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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
READING HOSPITAL

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 province, country, and ZIP or foreign postal code
READING, PA 196126052

D Employer identification number
23-1352204

E Telephone number
(484) 628-4307

G Gross receipts $ 986,682,160

F Name and address of principal officer
CLINT MATTHEWS
PO BOX 16052
PO BOX 16052
READING, PA 19612

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

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTPS //READING TOWERHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1869

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE READING HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE CARE TO THE COMMUNITY TO PROMOTE HEALTH, TO EDUCATE HEALTHCARE PROFESSIONALS, AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH ASK SOMEONE TO DEFINE A HOSPITAL'S ROLE IN THE COMMUNITY, AND MOST OFTEN YOU HEAR ABOUT SERVICES AND DEPARTMENTS, OR ABOUT DOCTORS, NURSES AND OTHER CAREGIVERS IN ADDITION TO ITS PRIMARY ROLE AS A PROVIDER OF DIRECT CARE, READING HOSPITAL ADDRESSES ISSUES OUTSIDE THAT REALM THAT IMPACT HEALTH AND WELLNESS IN FACT, A KEY PART OF OUR MISSION MEANS THE REINVESTMENT OF OUR RESOURCES INTO THESE EFFORTS, WHICH ARE COLLECTIVELY KNOWN AS COMMUNITY BENEFIT WE ARE PROUD TO REPORT THAT IN OUR LAST FISCAL YEAR, WE COMMITTED MORE THAN 192 MILLION TO THIS CAUSE OUR CAREGIVERS AND SUPPORT STAFF PARTICIPATE IN HEALTH EDUCATION, FREE SCREENINGS, AND IMMUNIZATIONS THEY SUPPORT ACTIVITIES FOR INDIVIDUALS WITH SERIOUS OR CHRONIC HEALTH CONDITIONS, ADVANCE SELF-CARE B

Activities & Governance

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	6,785
6	Total number of volunteers (estimate if necessary)	**6**	355
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,254,540
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,396,019	4,633,650
9	Program service revenue (Part VIII, line 2g)	906,785,294	954,357,026
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,919,494	371,894
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,714,441	27,319,590
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	925,976,260	986,682,160
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
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)	445,911,468	436,953,290
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–24e)	403,922,317	439,307,684
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	849,833,785	876,260,974
19	Revenue less expenses Subtract line 18 from line 12	76,142,475	110,421,186

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	846,227,245	911,411,555
21	Total liabilities (Part X, line 26)	876,533,515	745,458,126
22	Net assets or fund balances Subtract line 21 from line 20	-30,306,270	165,953,429

Net Assets or Fund Balances

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

****** 2019-04-30
Signature of officer Date

GARY F CONNER EXECUTIVE VP CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MATTHEW D PETROSKI	MATTHEW D PETROSKI	2019-04-30		P00853132

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP — Firm's EIN ▶ 13-4008324

Firm's address ▶ 2001 MARKET ST STE 1800
PHILADELPHIA, PA 19103 — Phone no (267) 330-3000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF THE READING HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE CARE TO THE COMMUNITY TO PROMOTE HEALTH, TO EDUCATE HEALTHCARE PROFESSIONALS, AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH ASK SOMEONE TO DEFINE A HOSPITAL'S ROLE IN THE COMMUNITY, AND MOST OFTEN YOU HEAR ABOUT SERVICES AND DEPARTMENTS, OR ABOUT DOCTORS, NURSES AND OTHER CAREGIVERS IN ADDITION TO ITS PRIMARY ROLE AS A PROVIDER OF DIRECT CARE, READING HOSPITAL ADDRESSES ISSUES OUTSIDE THAT REALM THAT IMPACT HEALTH AND WELLNESS IN FACT, A KEY PART OF OUR MISSION MEANS THE REINVESTMENT OF OUR RESOURCES INTO THESE EFFORTS, WHICH ARE COLLECTIVELY KNOWN AS COMMUNITY BENEFIT WE ARE PROUD TO REPORT THAT IN OUR LAST FISCAL YEAR, WE COMMITTED MORE THAN 192 MILLION TO THIS CAUSE OUR CAREGIVERS AND SUPPORT STAFF PARTICIPATE IN HEALTH EDUCATION, FREE SCREENINGS, AND IMMUNIZATIONS THEY SUPPORT ACTIVITIES FOR INDIVIDUALS WITH SERIOUS OR CHRONIC HEALTH CONDITIONS, ADVANCE SELF-CARE B

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 44,415,698 including grants of $) (Revenue $ 66,468,476)
See Additional Data

4b (Code) (Expenses $ 25,413,973 including grants of $) (Revenue $ 69,904,991)
See Additional Data

4c (Code) (Expenses $ 67,865,783 including grants of $) (Revenue $ 116,266,662)
See Additional Data

(Code) (Expenses $ 645,857,792 including grants of $) (Revenue $ 716,776,597)
EXPENSES ARE FOR TREATING INPATIENTS, OUTPATIENTS AND EMERGENCY PATIENTS

4d Other program services (Describe in Schedule O)
(Expenses $ 645,857,792 including grants of $) (Revenue $ 716,776,597)

4e **Total program service expenses ▶** 783,553,246

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* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	591		
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**	6,785		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶GARY CONNER CFO 420 SOUTH 5TH AVENUE WEST READING, PA 19611 (484) 628-8000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,401,722	577,371	1,746,687

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 371

			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**		No
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LF DRISCOLL COMPANY LLC 401 EAST CITY LINE AVE SUITE 500 BALA CYNWYD, PA 190041003	ARCHITECTS	16,767,636
SAXTON & STUMP LLC 280 GRANITE RUN DRIVE SUITE 300 LANCASTER, PA 17601	LEGAL	7,892,299
HAMMOND HANLON CAMP LLC 4655 EXECUTIVE DRIVE SAN DIEGO, CA 92121	CONSULTING	3,683,321
PENN PRESBYTERIAN MED CTR TRAUMA SURGICAL CRITICAL CARE PHILADELPHIA, PA 191042640	TRAUMA SERVICE	2,787,549
STEVENS & LEE PO BOX 679 READING, PA 196030679	LEGAL	2,696,522

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 91

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	1,742,715		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,890,935		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		4,633,650		

Program Service Revenue	Business Code				
2a PATIENT CHARGES	622110	954,357,026	954,357,026		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		954,357,026			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		371,894			371,894
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	5,027,593				
b Less rental expenses					
c Rental income or (loss)	5,027,593				
d Net rental income or (loss) . . . . . ▶		5,027,593			5,027,593
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) . . . . . ▶					
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 MEALS	722310	5,977,757			5,977,757
b RETAIL PHARMACY	446110	3,457,464	3,457,464		
c SPRING RIDGE SURGI CENTER	621990	2,984,951	2,984,951		
d All other revenue		9,871,825	8,617,285	1,254,540	
e **Total.** Add lines 11a–11d . . . . . ▶		22,291,997			
12 **Total revenue.** See Instructions . . . . . ▶		986,682,160	969,416,726	1,254,540	11,377,244

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,345,597	962,825	6,382,772	
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	330,261,744	318,268,197	11,993,547	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,769,111	19,904,380	2,864,731	
9 Other employee benefits	51,501,849	47,816,168	3,685,681	
10 Payroll taxes	25,074,989	23,107,430	1,967,559	
11 Fees for services (non-employees)				
a Management				
b Legal	11,553,933		11,553,933	
c Accounting	900,661		900,661	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	59,453		59,453	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,424,883	2,899,561	31,525,322	
12 Advertising and promotion	12,232,545		12,232,545	
13 Office expenses				
14 Information technology	34,437,090	34,437,090		
15 Royalties				
16 Occupancy	21,332,240	20,720,324	611,916	
17 Travel	1,270,902	1,080,599	190,303	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	18,447,796	18,447,796		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	70,821,218	70,821,218		
23 Insurance	4,422,939	4,396,417	26,522	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	156,413,960	155,208,228	1,205,732	
b PHYSICIAN FEES	24,033,052	19,892,090	4,140,962	
c REPAIRS AND MAINTENANCE	16,957,747	16,660,938	296,809	
d THAW TRANSACTION COSTS	9,655,742	9,655,742		
e All other expenses	22,343,523	19,274,243	3,069,280	
25 **Total functional expenses.** Add lines 1 through 24e	876,260,974	783,553,246	92,707,728	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	53,919,778	1	-16,436,880
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	109,696,763	4	139,589,955
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	14,859,459	8	16,542,105
	9	Prepaid expenses and deferred charges	14,202,473	9	19,479,209
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,694,260,282			
	b	Less accumulated depreciation — 10b: 967,435,842	736,671,391	10c	726,824,440
	11	Investments—publicly traded securities	28,398,083	11	
	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	-111,520,702	15	25,412,726
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	846,227,245	16	911,411,555
Liabilities	17	Accounts payable and accrued expenses	112,441,304	17	118,177,450
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	675,010	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	763,417,201	25	627,280,676
	26	**Total liabilities.** Add lines 17 through 25	876,533,515	26	745,458,126
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-60,371,167	27	165,581,054
	28	Temporarily restricted net assets	1,666,814	28	372,375
	29	Permanently restricted net assets	28,398,083	29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	-30,306,270	33	165,953,429
	34	Total liabilities and net assets/fund balances	846,227,245	34	911,411,555

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	986,682,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	876,260,974
3	Revenue less expenses Subtract line 2 from line 1	3	110,421,186
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-30,306,270
5	Net unrealized gains (losses) on investments	5	801,153
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	85,037,360
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	165,953,429

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: READING HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

OPERATING ROOM - 18,346 TOTAL SURGERIES READING HOSPITAL 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, RH 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 RH 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

Form 990, Part III, Line 4b:

EMERGENCY CARE - 135,729 EMERGENCY ROOM VISITS RH EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO OUR COMMUNITY "24/7/365," REGARDLESS OF ABILITY TO PAY VOLUME TO RH EMERGENCY DEPARTMENT RANKS IT AMONG THE TOP THREE IN THE STATE OF PENNSYLVANIA YEAR AFTER YEAR AS THE AREA'S ONLY ACCREDITED TRAUMA CENTER, RH ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES, FROM TRAUMA SURGEONS TO PLASTIC SURGEONS, AND ALL AREAS OF SEPCIALITY CARE IN ADDITION TO ITS TRAUMA CERTIFICATION, RH 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, RH IS FULFILLING ITS COMMITTMENT TO SERVE THE UNDERSERVED POPULATION OF THE CITY

Form 990, Part III, Line 4c:

PHARMACY - 8,723,797 DRUGS DISPENSED RH PROVIDES ACCESS TO NEEDED PRESCRIPTIONS FOR THOSE PATIENTS WHO CANNOT AFFORD THEIR MEDICATION EACH MONTH RH ABSORBS THE COST OF PRESCRIPTION MEDICATION FOR PATIENTS OF RH WITH NO PRESCRIPTION COVERAGE RH 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, RH ABSORBS THE COSTS OF THESE MEDICATIONS AS PART OF OUR EXEMPT PURPOSE IN OUR COMMUNITY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLINT MATTHEWS PRESIDENT &	54 00 6 00	X		X				2,009,603	0	429,965
CHARLES BARBERA MD BOARD MEMBER	2 00 48 00	X						0	577,371	35,968
JOHN CASEY MD BOARD MEMBER	10 00 2 00	X						40,715	0	1,868
BRENT WAGNER MD CHAIRMAN	2 00 4 00	X		X				0	0	0
C THOMAS WORK VICE CHAIRMA	2 00 4 00	X		X				0	0	0
BARBARA ARNER BOARD MEMBER	2 00 2 00	X						0	0	0
ANNE FLYNN MD BOARD MEMBER	2 00 2 00	X						0	0	0
THOMAS FLYNN PHD BOARD MEMBER	2 00 2 00	X						0	0	0
CHRIS G KRARAS BOARD MEMBER	2 00 4 00	X						0	0	0
GLENN MOYER BOARD MEMBER	2 00 2 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MEG MUELLER BOARD MEMBER	2 00 2 00	X						0	0	0
KAREN RIGHTMIRE BOARD MEMBER	2 00 4 00	X						0	0	0
JOHN WEIDENHAMMER BOARD MEMBER	2 00 2 00	X						0	0	0
BEN ZINTAK BOARD MEMBER	2 00 2 00	X						0	0	0
THERESE SUCHER EXECYTUVE VP	48 00 4 00			X				972,078	0	229,597
GREG SORENSEN MD EXECUTIVE VP	48 00 2 00			X				806,149	0	181,749
GARY F CONNER EXECUTIVE VP	48 00 6 00			X				793,626	0	182,057
DAN AHERN EVP BUSINESS	46 00 4 00			X				719,763	0	167,651
KATHLEEN WETZEL SECRETARY	48 00 2 00			X				302,685	0	63,710
MARY AGNEW SENIOR VP CN	50 00				X			430,923	0	80,614

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CARL SEIDL VICE PRESIDE	50 00 0 00				X			353,508	0	76,924
MARK MCNASH VICE PRESIDE	50 00 0 00				X			339,175	0	57,384
ROBERT A BRIGHAM MD CHAIR OF SUR	50 00					X		949,139	0	7,352
JACOB D MCKNIGHT VICE PRESIDE	50 00					X		461,191	0	66,691
RUSSELL H SHOWER VICE PRESIDE	50 00					X		456,970	0	56,268
PETER J SAVINI VICE PRESIDE	50 00					X		385,682	0	44,052
DAVID A SCHLAPPY VICE PRESIDE	50 00					X		380,515	0	64,837

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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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

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 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: READING HOSPITAL

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493120000399

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	**Employer identification number**
READING HOSPITAL	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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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 function 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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-
1					
2					
3					
4					
5					
6					

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		
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-		

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(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		17,225
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			17,225
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?			

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		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	PART II-B, LINE 1G DURING THE COURSE OF THE YEAR, THERE ARE VARIOUS FEDERAL AND STATE HEALTHCARE ISSUES THAT ARE RAISED THAT AFFECT TOWER HEALTH AND ITS ENTITIES WE WILL VOICE OUR CONCERNS OR ISSUES REGARDING THESE MATTERS THROUGH EITHER DIRECT CONTACT OR WRITTEN CORRESPONDENCE WITH LEGISLATORS THE PURPOSE OF THESE CONTACTS IS TO PROMOTE THE GENERAL INTERESTS AND WELFARE OF READING HOSPITAL DURING THESE CHANGING TIMES IN THE HEALTH CARE FIELD THERE ARE NO ADDITIONAL EXPENSES INCURRED

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

Employer identification number
23-1352204

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,788,355	11,101,965	10,208,518	9,273,178	6,827,185
b Contributions	2,364,549	1,210,550	852,568	584,767	1,241,237
c Net investment earnings, gains, and losses	911,732	539,462	99,691	406,162	1,224,116
d Grants or scholarships					
e Other expenditures for facilities and programs	16,010,377				
f Administrative expenses	54,259	63,621	58,812	55,589	19,360
g End of year balance		12,788,355	11,101,965	10,208,518	9,273,178

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 100 000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,344,259		33,344,259
b Buildings		685,234,875	370,136,516	315,098,359
c Leasehold improvements				
d Equipment		922,755,173	597,299,326	325,455,847
e Other		52,925,975		52,925,975
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				726,824,440

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LT LOAN - AFFILIATE PAYABLE	389,973,031
PENSION PAYABLE	201,974,181
ESTIMATED SELF INSURANCE COSTS	28,486,137
DEFERRED REVENUE	5,387,836
DEFERRED COMPENSATION	1,411,504
GIFT ANNUITIES	47,987
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	627,280,676

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	983,791,225
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	983,791,225
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	2,890,935		
c	Add lines **4a** and **4b**			4c	2,890,935
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	986,682,160

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1352204
Name: READING HOSPITAL

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE SYSTEM IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3) OF THE INTER NAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES AND RELATED INCOME PURSUANT TO SE CTION 501(A) OF THE CODE ON SUCH A BASIS, THE EXEMPT ENTITIES DO NOT INCUR LIABILITY FOR FEDERAL INCOME TAXES, EXCEPT IN THE CASE OF UNRELATED BUSINESS INCOME THE SYSTEM EVALUATE S UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENE FITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLO SURES REGARDING UNCERTAINTIES IN TAX POSITIONS NO ADJUSTMENTS TO THE CONSOLIDATED FINANCI AL STATEMENTS WERE REQUIRED AS A RESULT OF THIS EVALUATION ON DECEMBER 22, 2017, THE PRES IDENT SIGNED INTO LAW H R 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT THE NEW LAW IN CLUDES SEVERAL PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF TAX-E XEMPT ORGANIZATIONS AND THEIR DONORS THE SYSTEM HAS REVIEWED THESE PROVISIONS AND THE POT ENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF H R 1 WILL NOT HAVE A MATERIAL IMPACT ON THE OPERATIONS OF THE SYSTEM

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	DONATIONS ARE REPORTED AS EITHER TEMPORARILY OR PERMANENTLY RESTRICTED IF THEY ARE RECEIVE D WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS WHEN A DONOR RESTRICTI ON EXPIRES, THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR PURPOSE RESTRICTION IS ACC OMPLISHED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED AS UNRESTRICTED NET ASSETS A ND REPORTED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AS NET ASSETS RELEASED FROM RESTR ICTIONS DONOR RESTRICTED DONATIONS WHOSE RESTRICTIONS ARE MET WITHIN THE SAME YEAR AS REC EIVED ARE REPORTED AS UNRESTRICTED DONATIONS IN THE ACCOMPANYING CONSOLIDATED STATEMENTS O F OPERATIONS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

Employer identification number
23-1352204

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,589,276		16,589,276	1 890 %
b Medicaid (from Worksheet 3, column a)			157,962,529	99,502,317	58,460,212	6 670 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			174,551,805	99,502,317	75,049,488	8 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,733,352	52,000	5,681,352	0 650 %
f Health professions education (from Worksheet 5)			34,998,429	15,735,942	19,262,487	2 200 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			3,845,759		3,845,759	0 440 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			452,154		452,154	0 050 %
j **Total.** Other Benefits			45,029,694	15,787,942	29,241,752	3 340 %
k **Total.** Add lines 7d and 7j			219,581,499	115,290,259	104,291,240	11 900 %

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

	(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			3,960		3,960	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development		182	793		793	
9 Other						
10 Total		182	4,753		4,753	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	58,106,122		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	34,282,612		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	254,215,411
6	Enter Medicare allowable costs of care relating to payments on line 5	6	313,028,230
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-58,812,819
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b			No

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group READING HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) "SEE SUPPLEMENTAL DISCLOSURES"			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) "SEE SUPPLEMENTAL DISCLOSURES"			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) "SEE SUPPLEMENTAL DISCLOSURE"			
b	☑ The FAP application form was widely available on a website (list url) "SEE SUPPLEMENTAL DISCLOSURE"			
c	☑ A plain language summary of the FAP was widely available on a website (list url) "SEE SUPPLEMENTAL DISCLOSURE"			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **1**

	Name and address	Type of Facility (describe)
1	TRHMC SURGICENTER AT SPRING RIDGE 2603 KEISER BLVD READING, PA 19610	AMBULATORY SURGERY CENTER
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C - OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARE	PATIENTS WILL BE ASKED TO PROVIDE VERIFICATION OF HOUSEHOLD INCOME ALONG WITH THE NAMES OF PEOPLE RESIDING IN THE HOUSEHOLD, AS A REQUIREMENT OF THE APPLICATION PROCESS THE INFORMATION IS UTILIZED IN DETERMINING WHERE THE HOUSEHOLD FALLS IN THE FEDERAL POVERTY LEVEL GUIDELINE (FPL) THE FPL CATEGORY WILL DETERMINE THE PATIENT OR GUARANTOR CONTRIBUTION AMOUNT TOWARD THEIR MEDICAL BILL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G - SUBSIDIZED HEALTH SERVICES EXPLANATION	READING HOSPITAL UTILIZES THE IRS GUIDELINES IN DETERMINING THE RATIO OF PATIENT COST TO CHARGES TO ESTIMATE THE COST OF EACH SUBSIDIZED HEALTH SERVICE THIS CALCULATION DOES NOT REFLECT READING HOSPITAL'S OPERATIONAL LOSS CURRENTLY THE HOSPITAL PROVIDES BEHAVIORAL HEALTH, AND OUTPATIENT SERVICES TO THE COMMUNITY ON A SUBSIDIZED BASIS AS THESE SERVICES REFLECT AN OPERATIONAL LOSS READING HOSPITAL IS A NOT-FOR-PROFIT HEALTHCARE CENTER PROVIDING COMPREHENSIVE ACUTE CARE, POST-ACUTE CARE REHABILITATION, BEHAVIORAL, AND OCCUPATIONAL HEALTH SERVICES TO THE PEOPLE OF BERKS AND ADJOINING COUNTIES READING HOSPITAL LIES ON THE OUTSKIRTS OF THE CITY OF READING, WHICH HAS AN ESTIMATED POPULATION OF 78,145, IN 2018 33 45% OF THE RESIDENTS OF THE CITY LIVE BELOW FEDERAL POVERTY LEVELS 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 READING HOSPITAL 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 READING HOSPITAL IS COMMITTED TO SERVING THE NEEDS OF THE COMMUNITY, EVEN WHEN THE NEEDED SERVICES CAUSE A DRAIN ON CAPITAL RESOURCES READING HOSPITAL IS A REGIONAL REFERRAL CENTER FOR BEHAVIORAL HEALTH SERVICES READING HOSPITAL PROVIDES APPROXIMATELY ONE-THIRD OF ALL INPATIENT MENTAL HEALTH SERVICES USED BY THE RESIDENTS OF BERKS COUNTY AND 28% AMONG PATIENTS AGE 60+ ANOTHER MENTAL HEALTH PROVIDER, HAVEN BEHAVIORAL HEALTH, HAS RECENTLY ESTABLISHED A TREATMENT FACILITY IN THE CITY OF READING OFFERING MENTAL HEALTH SERVICES READING HOSPITAL TREATS NEARLY 60% OF BERKS COUNTY PATIENTS REQUIRING INPATIENT SERVICES FOR SUBSTANCE ABUSE THE OTHER NON-PROFIT HOSPITAL IN THE AREA SERVES ONLY 5% OF THESE PATIENTS READING HOSPITAL HAS EXPANDED AND RELOCATED ITS INPATIENT DETOXIFICATION CENTER TO MEET THE GROWING NEED FOR THESE SERVICES IF READING HOSPITAL 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 READING HOSPITAL PERENNIALLY RANKS AMONG THE TOP FOUR PENNSYLVANIA HOSPITALS IN OUTPATIENT SERVICES BECAUSE OF THE HIGH POVERTY RATE AND THE HIGH NUMBER OF UNINSURED AND MEDICAID/CHIP RESIDENTS, OUTPATIENT SERVICES ARE OFTEN PROVIDED WITHOUT ADEQUATE COMPENSATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES, IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3 BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE	IN PRIOR YEARS, THE HOSPITAL UTILIZED A PRODUCT THROUGH THE ADVISORY BOARD TO PROJECT THE PERCENTAGE OF PATIENTS ELIGIBLE FOR CHARITY THE HOSPITAL ENDED THE RELATIONSHIP WITH THE ADVISORY BOARD, BUT LEVERAGED THE METHODOLOGY USED BY THE ADVISORY BOARD TO ESTIMATE THE CURRENT YEAR AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	THE HOSPITAL USES REPORTS FROM THE MEDICARE PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM TO CALCULATE THE GROSS PATIENT CHARGES AND GOSS REIMBURSEMENT PAYMENTS A RATIO OF COST TO CHARGES IS APPLIED TO THE GROSS PATIENT CHARGES TO CALCULATE THE COMMUNITY BENEFIT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	PATIENTS ARE INFORMED OF OPTIONS FOR FINANCIAL ASSISTANCE THROUGHOUT THE REVENUE CYCLE, FROM REGISTRATION THROUGH COLLECTION, THEREFORE, READING HOSPITAL'S DEBT COLLECTION POLICY AND PROCEDURE INCLUDES SPECIFIC PROVISIONS FOR REFERRING PATIENTS FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	IN ADDITION TO THE CHNA REPORT, READING HOSPITAL ASSESSES HEALTH CARE NEEDS OF THE COMMUNITES THROUGH SECONDARY DATA ANALYSIS FROM A COMMUNITY COMMONS DATABASE AND DEATH TRENDS RELATED TO SUBSTANCE ABUSE AND SUICIDE THE HOSPITAL PARTNERS WITH COMMUNITY ORGANIZATIONS TO DEPLOY SURVEYS TO IDENTIFY AND ADDRESS HEALTH ISSUES RELATING TO FOOD INSECURITY, LOW RESIDENT ENGAGEMENT, FREQUENT ED USAGE AND ABSENCE OF PRIMARY CARE THE HOSPITAL FREQUENTLY LOOKS AT HIGH ED UTILIZERS AND THEN MAPS THEIR LOCATION TO ANALYZE THEIR BUILT ENVIRONMENT BY LOOKING FOR AVAILABILITY OF FRESH GROCERY MARKETS, PUBLIC TRANSPORTATION ACCESS, OPEN SPACE AND CRIME COMMUNITY INTERVIEWS ARE CONDUCTED BY THE HOSPTIAL TO GATHER FIRSTHAND FEEDBACK FROM THE COMMUNITY REGARDING HEALTHCARE MESSAGING AND PROPOSED INTERVENTIONS THE HOSPITAL ALSO CONDUCTS FOCUS GROUPS TO GAIN MORE INSIGHT INTO PATIENTS' HEALTH BEHAVIORS AND ACCESS BARRIERS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	READING HOSPITAL'S COMMITMENT TO PROVIDING AFFORDABLE CARE IS DEMONSTRATED THROUGH THE PATIENT FINANCIAL ASSISTANCE PROGRAM WHICH PROVIDES ASSISTANCE TO QUALIFIED PATIENTS PATIENTS ARE ENCOURAGED TO SEEK FINANCIAL ASSISTANCE AS EARLY IN THE TREATMENT PROCESS AS POSSIBLE THEY WILL BE OFFERED THE OPPORTUNITY TO MEET WITH FINANCIAL COUNSELORS AND RESOURCE ELIGIBILITY SPECIALISTS TRAINED TO PROVIDE APPLICATION ASSISTANCE FOR PROGRAMS SUCH AS MEDICAL ASSISTANCE, DISABILITY, COBRA, PATIENT FINANCIAL ASSISTANCE AND OTHER COMMUNITY PROGRAMS THE HOSPITAL'S COMMITMENT TO PROVIDING AFFORDABLE CARE INCLUDES URGENT, NON-ELECTIVE, EMERGENT, AND OTHER PRE-APPROVED/PRE-SCREENED SERVICES IMPLANTABLES, HIGH COST DRUGS, DME AND CONTRACTED SERVICES ARE PROVIDED TO QUALIFIED PATIENTS AT HOSPITAL COST

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	THE READING HOSPITAL PRIMARILY SERVES BERKS COUNTY BERKS COUNTY PROFILE BERKS COUNTY POPULATION IS 415,367 THERE IS A LARGE POPULATION ORIGINATED BY BIRTH IN THE COUNTY 74% OF RESIDENTS WERE BORN IN PENNSYLVANIA, 15% WERE BORN ELSEWHERE IN THE UNITED STATES, 4% WERE BORN IN PUERTO RICO, US ISLANDS OR ABROAD TO AMERICAN PARENTS, AND 7% WERE FOREIGN BORN THE RACIAL MIX INCLUDES 80% WHITE, 5% BLACK, 2% ASIAN, 10% SOME OTHER RACE, AND 3% OF MIXED RACE THERE IS A LARGE HISPANIC POPULATION IN BERKS COUNTY, ABOUT 21% OF RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 14% OF ALL RESIDENTS, AGES 5+ SPEAK SPANISH AT HOME 14% PERCENT OF BERKS COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION, WHEREAS 24% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER THE MEDIAN HOUSEHOLD INCOME IN BERKS COUNTY IS 61,562 10% PERCENT OF BERKS COUNTY RESIDENTS LIVE BELOW POVERTY, THIS FIGURE INCLUDES 23% OF ALL CHILDREN UNDER AGE 18 AND 8% 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 49% OF THE RESIDENTS WERE BORN IN PENNSYLVANIA, 17% WERE BORN ELSEWHERE IN THE UNITED STATES, 15% WERE BORN IN PUERTO RICO, US ISLANDS, OR ABROAD TO AMERICAN PARENTS, AND 19% WERE FOREIGN BORN THE RACIAL MIX INCLUDES 42% WHITE, 12% BLACK, 1% ASIAN, 37% SOME OTHER RACE, AND 7% OF MIXED RACE THE MAJORITY OF THE POPULATION OF THE CITY OF READING IS HISPANIC, ABOUT 71% OF THE RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 52% SPEAK SPANISH IN THEIR HOMES 33% OF READING RESIDENTS AGE 25+ HAVE NOT GRADUATED FROM HIGH SCHOOL, AND ONLY 9% HAVE ATTAINED A BACHELOR'S DEGREE OR HIGHER MANY READING RESIDENTS ARE POOR, AND THE MEDIAN INCOME IN THE CITY IS ONLY 28,467 ONE-THIRD OF THE RESIDENTS, (33%), LIVE BELOW THE FEDERAL POVERTY LIMIT (FPL), THIS FIGURE INCLUDES OVER HALF, (54%), OF ALL CHILDREN UNDER AGE 18 AND 23% OF ALL SENIORS AGE 65+

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2018 RELATING TO EXEMPT PURPOSE 1)PROVIDING HEALTH C ARE INPATIENT DISCHARGES 34,018 INPATIENT DAYS 178,322 BIRTHS 3,483 EMERGENCY SERVICES 135 ,729 2) PROMOTING HEALTH HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) OPERATE CHI LDREN'S HEALTH CENTER PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UND ERSERVED, 18,241 VISITS, PROVIDES EACH CHILD WITH A FREE BOOK THROUGH IT REACH OUT AND REA D PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR READING HEALTH O UTREACH FOR ADULTS OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOT H OBSTETRICAL AND GYNECOLOGICAL CARE, 20,970 VISITS OPERATE CENTER FOR PUBLIC HEALTH OFF ERS CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE, 3,822 PATIENT REGISTR ATIONS OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDES PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS, 7,784 VISITS HEALTH OUTREACH IMPACTING ALL AGES OPERATE AN ACCREDITED TRAUMA CENTER, THAT PROVIDED THIS LIFE-SAVING LEVEL OF CARE TO 2,923 INDIVI DUALS LAST YEAR, PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY, AND PROFESS IONAL EDUCATION TO EMS AND HOSPITAL PROVIDERS OPERATE A 24/7 EMERGENCY DEPARTMENT OFFERI NG MIDWIFERY CARE TO PREGNANT WOMEN OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEG E-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGIC TECHNOLOGY, CLINICAL PAST ORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE) OPERATE A SCHOOL OF CLINICAL LABORATO RY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE OPERATE A 24/7 DRUG AND ALCOHOL CENTER WITH INPATIENT DETOXIFICATION , DROP-IN SERVICE, AND SUPPORT GROUPS MAINTAIN 24/7 INTERPRETING SERVICES 16 ON-SITE SPA NISH-ENGLISH INTERPRETERS, AND TRANSLATE 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 LANGU AGE INTERPRETER AS NEEDED, ESTABLISHED 24/7 VIDEO-REMOTE SIGN LANGUAGE INTERPRETING SERVIC E PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FO R SPIRITUAL CONCERNS DEVELOPED PALLIATIVE CARE SERVICES TO SUPPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS PROVIDE INPATIENT HOSPICE SERVI CES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE HIRED A SOCIAL WORKER TO MAN AGE PATIENTS WHO HAVE FREQUENTED THE ED WITH MINOR COMPLAINTS VISITS PATIENTS IN THEIR HO ME TO CONNECT THEM WITH COMMUNITY RESOURCES AND ACCESS TO OUTPATIENT CARE OFFER PAWS FOR WELLNESS AND OTHER PET THERAPY PROGRAMS AT NO CHARGE TO PATIENTS OFFERS NO ONE DIES ALONE PROGRAM THROUGH SPECIALLY TRAINED VOLUNTEERS PROVIDE FREE VALET PARKING TO PATIENTS AND THEIR VISITORS, OFFER WHEELCHAIRS AND ESCORTS TO SUPPORT MEDICALLY FRAGILE PATIENTS OFFER S A STREET MEDICINE PROGRAM WHICH IS A SYSTEMATIC APPROACH TO THE PROVISION OF HEALTH CARE TO THE UNSHELTERED HOMELESS, DEFINED TO BE INDIVIDUALS LIVING IN DWELLINGS NOT MEANT FOR HUMAN HABITATION AND UNLIKELY TO PARTICIPATE IN OR BENEFIT FROM SOCIAL SERVICES FOR THE HO MELESS READING HOSPITAL'S STREET MEDICINE TEAM IS MADE UP OF VOLUNTEERS THAT ASSEMBLE ONE DAY EACH WEEK TO VISIT HOMELESS CAMPS AND SOUP KITCHENS THROUGHOUT READING, PA AND DELIVE R FREE PRIMARY CARE TO THIS OFTEN UNDERSERVED POPULATION IN AN ENVIRONMENT THAT IS SAFE, F AMILIAR, AND NON- JUDGMENTAL THE THREE COMPONENTS OF THE STREET MEDICINE PROGRAM INCLUDE DELIVERY OF PRIMARY CARE SERVICES TO HOMELESS INDIVIDUALS TO REDUCE ED VISITS, RE-ADMISSI ONS, AND LENTH OF STAY, PATIENT CASE MANAGEMENT SERVICES, PATIENT EDUCATION ON AVAILABLE C OMMUNITY SERVICES THE STREET MEDICINE PROGRAM IS GRANT FUNDED AND STAFFED BY READING HOSP ITAL VOLUNTEERS THAT INCLUDE PHYSICIANS AND NURSING STAFF SUPPORT ORGAN DONATION COMMUNIC ATION AND PROCESS, EARNED RECOGNITION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LEVEL OF SUCCESS MAINTAIN HELPLINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SER VICES, PHYSICIANS, HEALTH TOPICS, AND /OR LOCAL SUPPORT GROUPS EDUCATING HEALTHCARE PROFE SSIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOS PITAL SCHOOLS ENROLLED GRADUATED CLINICAL PASTORAL EDUCATION 6 6 NURSING 272 33 PARAMEDIC INSTITUTE 27 14 MEDICAL IMAGING 31 12 SURGICAL TECH 14 5 PHYSICIANS IN RESIDENCIES 88 32 M EDICAL STUDENTS IN CLERKSHIPS 231 NA ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WI LL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY WORKS IN CONJUNCTION WITH HOSPITA L'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT R EADING HOSPITAL ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDI CAL EDUCATION FOR PHYSICIANS CME DEPARTMENT WITHI

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	N ACADEMIC AFFAIRS DIVISION OVERSEES DEPARTMENT-BASED PROGRAMS FOR CME CATEGORY 1 AND CATE GORY 2 CREDITS PROVIDES ONGOING EDUCATION FOR STAFF IN ALL CLINICAL DEPARTMENTS PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIANCE, AND RELATED REGULAT ORY AND PROFESSIONAL ISSUES INVESTED IN THE FUTURE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH EDUCATION AND RESEARCH ACTIVITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	TOWER HEALTH MEDICAL GROUP (THMG) IS A GROUP WITHIN THE HOSPITAL'S AFFILIATED HEALTH CARE SYSTEM THAT PROVIDES GENERAL AND SPECIALIZED PRACTICE ASSISTANCE TO RH WHICH IS AN ACUTE CARE HOSPITAL PHYSICIANS CAN REFER PATIENTS TO THE ACUTE CARE HOSPITAL FOR FURTHER TREATMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART II COMMUNITY BUILDING ACTIVITIES WORKFORCE DEVELOPMENT - THE RECRUITMENT OF PHYSICIANS AND OTHER HEALTH PROFESSIONALS TO AREAS DESIGNATED AND UNDERSERVED COLLABORATED WITH EDUCATION INSTITUTIONS TO TRAIN AND RECRUIT HEALTH PROFESSIONALS NEEDED IN THE COMMUNITY THESE DOLLARS ENCOMPASSED HIGH SCHOOL VISITS,OUR SHADOWING AND MEDICAL EXPLORERS PROGRAM (GEARED TOWARDS HIGH SCHOOL STUDENTS), TO DRIVE ENTRY INTO THE HEALTHCARE FIELD WE ALSO OFFER A HIGH SCHOOL INTERN PROGRAM THE PURPOSE OF THIS PROGRAM IS TO PROVIDE A SUPPLEMENT TO CONVENTIONAL CLASSROOM TRAINING BY INTRODUCING STUDENTS TO A BROAD RANGE OF NON-CLINICAL PRACTICAL EXPERIENCE THROUGH THE WORK ENVIRONMENT AT READING HOSPITAL OUR PROGRAM'S GOAL IS TO ENHANCE THE STUDENTS' ACADEMIC, PROFESSINAL, AND PERSONAL DEVELOPMENT INTERNSHIPS ALLOW STUDENTS THE OPPORTUNITY TO APPLY THEIR KNOWLEDGE AND SKILLS WHILE GAINING INVALUABLE, HANDS-ON EXPERIENCE FOR FY18 WE HAD 9 HIGH SCHOOL INTERNS PRATICIPATE IN THE PROGRAM DISASTER READINESS READING HOSPITAL IS PART OF THE EAST CENTRAL PA REGIONAL TASK FORCE WHICH PROVIDES "ALL HAZARDS PLANNING, MITIGATION RESPONSE AND RECOVERY SERVICES TO CITIZENS OF BERKS COUNTY AS A RESPONSE TO THE GROWING THREAT OF THE USE OF WEAPONS OF MASS DESTRUCTION (WMD)

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: READING HOSPITAL

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	READING HOSPITAL 420 SOUTH 5TH AVENUE WEST READING, PA 19611 HTTPS //READING TOWERHEALTH ORG 440401	X	X		X			X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 3E	IDENTIFIED NEEDS, IN PRIORITIZED ORDER OF THE COMMUNITY WERE 1) OBESITY 2) MENTAL HEALTH 3) ADDICTION 4) ACCESS TO CARE PART V, SECTION B, 3I THE COMMUNITY HEALTH NEEDS ASSESSMENT IN 2013 IDENTIFIED THE FOLLOWING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY MATERNAL, INFANT AND CHILD HEALTH, OBESITY AND MENTAL HEALTH THE ACTIONS TAKEN WERE AS FOLLOWS MATERNAL, INFANT AND CHILD HEALTH DEVELOPED AND IMPLEMENTED AN ENGAGEMENT CAMPAIGN TO INCREASE PARTICIPATION IN THE CENTERING PREGNANCY AND CENTERING PARENTING PROGRAMS CO COUNTY WELLNESS (CCW) DEVELOPED BERKS TEENS MATTER TO WORK WITH THE SCHOOL DISTRICT TO DESIGN AND IMPLEMENT A CURRICULUM FOCUSED ON PREVENTION AND ACCESS TO RESOURCES OBESITY A FARM TO PRESCHOOL PROGRAM WAS IMPLEMENTED AT THE CHILD DEVELOPMENT CENTER (CDC) WITH THE PURPOSE OF EDUCATING CHILDREN ABOUT PROPER NUTRITION AND GARDENING A TASTING EVENT WAS HOSTED BY THE CDC TO EXPOSE CHILDREN TO SEASONAL FRUITS AND VEGETABLES 5,000 00 WAS PROVIDED TO ALLOW FOR 10 00 MATCHES FOR SNAP, WIC, OR FARMER'S MARKET COUPON RECIPIENTS TO BE USED AT THE PENN STREET FARMER'S MARKET MENTAL HEALTH THROUGH THE COLLABORATION WITH THE CENTER FOR MENTAL HEALTH, A PROCESS WAS CREATED TO BETTER CARE FOR PATIENTS WITH BEHAVIORAL HEALTH NEEDS 1) A DEPRESSION SCREENING TOOL WAS CREATED 2) DEVELOPED A COLLABORATIVE WORKING GROUP WITH COUNTY MENTAL HEALTH SERVICES TO DEVELOP A COMPREHENSIVE NETWORK OF SUPPORT 3) DEVELOPED CARE MANAGEMENT PROTOCOLS FOR MAJOR CATEGORIES OF PSYCHIATRIC ILLNESS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 5	A CHNA IMPLEMENTATION REPORT WAS COMPLETED IN 2016 KEY INFORMANTS WERE DEFINED AS COMMUNITY STAKEHOLDERS WITH EXPERT KNOWLEDGE INCLUDING PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS, SOCIAL SERVICE PROVIDERS, NON-PROFIT LEADERS, BUSINESS LEADERS, FAITH-BASED ORGANIZATIONS, AND OTHER COMMUNITY LEADERS FOR INDIVIDUALS' NAMES PLEASE REFER TO THE IMPLEMENTATION PLAN

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 6A	PENN STATE HEALTH ST JOSEPH HOSPITAL, READING, PA

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 7D	LINK TO THE READING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT HTTPS //READING TOWERHEALTH ORG/APP/FILES/PUBLIC/308/2016CHNA PDF LINK TO THE READING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN HTTPS //READING TOWERHEALTH ORG/APP/FILES/PUBLIC/312/CHNA-IMPLEMENTATION- PLAN-2017 PDF

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 11	READING HOSPITAL DEVELOPED A COMMUNITY HEALTH IMPLEMENTATION PLAN THE IMPLEMENTATIN PLAN, WHICH COVERS A THREE YEAR SPAN, OUTLINES SPECIFIC STRATEGIES FOR EACH PRIORITY AREA THAT WILL BE IMPLEMENTED THROUGH A VARIETY OF METHODS INCLUDING INPUT FROM EXPERT PROVIDERS, CO MMUNITY OUTREACH, AND COLLABORATIONS AND PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AN OVE RVIEW OF EACH PRIORITY FOLLOWS OBESITY - THE LONG TERM GOALS OF THE OBESITY PRIORITY INCL UDE REDUCING THE NUMBER OF OVERWEIGHT AND OBESE BERKS COUNTY RESIDENTS, AS WELL AS CONVENI NG A COMMUNITY COALITION OF DIVERSE STAKEHOLDERS TO DO THIS, READING HOSPITAL AND COMMUNI TY PARTNERS PLAN TO CONDUCT AN EDUCATIONAL MARKETING CAMPAIGN FOCUSING ON THE IMPORTANCE O F MAKING HEALTH CHOICES AND HIGHLIGHTING EVIDENCE BASED PROGRAMS VIA EDUCATION, COOKING CL ASSES AND DEMOS, AND COMMUNITY HEALTH SCREENINGS, PROMOTING THE IMPLEMENTATION OF WORKPLAC E WELLNESS PROGRAMS IN PARTNERSHIP WITH THE GREAT READING CHAMBER OF COMMERCE, INCREASING ACCESS TO HEALTH FOOD THROUGH SUPPORT OF LOCAL FARMER'S MARKETS AND HEALTHY FOOD DRIVES, A ND PROMOTING INCREASED PHYSICAL ACTIVITY AND EXERCISE THROUGH READING HOSPITAL'S FITT PROG RAM AND PROMOTION OF COMMUNITY WALKING PROGRAMS MENTAL HEALTH - THE LONG TERM GOAL OF THE MENTAL HEALTH PRIORITY IS TO INCREASE ACCESS TO AND INTEGRATION OF MENTAL HEALTH SERVICES IN BERKS COUNTY THIS WILL BE ACHIEVED THROUGH THE INTEGRATION OF MENTAL HEALTH SERVICES WITH PRIMARY CARE THROUGH TRAINING AND REFERRAL PROCESSES, THE IMPROVEMENT OF ACCESS TO ME NTAL HEALTH SERVICES THROUGH TELEPSYCHIATRY AND WEB BASED MENTAL HEALTH THERAPIES, AND THE PARTICIPATION IN A LOCAL COALITION TO ADDRESS THE MENTAL HEALTH IN THE COMMUNITY THROUGH ANTI-STIGMA MARKETING CAMPAIGNS, SUICIDE PREVENTION TRAINING, AND EXPLORING THE POSSIBILIT Y OF A CRISIS RESIDENTIAL CENTER ADDICTION - THE LONG TERM GOAL OF THE ADDICTION PRIORITY IS TO INCREASE COORDINATION AND AVAILABILITY OF SERVICES TO TREAT ADDICTION THIS WILL BE ADDRESSED THROUGH SUPPORTING THE DEVELOPMENT OF COMMUNITY-BASED SERVICES TO REDUCE UNNECE SSARY HOSPITALIZATION VIA COMMUNITY BASED CARE TEAMS TO AID IN ADDICTION RECOVERY, EXPLORI NG THE CREATION OF A COMMUNITY-BASED PAIN MANAGEMENT CLINIC, AND COORDINATED DISCHARGE FOR ADDICTED PATIENTS, AS WELL AS CONVENING A COMMUNITY LEARNING NETWORK WHICH WOULD HELP PRO VIDE SUPPORT SERVICES TO AID IN ADDICTION RECOVERY AND COMMUNITY BASED PROGRAMS THAT PROVI DE SUPPORT WITH PATIENTS THAT HAVE A DUAL DIAGNOSIS, WHO NEED NA/AA SUPPORT GROUPS IN SPAN ISH, AND WHO NEED PROGRAMS THAT COMBINE MEDICATION- ASSISTED TREATMENT WITH THE TWELVE STE P APPROACH USED BY NA/AA ACCESS TO CARE - THE LONG TERM GOAL OF THE ACCESS TO CARE PRIORI TY IS TO DECREASE BARRIERS TO ACCESS QUALITY HEALTHCARE READING HOSPITAL WILL UTILIZE GIS TECHNOLOGY TO IDENTIFY SUBPOPULATIONS WHO ARE AT RISK FOR HIGHER READMISSION RATES AND CH RONIC CONDITIONS OR DISEASES AND OVERLAY THIS WITH DATA SETS TO HELP SUPPORT PROGRAM DEVEL OPMENT, PLACEMENT OF SERVICES,

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 11	AND MESSAGING THIS WILL BE ACCOMPLISHED THROUGH THE SUPPORT AND DEVELOPMENT OF PROGRAMS THAT DELIVER CARE TO VULNERABLE POPULATIONS (I E STREET MEDICINE, COMMUNITY PARAMEDICINE) , ASSESSING NON-EMERGENT ED USE AND DEVELOPING STRATEGIES TO REDUCE THE USE OF EMERGENCY S ERVICES, AND EXPANDING AND PROMOTING PROGRAMS THAT EDUCATE THE COMMUNITY ABOUT CAREERS IN HEALTHCARE READING HOSPITAL WILL ALSO WORK TO IMPROVE THE CULTURAL COMPETENCY OF ITS STAF F THROUGH IMPLEMENTATION OF CULTURAL COMPETENCY TRAINING FOR PROVIDERS AND OTHER HEALTHCAR E EMPLOYEES AND TAKING AN INVENTORY OF THE NEED FOR INTERPRETING SERVICES AT THMG PRIMARY CARE OFFICES AND IMPLEMENTING A PLAN TO PROVIDE NEEDED SERVICES ACCESS FOR HEALTHCARE SER VICES WILL BE ADDRESSED THROUGH EXPLORING STRATEGIES TO REMOVE TRANSPORTATION BARRIERS AND THE ANALYSIS OF DATA TO MONITOR HOW LONG MEDICAID AND MEDICARE (SEPARATELY) PATIENTS WAIT TO SEE AN THMG PRIMARY CARE PHYSICIAN LIST OF HEALTH NEEDS THE FACILITY DOES NOT PLAN TO ADDRESS TOWER HEALTH DOES NOT INTEND TO ADDRESS DIABETES, DENTAL HEALTH, HEART DISEASE, CANCER, MATERNAL/INFANT HEALTH, TOBACCO, STDS AND STROKE DIABETES WILL BE CATEGORIZED AS A CHRONIC DISEASE AND WILL BE ADRESSED IN THE OBESITY/OVERWEIGHT STRATEGY DENTAL HEALTH, HEART DISEASE, CANCER, MATERNAL/INFANT HEALTH, TOBACCO, STDS AND STROKE WILL BE ADDRESSED THROUGH ONGOING HEALTH SYSTEM INITIATIVES OR IN COLLABORATION WITH ESTABLISHED AND PROVEN COMMUNITY ORGANIZATIONS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 13H	FINANCIAL ASSISTANCE CRITERIA PATIENTS VISITING FROM OUT OF THE COUNTRY AND REQUIRING EMERGENCY SERVICES ARE ELIGIBLE FOR CONSIDERATION OF FINANCIAL ASSISTANCE HOWEVER, PATIENTS VISITING THE UNITED STATES WITH THE INTENT OF RECEIVING NON-EMERGENT CARE ARE NOT GENERALLY ELIGIBLE FOR FINANCIAL ASSISTANCE

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 15E	FINANCIAL ASSISTANCE APPLICATION PROCESS 1 WHO IS ELIGIBLE FOR FINANCIAL ASSISTANCE A PATIENTS RECEIVING SERVICES IN OUR HOSPITAL AND THMG PRACTICES B BOTH UNINSURED AND UNDER-INSURED PATIENTS C PATIENTS WHO ARE DENIED MEDICAID COVERAGE, OR WHO ARE SCREENED AND DETERMINED TO NOT MEET THE MEDICAID COVERAGE CRITERIA 2 A HOSPITAL FINANCIAL COUNSELOR OR PFS REPRESENTATIVE WILL ASSIST THE PATIENT WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND OBTAIN ANY SUPPORTING DOCUMENTATION 3 DECISIONS PERTAINING TO ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE MADE WITHIN 14 DAYS OF RECEIPT OF A COMPLETE FINANCIAL ASSISTANCE APPLICATION INCOMPLETE APPLICATIONS WILL BE REVIEWED AND ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR FOR ADDITIONAL INFORMAITON WILL BE MADE A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT DESCRIBING THE OUTCOME OF THE DECISION 4 WHEN FINANCIAL ASSISTANCE IS APPROVED, A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT THE LETTER WILL SERVE AS A MEANS OF SPECIFYING TIME FRAME COVERED BY THE FINANCIAL ASSISTANCE DETERMINATION THE CONFIRMATION LETTER WILL CONTAIN A CONTACT NAME FOR THE PATIENT TO RETAIN AS A REFERENCE AND RESOURCE FOR ADDITIONAL QUESTIONS 5 IF FINANCIAL ASSISTANCE IS NOT APPROVED, LETTERS IN ENGLISH AND SPANISH WILL BE SENT DESCRIBING THE REASONS FOR THE DECISION, AS WELL AS INFORMATION ON OTHER PAYMENT OPTIONS SHOULD PATIENTS WISH TO APPEAL THE DECISION MADE, DIRECTIONS ON THE APPEALS PROCESS WILL ALSO BE PROVIDED 6 PATIENTS OR GUARANTORS WHO DISAGREE WITH THE OUTCOME OF THE FINANCIAL ASSISTANCE ELIGIBILITY DECISION WILL HAVE THE OPPORTUNITY TO APPEAL THE DECISION 7 THE FINANCIAL ASSISTANCE SCALE PROVIDES 100% CHARITY CARE TO BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 200% OF THE FEDERAL POVERTY LEVEL (FPL) THE FINANCIAL ASSISTANCE SCALE PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 400% OF THE FEDERAL PROVERTY LEVEL (FPL) 8 THE MCR FFS (MEDICARE FEE FOR SERVICE) IS USED TO DETERMINE THE FINANCIAL ASSISTANCE ADJUSTMENT PATIENTS ARE ENCOURAGED TO BEGIN APPLYING FOR FINANCIAL ASSISTANCE AS EARLY AS POSSIBLE IN THE PROCESS OF ACCESSING MEDICAL CARE THE SOONER READING HOSPITAL BECOMES AWARE OF THE FINANCIAL NEED, THE GREATER OPPORTUNITY EXISTS TO SUCCESSFULLY CONNECT THE PATIENT WITH POTENTIAL RESOURCES SUCH AS MEDICIAD OR OTHER ASSISTANCE OF INSURANCE PROGRAMS WHILE IT IS IDEAL TO INITIATE THE PROCESS AS SOON AS POSSIBLE, PATIENTS ARE ELIGIBLE TO REQUEST CONSIDERATION OF FINANCIAL ASSISTANCE AT ANY POINT IN THE BILLING AND COLLECTION CYCLE IF THE FINANCIAL ASSISTANCE APPLICATION IS INITIATED WHILED THE ACCOUNT IS IN THE COLLECTION'S PROCESS, COLLECTION ACTIVITY WILL CEASE UNTIL DETERMINATION OF ELIGIBILITY HAS BEEN MADE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 16J	THE CURRENT FINANCIAL ASSISTANCE POLICY AND APPLICATIONS FOR FINANCIAL ASSISTANCE, IN ENGL ISH AND SPANISH, ARE ACCESSIBLE AT HTTPS //READING TOWERHEALTH ORG/PATIENTS-FAMILIES/BILLI NG-AND INSURANCE/FINANCIAL-ASSISTANCE/ ADDITIONALLY, TOWER HEALTH MAINTAINS, AND UPDATES ON AT LEAST A QUARTERLY BASIS, A LIST OF ALL PROVIDERS (IDENTIFIED BY NAME, PRACTICE GROUP /ENTITY, HOSPITAL DEPARTMENT OR TYPE OF SERVICE) DELIVERING EMERGENCY OR OTHER MEDICALLY N ECESSARY CARE AT READING HOSPITAL SPECIFYING WHICH PROVIDERS ARE AND ARE NOT COVERED BY TH E PATIENT FINANCIAL ASSISTANCE POLICY THIS PROVIDER LIST IS AVAILABLE ONLINE AT THE FOLLO WING READING HOSPITAL WEBSITE ADDRESS HTTPS //READING TOWERHEALTH ORG/FIND-A DOCTOR/, AND A PAPER COPY CAN BE OBTAINED, FREE OF CHARGE, BY CONTACTING THE REFERRAL LINE AT 484-628- HELP FEES FOR SERVICES PROVIDED BY PHYSICIANS WHO ARE NOT EMPLOYED BY READING HOSPITAL AR E EXCLUDED FROM THE FINANCIAL ASSISTANCE POLICY INFORMATION REGARDING ELIGIBILITY FOR FIN ANCIAL ASSISTANCE IS COMMUNICATED VIA SIGNAGE AND BROCHURES PROMINENTLY DISPLAYED THROUGHO UT THE HOSPITAL AND WITHIN REGISTRATION AREAS PAMPHLETS TITLED UNDERSTANDING BILLING & PA YMENTS INCLUDE THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY THE PHAMPLET S ARE PRINTED IN ENGLISH AND SPANISH AND ARE AVAILABLE IN THE LOBBIES AND WAITING AREAS TH ROUGHOUT READING HOSPITAL THESE PAMPHLETS PROVIDE AN EASY-TO-READ SUMMARY OF THE FINANCIA L ASSISTANCE PROGRAM, WITH CONTACT INFORMATION OF READING HOSPITAL EMPLOYEES WHO WILL ASSI ST THE PATIENTS WITH THE APPLICATION PROCESS THESE PAMPHLETS ARE ALSO DISTRIBUTED TO PATI ENTS AT THE POINTS OF REGISTRATION THROUGHOUT READING HOSPITAL PATIENTS WHO ARE UNINSURED OR WHO EXPRESS THE INABILITY TO PAY AT POINT OF SERVICE ARE PROVIDED WITH THE PAMPHLET E MERGENCY PATIENTS IN THESE SITUATIONS ARE PROVIDED WITH THE PAMPHLET AT THE TIME OF DISCHA RGE PATIENT BILLING STATEMENTS FOR READING HOSPITAL SERVICES CONTAIN GUIDANCE AND DIRECTI ON ON THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM IN ADDITION, THE BACK OF THE B ILLING STATEMENT IS A FINANCIAL ASSISTANCE APPLICATION READING HOSPITAL WORKS CLOSELY WIT H ADVOCACY PROGRAMS IN THE COMMUNITY THE AVAILABILITY OF READING HOSPITAL FINANCIAL ASSIS TANCE POLICY IS SHARED WITH THOSE AGENCIES EXAMPLES ARE BERKS WESTERN CLINIC, OPPORTUNITY HOUSE, BERKS ENCORE, BERKS COMMUNITY HEALTH CENTER AND DANIEL TORRES HISPANIC CENTER, AS WELL AS THE COUNTY ASSISTANCE OFFICE PART V, SECTION B, LINE 16 A-C LINK TO THE READING H OSPITAL FINANCIAL ASSISTANCE POLICY (FAP), APPLICATION AND PLAIN LANGUAGE SUMMARY HTTPS / /READING TOWERHEALTH ORG/PATIENTS-FAMILIES/BILLING-AND INSURANCE/FINANCIAL-ASSISTANCE/ PAR T V, SECTION B, LINE 16 J READING HOSPITAL INADVERTENTLY DID NOT ADOPT A FINANCIAL ASSISTA NCE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY THAT CONTAINED AL L OF THE ELEMENTS REQUIRED BY TREASURY REGULATION SECTION 1 501(R)-4 THIS INADVERTENT FAI LURE WAS DUE TO A CHANGE IN TH

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 16J	E RESPONSIBLE TEAM THAT OCCURRED AT THE ORGANIZATION THE FAILURE WAS DISCOVERED IN MARCH 2018 AND READING HOSPITAL PROMPTLY ACTED TO CORRECT BY REVISING THE FINANCIAL ASSISTANCE P OLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY TO INCLUDE ALL OF THE ELEMENTS REQUIRED BY INTERNAL REVENUE CODE SECTION 501(R) AND WIDELY PUBLICIZED THE CORREC TED DOCUMENTS WITHIN THE MEANING OF TREASURY REGULATION SECTION 1 501(R)-3(B)(5) READING HOSPITAL IMPLEMENTED NEW SAFEGUARDS TO ENSURE THAT A SIMILAR OVERSIGHT DOES NOT OCCUR IN T HE FUTURE, INCLUDING THE ESTABLISHMENT OF A NEW MANAGEMENT TEAM THAT WILL BE HELD RESPONSI BLE FOR OVERSEEING THESE POLICIES AND DOCUMENTS GOING FORWARD

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

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 on 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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	CLINT MATTHEWS 0 307,431 0 THERESE SUCHER 0 147,104 0 GREG SORENSEN, MD 0 131,587 0 DAN AHERN 0 95,969 0
SCHEDULE J, PART III	PART I, LINE 1B - WRITTEN REIMBURSEMENT POLICY SOCIAL CLUB DUES IS PART OF THE EXECUTIVE COMPENSATION PACKAGE FOR THE CEO AND IS TAXABLE INCOME TO THE CEO PART III, LINE 4B TERMS AND CONDITIONS OF PARTICIPATION IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE 457(F) PLAN IS A TAX-DEFERRED RETIREMENT PLAN CONSISTING OF EMPLOYER CONTRIBUTIONS THAT ARE DESIGNED TO HELP SUPPLEMENT THE RETIREMENT SAVINGS FOR KEY EMPLOYEES THE EMPLOYEE IS IMMEDIATELY ELIGIBLE TO RECEIVE TOWER HEALTH CONTRIBUTIONS TO THE 457(F) DEFERRED COMPENSATION PLAN THE EMPLOYEE MUST BE EMPLOYED ON DECEMBER 31ST TO RECEIVE THE EMPLOYER CONTRIBUTION FOR THAT PLAN YEAR THE EMPLOYEE SHALL BECOME 100% VESTED IN THE EMPLOYER CONTRIBUTION FOR THAT PLAN YEAR THREE YEARS AFTER THE CONTRIBUTION HAS BEEN MADE TO THE ACCOUNT THE EMPLOYEE WILL ALSO BECOME 100% VESTED IN ALL OF THE EMPLOYER CONTRIBUTIONS 1) UPON ATTAINING THE AGE 65 WHILE STILL EMPLOYED BY TOWER HEALTH 2) DUE TO DEATH OR DISABILITY 3) UPON TERMINATION OF EMPLOYMENT WITHOUT CAUSE PARTICIPATION IN PLAN THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE 457(F) DEFERRED COMPENSATION PLAN DURING THE CALENDAR YEAR 2017 BUT DID NOT RECEIVE A DISTRIBUTION GARY F CONNER KATHLEEN WETZEL MARY AGNEW CARL SEIDL MARK MCNASH JACOB MCKNIGHT RUSSELL H SHOWER PETER J SAVINI DAVID A SCHLAPPY

Additional Data

Software ID:
Software Version:
EIN: 23-1352204
Name: READING HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CLINT MATTHEWS PRESIDENT & CEO	(i)	1,039,833	630,000	339,770	393,225	36,740	2,439,568	307,431
	(ii)							
1CHARLES BARBERA MD BOARD MEMBER	(i)							
	(ii)	458,727	89,832	28,812	18,098	17,870	613,339	
2THERESE SUCHER EXECYTUVE VP COO	(i)	605,228	200,926	165,924	192,510	37,087	1,201,675	147,104
	(ii)							
3GREG SORENSEN MD EXECUTIVE VP CMO	(i)	533,832	121,910	150,407	165,803	15,946	987,898	131,587
	(ii)							
4GARY F CONNER EXECUTIVE VP CFO	(i)	562,886	201,058	29,682	167,213	14,844	975,683	
	(ii)							
5DAN AHERN EVP BUSINESS DEVELOP	(i)	454,012	158,866	106,885	146,555	21,096	887,414	95,969
	(ii)							
6KATHLEEN WETZEL SECRETARY	(i)	239,759	61,381	1,545	43,182	20,528	366,395	
	(ii)							
7MARY AGNEW SENIOR VP CNO	(i)	348,149	73,572	9,202	59,782	20,832	511,537	
	(ii)							
8CARL SEIDL VICE PRESIDENT	(i)	284,055	61,727	7,726	69,248	7,676	430,432	
	(ii)							
9MARK MCNASH VICE PRESIDENT	(i)	262,406	69,452	7,317	43,362	14,022	396,559	
	(ii)							
10ROBERT A BRIGHAM MD CHAIR OF SURGERY	(i)	736,859	205,095	7,185	-4,371	11,723	956,491	
	(ii)							
11JACOB D MCKNIGHT VICE PRESIDENT	(i)	353,266	103,685	4,240	52,669	14,022	527,882	
	(ii)							
12RUSSELL H SHOWER VICE PRESIDENT	(i)	347,476	108,794	700	48,592	7,676	513,238	
	(ii)							
13PETER J SAVINI VICE PRESIDENT	(i)	289,645	83,616	12,421	42,961	1,091	429,734	
	(ii)							
14DAVID A SCHLAPPY VICE PRESIDENT	(i)	316,291	63,764	460	43,717	21,120	445,352	
	(ii)							

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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, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

Employer identification number
23-1352204

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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	No
(1) WEIDENHAMMER SYSJ WEIDENHAMMER	OWNER	167,240	IT SUPPORT		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

Employer identification number

23-1352204

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE READING HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE CARE TO THE COMMUNITY TO PROMOTE HEALTH, TO EDUCATE HEALTHCARE PROFESSION ALS, AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH ASK SOMEONE TO DEFINE A HOSPITAL 'S ROLE IN THE COMMUNITY, AND MOST OFTEN YOU HEAR ABOUT SERVICES AND DEPARTMENTS, OR ABOUT DOCTORS, NURSES AND OTHER CAREGIVERS IN ADDITION TO ITS PRIMARY ROLE AS A PROVIDER OF DI RECT CARE, READING HOSPITAL ADDRESSES ISSUES OUTSIDE THAT REALM THAT IMPACT HEALTH AND WEL LNESS IN FACT, A KEY PART OF OUR MISSION MEANS THE REINVESTMENT OF OUR RESOURCES INTO THE SE EFFORTS, WHICH ARE COLLECTIVELY KNOWN AS COMMUNITY BENEFIT WE ARE PROUD TO REPORT THAT IN OUR LAST FISCAL YEAR, WE COMMITTED MORE THAN 192 MILLION TO THIS CAUSE OUR CAREGIVERS AND SUPPORT STAFF PARTICIPATE IN HEALTH EDUCATION, FREE SCREENINGS, AND IMMUNIZATIONS TH EY SUPPORT ACTIVITIES FOR INDIVIDUALS WITH SERIOUS OR CHRONIC HEALTH CONDITIONS, ADVANCE S ELF-CARE BY INCREASING HEALTHCARE KNOWLEDGE, AND ADDRESS SPECIFIC COMMUNITY NEEDS THROUGH AN ARRAY OF OTHER EDUCATIONAL, SERVICE AND OUTREACH ACTIVITIES HERE ARE A FEW EXAMPLES OF WHY THESE PROGRAMS REPRESENT THE BEST OF ALL OF US, WORKING TOGETHER FOR THE HEALTH OF OU R COMMUNITY COMMUNITY HEALTH IMPROVEMENT SERVICES ARE CARRIED OUT TO IMPROVE COMMUNITY HE ALTH THEY EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY TOWER HEALTH PROGR AMS ARE OFFERED FOR FREE OR AT A VERY NOMINAL FEE TO ALL COMMUNITY MEMBERS READING HOSPIT AL PROVIDES HEALTH EDUCATION PROGRAMS DESIGNED TO EDUCATE AND IMPROVE THE HEALTH OF THE CO MMUNITY FREE COMMUNITY BASED CLINICAL CARE IS OFFERED AT VARIOUS TIMES THROUGHOUT THE YEA R AND INCLUDE FREE FLU SHOTS AND CANCER SCREENINGS, WHICH INCLUDE SKIN, CERVICAL, BREAST, AND ORAL AS THE NATIONAL CANCER INSTITUTE EXPLAINS, WHEN ABNORMAL TISSUE OR CANCER IS FOU ND EARLY, IT MAY BE EASIER TO TREAT OR CURE DURING FY 2018 APPROXIMATELY 1,900 FLU VACCIN ES WERE PROVIDED TO COMMUNITY MEMBERS FREE OF CHARGE AND OVER 172 FREE CANCER SCREENINGS W ERE GIVEN AND PRESCRIPTION MEDICATIONS, MEDICAL EQUIPMENT AND TRANSPORTATION WAS ALSO PRO VIDED FREE OF CHARGE FOR PATIENTS WHO DEMONSTRATE NEED HEARTSAFE BERKS COUNTY IS AN INNOV ATIVE PROGRAM THAT PLACES AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) IN KEY INSTITUTIONS THR OUGHOUT THE COUNTY AN AED CAN HELP REVIVE A PERSON WHOSE HEART HAS STOPPED BEFORE EMERGEN CY MEDICAL PERSONNEL ARRIVE A COMMUNITY WELLNESS DEPARTMENT WAS CREATED TO SUPPORT READIN G HOSPITAL'S COMMUNITY ENGAGEMENT ENDEAVORS THIS DEPARTMENT WILL BE RESPONSIBLE FOR DELIV ERY OF STRATEGIC HEALTH SERVICES FOR UNDERSERVED POPULATION READING HOSPITAL'S INJURY PRE VENTION PROGRAM REACHES THOUSANDS OF AREA RESIDENTS, EDUCATING THEM IN SAFETY AS A WAY OF LIFE THE GOAL IS TO PREVENT THOSE ACCIDENTS AND INJURIES THAT RESULT IN THE HIGHEST PATIE NT VOLUME IN OUR TRAUMA CENTER OUR TRAUMA CENTER'S EDUCATION COORDINATOR PARTICIPATES IN AND RECRUITS STAFF TO HELP WIT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	H PROGRAMS SUCH AS (1)STOP THE BLEEDING PROGRAM TO PREPARE THE PUBLIC TO SAVE LIVES BY RA ISING AWARNESS OF BASIC ACTIONS TO STOP LIFE THREATENING BLEEDING (2) VISITS TO ELEMENTAR Y SCHOOLS TO REVIEW SAFETY ISSUES ON THE PLAYGROUND AND SCHOOL BUSES, AS WELL AS TO PROMOT E THE USE OF BIKE HELMETS (3) FALL PREVENTION PROGRAMS TO RAISE AWARNESS AMONG OLDER ADUL TS, FAMILIES AND CAREGIVERS ABOUT THE SERIOUSNESS OF FALLS AND WAYS TO REDUCE THEM (4) FI RST AID STATIONS AT MAJOR COMMUNITY EVENTS, SUCH AS THE READING FAIR, MAPLE GROVE RACEWAY EVENTS, AND THE MID ATLANTIC AIR MUSEUM'S WORLD WAR II WEEKEND COMMUNITY BENEFIT TOTAL 1 92,079,687 (FISCAL YEAR 2018) DIRECT PATIENT CARE UNREIMBURSED MEDICARE 58 8 MILLION THE DIFFERENCE BETWEEN MEDICARE CHARGES AND MEDICARE PAYMENTS AND THE ACTUAL COST OF PROVIDING PATIENT CARE UNREIMBURSED MEDICAID 58 4 MILLION THE DIFFERENCE BETWEEN MEDICAL ASSISTAN CE CHARGES AND MEDICAID PAYMENTS AND THE ACTUAL COST OF PROVIDING PATIENT CARE BAD DEBT 10 MILLION THE COST OF PROVIDING CARE TO PATIENTS WHOM WE BELIEVE WOULD QUALIFY FOR FINANC IAL ASSISTANCE UNDER OUR CHARITY CARE POLICY UNCOMPENSATED CHARITY CARE 34 2 MILLION FRE E HEALTH SERVICES PROVIDED TO PERSONS WHO MEET OUR CRITERIA FOR FINANCIAL ASSISTANCE THIS AMOUNT REFLECTS THE ACTUAL COST OF PROVIDING CARE COMMUNITY HEALTH IMPROVEMENT SERVICES PATIENT CARE COMMUNITY SERVICES 4 7 MILLION INCLUDES FREE FLU SHOTS, CANCER SCREENINGS, M EDICATIONS, MEDICAL EQUIPMENT AND TRANSPORTATION FOR COMMUNITY MEMBERS, FREE INTERPRETING SERVICES, AND FREE COMMUNITY HELP LINE COMMUNITY HEALTH EDUCATION 9 MILLION INCLUDES HE ALTH EDUCATION PROGRAMS, CPR CLASSES, SUPPORT GROUPS AND FREE WORKSITE HEALTH EDUCATION PR OGRAMS THAT IMPROVE COMMUNITY HEALTH CONTRIBUTIONS 1 MILLION MONETARY SUPPORT GIVEN TO T HE WEST READING & LOCAL COMMUNITIES FINANCIAL AND IN-KIND DONATIONS 4 MILLION CONTRIBUT IONS MADE BY READING HOSPITAL AND ITS EMPLOYEES TO COMMUNITY NON- PROFIT ORGANIZATIONS CA SH AND IN-KIND DONATIONS WERE MADE TO NON-PROFIT ORGANIZATIONS, NOT AFFILIATED WITH READIN G HOSPITAL, AND WHOSE PROGRAMS AND OR SERVICES SHARE THE MISSION OF READING HOSPITAL EXAM PLES OF SUPPORTED NON-PROFIT ORGANIZATIONS ARE THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CENTRO HISPANO, BERKS COMMUNITY HEALTH CENTER, READING BERKS SCIENCE FAIR, C ARON FOUNDATION, READING CHAMBER OF COMMERCE AND OTHER NON- PROFIT ORGANIZATIONS 750 FREE TURKEYS ARE GIVEN TO THE SALVATION ARMY EACH YEAR TO ASSIST NEEDY FAMILIES IN BERKS COUNT Y ALL EMPLOYEES ARE OFFERED THE OPPORTUNITY TO HELP THE COMMUNITY THROUGH THE READING HOS PITAL EMPLOYEE ENGAGEMENT INITIATIVE READING HOSPITAL OFFERS A FREE PHONE BASED COMMUNITY HELPLINE TO ASSIST COMMUNITY MEMBERS TO CONNECT WITH SERVICES PROVIDED WITHIN THE HEALTH SYSTEM AND THE COMMUNITY PROFESSIONAL EDUCATION AND CLINICAL RESEARCH MEDICAL EDUCATION F OR PHYSICIANS/MEDICAL STUDENTS 19 2 MILLION INCLUDES SALARIES AND BENEFITS FOR MEDICAL RE SIDENTS, MEDICAL LIBRARY, AND

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	CONTINUING MEDICAL EDUCATION PROGRAMS AVAILABLE TO ALL PHYSICIANS WITHIN THE COMMUNITY NU RSING AND OTHER HEALTH PROFESSIONAL EDUCATION INCLUDES NURSING, PARAMEDIC AND PASTORAL CAR E EDUCATION THAT RESULT IN A DEGREE, CERTIFICATE OR TRAINING NECESSARY TO BE LICENSED TO P RACTICE AS A HEALTH PROFESSIONAL INCLUDES CONTINUING MEDICAL EDUCATION PROGRAMS OFFERED T O ALL NURSES IN THE COMMUNITY CONTINUING MEDICAL EDUCATION IS OFFERED TO ALL PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS WITHIN THE COMMUNITY ON SUBJECTS FOR WHICH OUR ORGAN IZATION HAS SPECIAL EXPERTISE CANCER CLINICAL RESEARCH AND TUMOR REGISTRY 2 3 MILLION IN CLUDES RESEARCH AND CLINICAL TRIALS IN THE AREAS OF CANCER, AND TUMOR REGISTRY EXPENSES R EADING HOSPITAL PARTICIPATES IN CANCER CLINICAL HEALTH RESEARCH THAT IS SHARED WITH OTHERS OUTSIDE OF OUR SYSTEM BECAUSE OF THE HOSPITAL'S DEDICATION TO CLINICAL RESEARCH AND OUR AFFILIATIONS WITH VARIOUS NATIONAL ORGANIZATIONS, WE ARE ABLE TO PROVIDE PATIENTS, IN OUR COMMUNITY, WITH THE OPPORTUNITY TO PARTICIPATE IN THE SAME RESEARCH STUDIES BEING OFFERED AT LARGE UNIVERSITY HOSPITALS THROUGHOUT THIS NATION THIS INCLUDES RESEARCH AND CLINICAL TRIALS IN THE AREA OF CANCER AND INCLUDES TUMOR REGISTRY EXPENSES BASED UPON THE COMMUNIT Y HEALTH NEEDS ASSESSMENT, READING HOSPITAL IDENTIFIED SEVERAL HIGH-PRIORITY ISSUES FOR OU R FOCUS, OBESITY, MENTAL HEALTH, ACCESS TO CARE, AND ADDICTION TO HELP ORGANIZE OUR EFFOR TS AND KEEP THESE KEY ISSUES IN FRONT OF THE COMMUNITY, READING HOSPITAL DEVELOPED A COMMU NITY WELLNESS DEPARTMENT THIS DEPARTMENT WILL FOSTER PARTNERSHIPS WITH COMMUNITY ORGANIZA TIONS SO THAT WE CAN WORK TOGETHER TO DEVELOP, IMPLEMENT, AND EVALUATE PROGRAMS TO IMPROVE OUR COMMUNITIES HEALTH WE ARE HOPEFUL OUR EFFORTS WILL EMPOWER MORE PEOPLE TO MANAGE THE IR HEALTH BEHAVIORS AND THEREBY EXPERIENCE A BETTER QUALITY OF LIFE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	FRIENDS OF READING HOSPITAL FINANCIAL DONATION AND 355 VOLUNTEERS (67,796 HOURS) DONATED THEIR TIME TO SUPPORT VARIOUS PROJECTS SUCH AS PROVIDING PRAYER SHAWLS, BABY HATS, CHEMO HATS, NECK PILLOWS AND HOSPICE QUILTS DONATED FUNDS FOR AED'S FOR HEARTSAFE BERKS COUNTY, FARM BUCKS, CENTERING PREGNANCY, AND VARIOUS OTHER PROJECTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	HOSPITALS IN ITS MARKET

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	COMMITTMENT TO SERVE THE UNDERSERVED POPULATION OF THE CITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	EXPENSES ARE FOR TREATING INPATIENTS, OUTPATIENTS AND EMERGENCY PATIENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	TOWER HEALTH ELECTS THE MEMBERS OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 TOWER HEALTH

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS PREPARED BY HOSPITAL STAFF, REVIEWED BY AN EXTERNAL TAX ADVISOR AND POSTED ON A BOARD PORTAL FOR BOARD MEMBERS TO VIEW PRIOR TO FILING MEMBERS ARE ALERTED TO INFORMATION AND NOTICES A PAPER COPY OF FORM 990 IS AVAILABLE UPON REQUEST FOR ANY BOARD MEMBER UNABLE TO VEIW THE PORTAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 (35% 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE TOWER HEALTH 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SAME RESPONSE AS LINE 15A WHICH INCLUDES KEY EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY 34,886,983 INTERCOMPANY ASSET TRANSFER 143,141,368 ASSETS RELEASED FROM RESTRICTION -60,005,886 ASSETS TRANSFERRED TO RH FOUNDATION -31,620,105 PLEDGE RECEIVABLE TRANSFERRED TO RHF -1,365,000 TOTAL 85,037,360

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
READING HOSPITAL

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)TOWER HEALTH 420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2201344	SUPPORTING	PA	501C3	12C	NA		No
(2)THE FRIENDS OF THE READING HOSPITAL 420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-6026108	SUPPORTING	PA	501C3	12B	TH	Yes	
(3)THE RDG HOSPITAL & MED CENTER SELF- 420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2087514	TRUST FUND	PA	501C3	12B	TH	Yes	
(4)TOWER HEALTH MEDICAL GROUP 420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2266054	HEALTHCARE	PA	501C3	3	TH	Yes	
(5)THE HIGHLANDS AT WYOMISSING 2000 CAMBRIDGE AVE WYOMISSING, PA 19610 22-2790840	RETIREMENT	PA	501C3	10	TH	Yes	
(6)READING HOSPITAL FOUNDATION 420 SOUTH 5TH AVENUE WEST READING, PA 19611 47-3054125	SUPPORT	PA	501C3	12B	TH	Yes	

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) Disproprtionate 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	(k) Percentage ownership
(1) SOUTHERN CHESTER CNTY MED BLDG 1 1015 WEST BALTIMORE PIKE WEST GROVE, PA 19390 23-2200841	HEALTHCARE	PA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)TOWER HEALTH PPO FKA BHP PO BOX 14744 READING, PA 19612 23-2430798	PPO	PA	RDG HOSP	C CORP	-667,137	772,592	100 000 %	Yes	
(2)MEDICUS RESOURCE MANAGEMENT PO BOX 14744 READING, PA 19612 23-2565297	CM REVIEW	PA	TH PPO	C CORP	-42,666	146,342	100 000 %	Yes	
(3)TOWER HEALTH RECIPROCAL RISK 151 MEETING STREET SUITE 301 CHARLESTON, SC 29401 82-2758845	INSURANCE	SC	NA	C CORP				Yes	

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

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

		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, or**(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)TOWER HEALTH MEDICAL GROUP	A	2,994,684	G/L TRANSACTIONS
(2)TOWER HEALTH MEDICAL GROUP	R	118,086,316	G/L TRANSACTIONS
(3)THE HIGHLANDS AT WYOMISSING	Q	3,961,177	G/L TRANSACTIONS
(4)READING HOSPITAL FOUNDATION	P	803,563	G/L TRANSACTIONS
(5)READING HOSPITAL FOUNDATION	C	196,898	CASH

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R	SCHEDULE R, PART II IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS THE HIGHLANDS OF WYOMISSING CHOSE TO OPERATE UNDER LOCAL OWNERSHIP, SEPARATE FROM TOWER HEALTH AS OF 9/30/17

Additional Data

Software ID:
Software Version:
EIN: 23-1352204
Name: READING HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2201344	SUPPORTING	PA	501C3	12C	NA		No
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-6026108	SUPPORTING	PA	501C3	12B	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2087514	TRUST FUND	PA	501C3	12B	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2266054	HEALTHCARE	PA	501C3	3	TH	Yes	
2000 CAMBRIDGE AVE WYOMISSING, PA 19610 22-2790840	RETIREMENT	PA	501C3	10	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 47-3054125	SUPPORT	PA	501C3	12B	TH	Yes	