSING IMAGING CENTER 1991 STATE HILL ROAD WYOMISSING,PA 19610									
THE READING HOSPITAL & MEDICAL CENT IMAGING CENTER 3703 PERKIOMEN AVE READING,PA 19606									

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

NEEDS ARE CURRENTLY ASSESSED BY UTILIZING SECONDARY DATA FROM VARIOUS COMMUNITY, STATE AND FEDERAL REPORTS SUCH AS THE 2008 UNITED WAY ANNUAL REPORT, PA DEPARTMENT OF HEALTH 2005 STATISTICS, AND US DEPARTMENT OF HEALTH AND HUMAN SERVICES REPORT COMMUNITY HEALTH EDUCATION PROGRAM NEEDS ARE ALSO DETERMINED BY CONSUMER REQUESTS THROUGH PRIOR PROGRAM EVALUATIONS COMMMUNITY ORGANIZATIONS, BUSINESSES AND SCHOOLS CONTACT TRHMC WITH THEIR SPECIFIC HEALTH EDUCATION NEEDS, AND EDUCATIONAL PROGRAMS ARE DEVELOPED AND EXECUTED BY TRHMC EMPLOYEES CONTINUING MEDICAL EDUCATION PROGRAMS ARE DICTATED BY PHYSICIAN'S GAP IN KNOWLEDGE

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

THERE IS NO INFORMATION TO REPORT HERE

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FUTURE OF CARING	33		222,832	FMV	CREDIT
LPN SCHOLARSHIP	14		100,770	FMV	CREDIT
RT IMAGING SCHOLARSHIP	30		223,792	FMV	CREDIT

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	ALL SCHOOL OF HEALTH SCIENCES SCHOLARSHIPS ARE AWARDED TO STUDENTS WITH THE HIGHEST "UN-MET NEED" CALCULATION UN-MET NEED IS CALCULATED AS FOLLOWS STUDENT COST OF EDUCATION MINUS EXPECTED FAMILY CONTRIBUTION FROM THE DEPARTMENT OF EDUCATION MINUS ALL OTHER GIFT AID (SCHOLARSHIPS, GRANTS)

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	SCOTT R WOLFE 0 1,088,776 0 STEVEN I FINKEL 0 260,544 0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
ROLAND & SCHLEGEL LLC (JOHN ROLAND)	PARTNER	809,712	LEGAL SERVICES		No
STEVENS & LEE (C THOMAS WORK)	PARTNER	873,907	LEGAL SERVICES		No

Additional Data

Software ID:
Software Version:
EIN: 23-1352204
Name: THE READING HOSPITAL & MEDICAL CENTER

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

Supplemental Information to Form 990

2009

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	PRIMARY EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 28,814 PATIENT ADMISSIONS BIRTHS 3,469 NEWBORNS EMERGENCY SERVICES 103,015 PATIENT VISITS OUTPATIENT SERVICES 939,106 PATIENT VISITS AMOUNT OF CHARITY CARE PROVIDED 13,481,000 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS). - OPERATE CHILDREN'S HEALTH CENTER TO PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UNDERSERVED 9,033. PROVIDES EACH CHILD WITH A FREE BOOK THROUGH ITS REACH OUT AND READ PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR LEARNING -INITIATED ST CHRIS CARE, AN AMBULATORY PEDIATRIC SPECIALTY PRACTICE PRIMARILY FOR THE MEDICALLY UNDERSERVED HEALTH OUTREACH FOR ADULTS - OPERATE WOMEN'S HEALTH CENTER, OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE 33,421 VISITS -OPERATE CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE. 1,170 PATIENTS REGISTERED -OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDE PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS 9,240 VISITS HEALTH OUTREACH IMPACTING ALL AGES -OPERATED AN ACCREDIATED TRAUMA CENTER THAT PROVIDED THIS LIFE-SAVING LEVEL OF CARE TO 487 INDIVIDUALS LAST YEAR, PROVIDED 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 AND ITS SECOND STREET SATELLITE, PROVIDES PRIMARY CARE TO FAMILIES AND ADULTS WHO ARE MEDICALLY UNDERSERVED. NEW OFFERING MIDWIFERY CARE TO PREGNANT WOMEN. 28,247 VISITS -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 SCIENEC TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE -OPERATE TWO URGENT CARE CENTERS TO PROVIDE ACCESS ON WEEKENDS AND WEEKDAY EVENINGS WHEN MOST PRIVATE PRACTICES ARE CLOSED, 15,256 INDIVIDUALS USED THE SERVICE -OPERATE A 24/7 DRUG AND ALCOHOL CENTER WITH INPATIENT DETOXIFICATION, DROP-IN SERVICE, AND SUPPORT GROUPS - MAINTAIN 24/7 INTERPRETING SERVICES 21 ON-SITE SPANISH-ENGLISH INTERPRETERS AND 1 TRANSLATOR FOR WRITTEN COMMUNICATIONS, NETWORK OF 24/7 VIDEO-REMOTE INTERPRETING STATIONS AND TELEPHONES FOR ANY LANGUAGE -MAINTAIN 24/7 SIGN LANGUAGE SERVICES PARTNERSHIP WITH BERKS DEAF AND HARD OF HEARING TO PROVIDE CERTIFIED SIGN LANGUAGE INTERPRETER AS NEEDED, ESTABLISHED 24/7 VIDEO-REMOTE SIGN LANGUAGE INTERPRETING SERVICE -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 COMMUNICATIONS WITH ANXIOUS OR DEPRESSED PATIENTS -OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PROGRAMS AT NO CHARGE TO PATIENTS -OFFER 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 GRADUATED CLINICAL LABORATORY SCIENCE 4 4 CLINICAL PASTORAL EDUCATION 14 6 NURSING 189 155 PARAMEDIC INSTITUTE 34 13 RADIOLOGIC TECHNOLOGY 19 17 SURGICAL TECHNOLOGY 9 6 PHYSICIAN PROGRAMS PHYSICIANS IN RESIDENCIES 62 24 MEDICAL STUDENTS IN CLERKSHIPS 207 NA ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS -OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUCTION WITH HOSPITAL'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT TRHMC -ACCREDITED BY PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CINTINUING 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

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	251 ACTIVE ADULT INSERVICE VOLUNTEERS GAVE 26,198 HOURS OF SERVICE TO TRHMC 152 TEEN INSERVICE VOLUNTEERS GAVE 6,131 HOURS OF SERVICE TO TRHMC APPROXIMATELY 60 VOLUNTEERS IN THE NODA PROGRAM, THE PAWS FOR WELLNESS PROGRAM, AND THE RAGGEDY THERAPY PROGRAM GAVE TRHMC A TOTAL OF 1,404 HOURS OF SERVICE APPROXIMATELY 100 MEMBERS OF THE FRIENDS OF TRHMC BOARD OF DIRECTORS GAVE 6,332 HOURS OF SERVICE TO RAISE DOLLARS FOR TRHMC APPROXIMATELY 500 MEMBERS OF LOCAL FRIENDS GROUPS GAVE TRHMC 55,133 HOURS OF SERVICE DURING FY 2010 VOLUNTEERS GAVE 100,107 HOURS OF SERVICE

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	SUPPORTS ITS SURGEONS IN THEIR FELLOWSHIP TRAINING AND RECRUITS AND RETAINS SURGEONS IN AREAS LIKE PLASTIC SURGERY - AVAILABLE ONLY DURING LIMITED HOURS OR NOT AT ALL, IN OTHER HOSPITALS IN ITS MARKET

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	HAVE MADE A COMMITMENT TO ACCREDIATED CARE IN STROKE AND CHEST PAIN FOLLOWING THE RELOCATION OF THE OTHER HOSPITAL IN THE CITY TO A NEW SUBURBAN CAMPUS, TRHMC IS FULFILLING ITS COMMITTMENT TO SERVE THE UNDERSERVED POPULATION OF THE CITY

Identifier	Return Reference	Explanation
THIRD ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	PATIENT OUTCOMES, TRHMC ABSORBS THE COSTS OF THESE MEDICATIONS AS PART OF OUR EXEMPT PURPOSE IN OUR COMMUNITY

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	DESCRIPTION UNITS OF SERVICE PROG EXPENSE OTHER DEPARTMENTS 10,485,290 297,183,497 INDIRECT ALLOCATED EXPENSES EMPLOYEE BENEFITS 38,437,875 PENSION 12,599,963 PAYROLL TAXES 15,395,694 INTEREST 17,537,452 DEPRECIATION 29,468,046 UTILITIES 4,626,091 PROVISION FOR BAD DEBTS 37,989,492

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART V I, LINE 2	ROLAND & SCHLEGEL (JOHN ROLAND) ROLAND & SCHLEGEL(DAVID ROLAND) BOARD MEMBER LIFE MEMBER UNCLE

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 ELECTED BY THE MEMBER WHO IS THE READING HOSPITAL

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	ALL DECISIONS ARE SUBJECT TO APPROVAL BY THE BOARD OF DIRECTORS AS MANAGEMENT OF THE CORPORATION ELECTED BY THE MEMBER

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FORM 990 IS POSTED ON A WEBSITE FOR BOARD EMBERS MEMBERS ARE ALERTED TO INFORMATION AND NOTICED A COPY OF THE 990 IS MAILED 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 WHICH INCLUDES KEY EMPLOYEES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	FOOTNOTE TO FORM 990 FOR FISCAL YEAR ENDED JUNE 30, 2010 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 SATISIFIED, 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 EMPLOYEES SERVICE FOR THE HOSPITAL (FOR EXAMPLE, MR SULLIVAN HAD 32 YEARS OF SERVICE, MR WOLFE HAS HAD 18 YEARS OF SERVICE, AND MR FINKLE HAS HAD 31 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 2009 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 2009 (AND THAT WAS INCLUDED ON THE INDIVIDUAL'S FORM W-2 FOR 2009) 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 PART IX, LINE 20 THE TAX EXEMPT BONDS ON LINE 20 REPRESENT PRE 2003 TAX EXEMPT BONDS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE READING HOSPITAL & MEDICAL CENTER

Employer identification number
23-1352204

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 SIXTH AVE SPRUCE ST WEST READING, PA 19611 23-2201344	SUPPORTING	PA	501	11C	NA
THE FRIENDS OF THE READING HOSPITAL SIXTH AVE SPRUCE ST WEST READING, PA 19611 23-6026108	SUPPORTING	PA	501	11B	NA
THE RDG HOSPITAL & MED CENTER SELF- SIXTH AVE SPRUCE ST WEST READING, PA 19611 23-2087514	TRUST FUND	PA	501	11B	NA
THE RDG HOSPITAL & MED CENTER WORKE SIXTH AVE SPRUCE ST WEST READING, PA 19611 22-3054717	TRUST FUND	PA	501	11B	NA
READING PROFESSIONAL SERVICES SIXTH AVE SPRUCE ST WEST READING, PA 19611 23-2266054	HEALTHCARE	PA	501	3	NA
THE RDG HOSPITAL MEDICAL GROUP SIXTH AVE SPRUCE ST WEST READING, PA 19611 20-5095905	HEALTHCARE	PA	501	3	NA
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVE WYOMISSING, PA 19610 22-2790840	RETIREMENT	PA	501	9	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
THE READING HOSPITAL SURGICENTER AT SPRING RIDGE LLC 2603 KEISER BLVD WYOMISSING, PA19610 58-2682467	SURGERY	PA	THE RDG HO	EXCLUDED	3,059,324	2,982,041		No		Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
MC REALTY CORP 627 NORTH FOURTH STREET READING, PA19601 23-2607292	REALESTATE	PA	N/A				

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

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

		Yes	No
1	During the tax year, did the orgranization 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	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

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	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: THE READING HOSPITAL & MEDICAL CENTER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 442,989,035 including grants of $ 547,394) (Revenue $ 362,158,403)

DESCRIPTION UNITS OF SERVICE PROG EXPENSE OTHER DEPARTMENTS 10,485,290 297,183,497 INDIRECT ALLOCATED EXPENSES EMPLOYEE BENEFITS 38,437,875 PENSION 12,599,963 PAYROLL TAXES 15,395,694 INTEREST 17,537,452 DEPRECIATION 29,468,046 UTILITIES 4,626,091 PROVISION FOR BAD DEBTS 37,989,492

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT R WOLFE PRESIDENT	60 00	X		X				1,729,645	0	44,151
GERALD P MALICK MEDICAL DIRE	32 00	X		X				335,895	0	26,650
BARBARA ARNER BOARD MEMBER	1 00	X						0	0	0
THEODORE AUMAN BOARD MEMBER	1 00	X						0	0	0
MARY ELLEN BATMAN BOARD MEMBER	1 00	X						0	0	0
BRUCE BENGSTON BOARD MEMBER	1 00	X						0	0	0
ROBERT J GIBBLE BOARD MEMBER	1 00	X						0	0	0
VICTOR HAMMEL BOARD MEMBER	1 00	X						0	0	0
JULIA KLEIN BOARD MEMBER	1 00	X						0	0	0
CHRIST G KRARAS BOARD MEMBER	1 00	X						0	0	0
EDWARD T LENTZ BOARD MEMBER	1 00	X						0	0	0
TERRENCE MCGLINN BOARD MEMBER	1 00	X						0	0	0
MARGARET S MCSHANE BOARD MEMBER	1 00	X						0	0	0
RICHARD M PALMER JR BOARD MEMBER	1 00	X						0	0	0
JOHN ROLAND ESQ BOARD MEMBER	1 00	X						0	0	0
ELIZABETH ROTHERMEL BOARD MEMBER	1 00	X						0	0	0
JAY S SIDHU BOARD MEMBER	1 00	X						0	0	0
C THOMAS WORK ESQ CHAIRMAN	1 00	X		X				0	0	0
MICHAEL AVEDISSIAN MD BOARD MEMBER	1 00	X						0	0	0
BRENT WAGNER MD BOARD MEMBER	1 00	X						0	0	0
P MICHAEL EHLERMAN VICE CHAIRMA	1 00	X		X				0	0	0
ELIZABETH EHLICH BOARD MEMBER	1 00	X						0	0	0
SAMUEL A MCCULLOUGH BOARD MEMBER	1 00	X						0	0	0
MARLIN MILLER JR BOARD MEMBER	1 00	X						0	0	0
DAVID L THUN BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN I FINKEL SENIOR VP /	60 00			X				688,736	0	51,331
PATRICK J GAVIN CHIEF OPERAT	60 00			X				478,564	0	41,840
RICHARD J MABLE SENIOR VP PL	50 00			X				265,086	0	42,486
JAYASHREE V RAMAN CHIEF INFORM	50 00			X				261,392	0	32,313
DANIEL COCHRAN VP FINANCE	50 00			X				230,236	0	15,906
CARL J SEIDL VICE PRESIDE	60 00			X				221,947	0	37,510
ROBERT A BRIGHAM DIR OF SURG	40 00			X				221,239	0	31,376
MARGARET M BLIGH VICE PRESIDE	50 00			X				209,563	0	39,022
DONNA F WEBER VP NURSING	50 00			X				208,890	0	36,959
PAUL J TOBUREN VICE PRESIDE	50 00			X				206,896	0	24,829
A PHILIP ESPINOSA VICE PRESIDE	50 00			X				187,774	0	4,592
JAMES DEMETRIADES VICE PRESIDE	50 00			X				102,118	0	12,817
CHARLES J LUSCH PHYSICIAN	40 00					X		529,640	0	18,035
MARGARET L FREEMAN PHYSICIAN	40 00					X		402,911	0	48,116
WILLIAM K NATALE PHYSICIAN	40 00					X		376,528	0	44,764
JETTIE V HUNT PHYSICIAN	40 00					X		375,660	0	48,712
WILLIAM B KIMMEL PHYSICIAN	40 00					X		375,535	0	42,167
CHARLES B SULLIVAN RETIRED PRES	1 00						X	108,050	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUPPLIES	94,335,559	90,602,946	3,732,613	
BAD DEBTS	37,989,492	37,989,492		
REPAIRS/MAINTENANCE	21,290,760	9,506,819	11,783,941	
FEES - PHYSICIAN	18,534,105	18,452,304	81,801	
FEES - OTHER	13,416,989	2,144,014	11,272,975	

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: THE READING HOSPITAL & MEDICAL CENTER

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

IN THE CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS SECTION OF LINE 7 A COST TO CHARGE RATIO DEVELOPED FROM OUR MEDICARE COST REPORT IS UTILIZED IN THE OTHER BENEFITS SECTION THE PERCENTAGE CALCULATION FROM WORKSHEET 2 IS USED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

SUBSIDIZED SERVICES SHOW A NET LOSS OF 4,822,239 BEFORE REMOVAL OF CHARITY CARE, BAD DEBT AND MEDICAID WHICH IS COUNTED ELSEWHERE AND REDUCES THIS LINE TO ZERO THE FOLLOWING NARRATIVE IS OFFERED IN SUPPORT OF THE COMMUNITY BENEFIT PROVIDED THROUGH SUBSIDIZED SERVICES SUPPORTED BY THE RADING HOSPITAL AND MEDICAL CENTER THE READING HOSPITAL AND MEDICAL CENTER IS A NOT-FOR-PROFIT HEALTHCARE CENTER PROVIDING COMPREHENSIVE ACUTE CARE, POST-ACUTE CARE REHABILIATION, BEHAVIORAL, AND OCCUPATIONAL HEALTH SERVICES TO THE PEOPLE OF BERKS AND ADJOINING COUNTIES TRHMC LIES ON THE OUTSKIRTS OF THE CITY OF READING, WHICH HAS A POPULATION OF 81,200 AND CONTAINS 12 MEDICALLY UNDERSERVED CENSUS TRACTS A LARGE PERCENTAGE OF THE RESIDENTS OF READING ARE OF HISPANIC ORIGIN (42%) AND MANY ARE POOR 33% HAVE INCOMES BELOW THE UNINSURED OR WHO RECEIVE MEDICAID/CHIP COVERAGE COMPRISE ALMOST 60% OF THE CITY'S POPULATION THE HEALTH CARE NEEDS TRACK CLOSELY TO THE HIGH POVERTY RATE IN THE CITY THE ADULT PREVALENCE OF DIABETES, THE PROPORTION OF ADULTS WITH DIAGNOSED HIGH BLOOD PRESSURE, THE PERCENT OF WOMEN WHO RECEIVE NO PRENATAL CARE IN THE FIRST TRIMESTER, THE PEDIATRIC AND ADULT ASTHMA HOSPITAL ADMISSION RATES, AND THE THREE-YEAR AVERAGE PNEUMONIA DEATH RATE ALL EXCEED THE NATIONAL BENCHMARKS FOR THESE INDICATORS THE MISSION OF TRHMC IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE HEALTH CARE TO THE COMMUNITY, TO PROMOTE HEALTH, TO EDUCATE HEALTHCARE PROFESSIONALS, AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH TRHMC IS COMMITTED TO SERVING THE NEEDS OF THE COMMUNITY, EVEN WHEN THE NEEDED SERVICES CAUSE A DRAIN ON CAPITAL RESOURCES CURRENTLY THE HOSPITAL PROVIDES NEONATAL, BEHAVIORAL HEALTH, EMERGENCY AND OUTPATIENT SERVICES TO THE COMMUNITY ON A SUBSIDIZED BASIS TRHMC IS A REGIONAL REFERRAL CENTER FOR BOTH NEONATOLOGY AND BEHAVIORAL HEALTH SERVICES WITHIN BERKS COUNTY, TRHMC PROVIDES APPROXIMATELY 60% OF ALL NEONATAL SERVICES (ABOUT 950 PATIENTS PER YEAR) ALTHOUGH THE OTHER AREA HOSPITAL HAS A NICU UNIT, IT WOULD NOT HAVE THE CAPACITY TO MEET THE NEEDS OF THE COMMUNITY ON ITS OWN, AS IT CURRENTLY PROVIDES ONLY ONE-QUARTER OF THE COUNTY'S NEONATAL SERVICES TRHMC PROVIDES NEARLY ONE-HALF OF ALL INPATIENT MENTAL HEALTH SERVICES USED BY RESIDENTS OF BERKS COUNTY, AND OVER 70% AMONG PATIENTS AGE 60+ BECAUSE THERE ARE NO OTHER PROVIDERS IN THE IMMEDIATE AREA, PATIENTS WOULD NEED TO TRAVEL OUT OF THE COUNTY TO GET THESE SERVICES IF THEY WERE NOT OFFERED AT THE READING HOSPITAL AND MEDICAL CENTER SIMILARLY, TRHMC TREATS 40% OF BERKS COUNTY PATIENTS REQUIRING INPATIENT SERVICES FOR SUBSTANCE ABUSE THE OTHER NON-PROFIT HOSPITAL IN THE AREA SERVES ONLY 7% OF THESE PATIENTS TRHMC HAS RECENTLY EXPANDED AND RELOCATED ITS INPATIENT DETOXIFICATION CENTER TO MEET THE GROWING NEED FOR THESE SERVICES IF TRHMC CEASED TO PROVIDE SUBSTANCE ABUSE SERVICES, PATIENTS WOULD HAVE TO TRAVEL OUT OF THE AREA FOR TREATMENT, BECAUSE LOCAL PROVIDERS WOULD NOT HAVE THE ABILITY TO MEET THE NEED TRHMC PERENNIALLY RANKS AMONG THE TOP FOUR PENNSYLVANIA HOSPITALS IN EMERGENCY CARE VOLUME AND OUTPATIENT SERVICES THE READING HOSPITAL AND MEDICAL CENTER EMERGENCY DEPARTMENT CURRENTLY SEES OVER 105,000 PATIENTS PER YEAR, MAKING IT ONE OF THE BUSIEST PROGRAMS IN THE STATE TRHMC EXPERIENCES 32,000 ADMISSIONS AND PROVIDES MORE THAN 3 7 MILLION OUTPATIENT SERVICES A YEAR BECAUSE OF THE HIGH POVERTY RATE AND THE HIGH NUMBER OF UNINSURED AND MEDICAID/CHIP RESIDENTS, EMERGENCY AND OUTPATIENT SERVICES ARE OFTEN PROVIDED WITHOUT ADEQUATE COMPENSATION TRHMC CONTINUES TO PROVIDE VITAL OUTPATIENT AND EMERGENCY MEDICAL SERVICES TO THE COMMUNITY ON A SUBSIDIZED BASIS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

WHEN THE TOTAL BAD DEBT EXPENSE AT CHARGES OF 37,989,492 IS SUBTRACTED FROM THE TOTAL AUDITED EXPENSE AS DEMOMINATOR IN THIS CALCULATION, THE PERCENT OF TOTAL EXPENSE IN PART I, LINE 7 IS INCREASED TO 13 63%

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

INFORMATION REGARDING ELIBILITY FOR ASSISTANCE IS PROVIDED ON THE HOSPITAL'S BILLING STATEMENTS AND IN THE PATIENT FINANCIAL BROCHURE THAT IS AVAILABLE TO ALL PATIENTS OPTIONS ARE ALSO REVIEWED WITH PATIENTS WHEN THEY CONTACT THE HOSPITAL'S CALL CENTER THE HOSPITAL CLINICS' PERSONNEL ARE WELL VERSED IN CHARITY CARE POLICY AND THEY WILL DISCUSS THE OPTIONS WITH THE PATIENTS PATIENTS ARE DIRECTED TO THE COUNTY ASSISTANCE OFFICE, OR IN THE CASE OF INPATIENTS AND OUTPATIENTS, ASSIST THEM WITH FILLING OUT THE APPLICATION WITH ONE OF THE HOSPITAL'S FINANCIAL COUNSELORS FOR MEDICAL ASSISTANCE OPTIONS ARE ALSO REVIEWED WITH PATIENTS WHO COME INTO THE CASHIERS OFFICE NEAR THE MAIN LOBBY

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

THE READING HOSPITAL AND MEDICAL CENTER SERVES BERKS COUNTY, ALONG WITH PARTS OF MONTGOMERY, CHESTER, LEBANON, LANCASTER AND SCHUYLKILL COUNTIES THE POPULATION OF THE TOTAL SERVICE AREA IS ABOUT 820,000 BERKS COUNTY PROFILE BERKS COUNTY HAS A LARGE POPULATION ORIGINATED BY BIRTH IN THE COUNTY 76% OF RESIDENTS WERE BORN IN PENNSYLVANIA, 18% WERE BORN ELSEWHERE IN THE UNITED STATES, AND 6% WERE FOREIGN BORN THE RACIAL MIX INCLUDES 86% WHITE, 4% BLACK, 1% ASIAN, 7% SOME OTHER RACE, AND 2% OF MIXED RACE THERE IS A LARGE HISPANIC POPULATION IN BERKS COUNTY, ABOUT 14% OF RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 10% OF ALL RESIDENTS SPEAK SPANISH AT HOME SEVENTEEN PERCENT OF BERKS COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION, WHEREAS, 22% HOLD A COLLEGE BACHLOR'S DEGREE OR HIGHER THE MEDIAN HOUSEHOLD INCOME IN BERKS COUNTY IS 54,139 TWELVE PERCENT OF BERKS COUNTY RESIDENTS LIVE IN POVERTY, THIS FIGURE INCUDES 17% OF ALL CHILDREN UNDER AGE 18 AND 7% OF ALL SENIORS AGE 65+ CITY OF READING PROFILE BERKS COUNTY INCLUDES THE CITY OF READING, WHICH HAS A MORE DIVERSE POPULATION THAN THE REST OF THE COUNTY 53% OF THE RESIDENTS WERE BORN IN PENNSYLVANIA, 31% WERE BORN ELSEWHERE IN THE UNITED STATES, AND 16% WERE FOREIGN BORN THE RACIAL MIX INCLUDES 54% WHITE, 13% BLACK, 1% ASIAN, 28% SOME OTHER RACE, AND 4% OF MIXED RACE THE MAJORITY OF THE POPULATION OF THE CITY OF READING IS HISPANIC, ABOUT 53% OF RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 43% SPEAK SPANISH IN THEIR HOMES THIRTY-SEVEN PERCENT OF READING RESIDENTS AGE 25+ HAVE NOT GRADUATED FROM HIGH SCHOOL, AND ONLY 10% HAVE ATTAINED A BACHELOR'S DEGREE OR HIGHER MANY READING RESIDENTS ARE POOR, AND THE MEDIAN HOUSEHOLD INCOME IN THE CITY IS ONLY 27,887 OVER ONE-THIRD OF THE RESIDENTS (35%) LIVE BELOW THE FEDERAL POVERTY LIMIT (FPL), THIS FIGURE INCLUDES NEARLY HALF (47%) OF ALL CHILDREN UNDER AGE 18 AND 17% OF ALL SENIORS AGE 65+

Form 990 Schedule H, Part VI - Supplemental Information, Line 6
Form 990 Schedule H, Part VI - Supplemental Information, Line 6

DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2010 RELATING TO EXEMPT PURPOSE 1) PROVIDING HEALTH CARE INPATIENT SERVICES 28,814 PATIENT ADMISSIONS BIRTHS 3,469 NEWBORNS EMERGENCY SERVICES 103,015 PATIENT VISITS OUTPATIENT SERVICES 939,106 UNITS OF SERVICE AMOUNT OF CHARITY CAR E PROVIDED 13,481,000 (CHARGES) 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORN S THROUGH TEENS) -INITIATED ST CHRIS CARE, AN AMBULATORY PEDIATRIC SPECIALTY PRACTICE PRIM ARILY FOR THE MEDICALLY UNDERSERVED -OPERATE CHILDREN'S HEALTH CENTER PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UNDERSERVED, 9,033 VISITS, PROVIDES EACH CHIL D WITH A FREE BOOK THROUGH ITS REACH OUT AND READ PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR READING HEALTH OUTREACH FOR ADULTS -OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGIC CARE, 33,42 1 VISITS - OPENED CENTER FOR PUBLIC HEALTH OFFERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE, 1,570 PATIENT REGISTRATIONS -OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDES PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS, 9,240 VIS ITS HEALTH OUTREACH IMPACTING ALL AGES - OPERATE AN ACCREDITED TRAUMA CENTER, THAT PROVID ED THIS LIFE-SAVING LEVEL OF CARE TO 487 INDIVIDUALS LAST YEAR, PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY, AND PROFESSIONAL EDUCATION TO EMS AND HOSPITAL PROVIDE RS -OPERATE A 24/7 EMERGENCY DEPARTMENT -OPERATE THE READING HEALTH DISPENSARY AND ITS S ECOND STREET SATELLITE, PROVIDE PRIMARY CARE TO FAMILIES AND ADULTS MEDICALLY UNDERSERVED, NEW OFFERING MIDWIFERY CARE TO PREGNANT WOMEN, 28,247 VISITS -OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEGE-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGI C TECHNOLOGY, CLINICAL PASTORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE) -OPERATE A SCHOOL OF CLINICAL LABORATORY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDE NTS INTERESTED IN CAREERS IN LABORATORY MEDICINE -OPERATE TWO URGENT CARE CENTERS TO PROV IDE HEALTHCARE ACCESS ON WEEKENDS AND WEEKDAY EVENINGS WHEN MOST PRIVATE PRACTICES ARE CLO SED, 15,256 INDIVIDUALS USED THE SERVICE -OPERATE A 24/7 DRUG AND ALCOHOL CENTER WITH INP ATIENT DETOXIFICATION, DROP-IN SERVICE, AND SUPPORT GROUPS - MAINTAIN 24/7 INTERPRETING SE RVICES 21 ON-SITE SPANISH-ENGLISH INTERPRETERS, AND 1 TRANSLATOR FOR WRITTEN COMMUNICATIO NS, NETWORK OF 24/7 VIDEO-REMOTE INTERPRETING STATIONS AND TELEPHONES FOR ANY LANGUAGE -M AINTAIN 24/7 SIGN LANGUAGE SERVICES PARTNERSHIP WITH BERKS DEAF AND HARD OF HEARING TO PR OVIDE CERTIFIED SIGN LANGUAGE INTERPRETER AS NEEDED, ESTABLISHED 24/7 VIDEO-REMOTE SIGN LA NGUAGE INTERPRETING SERVICE -PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENT S AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS -DEVELOPED PALLIATIVE CARE SERVICES TO SU PPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS -PR OVIDE INPATIENT HOSPICE SERVICES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE -OFFER RAGGEDY ANN THERAPY PROGRAM AS A NON-THREATENING METHOD OF ESTABLISHING COMMUNICAT ION WITH ANXIOUS OR DEPRESSED PATIENTS -OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PRO GRAMS AT NO CHARGE TO PATIENTS -OFFERS NO ONE DIES ALONE PROGRAM THROUGH SPECIALLY TRAINE D VOLUNTEERS -PROVIDE FREE VALET PARKING TO PATIENTS AND THEIR VISITORS, OFFER WHEELCHAIR S 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 L EVEL OF SUCCESS -MAINTAIN HELP LINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SERVIC ES, PHYSICIANS, HEALTH TOPICS, AND/OR LOCAL SUPPORT GROUPS 3) EDUCATING HEALTHCARE PROFES SIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOSP ITAL SCHOOLS ENROLLED GRADUATED CLINICAL LABORATORY SCIENCE 4 4 CLINICAL PASTORAL EDUCATIO N 14 6 NURSING 189 155 PARAMEDIC INSTITUTE 34 13 RADIOLOGICAL TECHNOLOGY 319 6 SURGICAL TE CHNOLOGY 9 6 PHYSICIAN PROGRAMS ENROLLED PHYSICIANS IN RESIDENCIES 62 24 MEDICAL STUDENTS IN CLERKSHIPS 207 NA ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFE SSIONALS -OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING -EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUNCTION WITH HOSPITAL'S INSTITUTIONA L REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT TRHMC -ACCREDITE D BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIA NS 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 CLINIC AL DEPARTMENTS -PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLI ANCE, AND RELATED REGULATORY AND PROFESSIONAL ISSUES -INVESTED IN THE FUTURE HEALTH AND W ELL-BEING OF THE COMMUNITY THROUGH EDUCATIONAL AND

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

RESEARCH ACTIVITIES

Additional Data Return to Form

Software ID:
Software Version:
EIN: 23-1352204
Name: THE READING HOSPITAL & MEDICAL CENTER

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	(I) (II)	545,929	85,250	1,098,466		44,151	1,773,796	
GERALD P MALICK	(I) (II)	292,584	30,000	13,311		26,650	362,545	
STEVEN I FINKEL	(I) (II)	352,102	67,000	269,634		51,331	740,067	
PATRICK J GAVIN	(I) (II)	382,989	88,000	7,575		41,840	520,404	
RICHARD J MABLE	(I) (II)	206,504	41,000	17,582		42,486	307,572	
JAYASHREE V RAMAN	(I) (II)	223,440	35,000	2,952		32,313	293,705	
DANIEL COCHRAN	(I) (II)	208,004	22,000	232		15,906	246,142	
CARL J SEIDL	(I) (II)	192,163	23,000	6,784		37,510	259,457	
ROBERT A BRIGHAM	(I) (II)	221,239				31,376	252,615	
MARGARET M BLIGH	(I) (II)	187,466	21,000	1,097		39,022	248,585	
DONNA F WEBER	(I) (II)	184,537	22,000	2,353		36,959	245,849	
PAUL J TOBUREN	(I) (II)	182,125	24,000	771		24,829	231,725	
A PHILIP ESPINOSA	(I) (II)	187,644		130		4,592	192,366	
CHARLES J LUSCH	(I) (II)	450,000	73,000	6,640		18,035	547,675	
MARGARET L FREEMAN	(I) (II)	295,000	94,248	13,663		48,116	451,027	
WILLIAM K NATALE	(I) (II)	327,700	36,787	12,041		44,764	421,292	
JETTIE V HUNT	(I) (II)	271,900	94,248	9,512		48,712	424,372	
WILLIAM B KIMMEL	(I) (II)	272,575	94,248	8,712		42,167	417,702	
CHARLES B SULLIVAN	(I) (II)			108,050			108,050	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352204
Name: THE READING HOSPITAL & MEDICAL CENTER

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 SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2201344	SUPPORTING	PA	501	11C	NA
THE FRIENDS OF THE READING HOSPITAL SIXTH AVE SPRUCE ST WEST READING, PA19611 23-6026108	SUPPORTING	PA	501	11B	NA
THE RDG HOSPITAL & MED CENTER SELF- SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2087514	TRUST FUND	PA	501	11B	NA
THE RDG HOSPITAL & MED CENTER WORKE SIXTH AVE SPRUCE ST WEST READING, PA19611 22-3054717	TRUST FUND	PA	501	11B	NA
READING PROFESSIONAL SERVICES SIXTH AVE SPRUCE ST WEST READING, PA19611 23-2266054	HEALTHCARE	PA	501	3	NA
THE RDG HOSPITAL MEDICAL GROUP SIXTH AVE SPRUCE ST WEST READING, PA19611 20-5095905	HEALTHCARE	PA	501	3	NA
THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVE WYOMISSING, PA19610 22-2790840	RETIREMENT	PA	501	9	NA

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Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE READING HOSPITAL & MEDICAL CENTER		23-1352204

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6			

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	9,101

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV **Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	22,469
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

21 Listed proper

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**	13,368	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	Yes	
39 Do you treat all use of vehicles by employees as personal use?	Yes	
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	Yes	
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	