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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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.

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

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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 \$ 1,021,489,813

F Name and address of principal officer:
WILLIAM JENNINGS
PO BOX 16052
READING, PA 196126052

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](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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
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.

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) 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 3

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6,903

6 Total number of volunteers (estimate if necessary) 470

7a Total unrelated business revenue from Part VIII, column (C), line 12 1,413,360

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

4,633,650

7,811,409

954,357,026

976,052,427

371,894

401,034

27,319,590

37,169,403

986,682,160

1,021,434,273

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

436,953,290

466,833,159

0

439,307,684

429,024,307

876,260,974

895,857,466

110,421,186

125,576,807

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

911,411,555

1,033,939,184

745,458,126

789,607,224

165,953,429

244,331,960

Part II

Signature Block

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

Sign Here

Signature of officer
Date
2020-06-12
GARY F CONNER EVP CFO TH
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date
2020-06-12

Check ☐ if self-employed

PTIN
P01498698

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 8350 BROAD STREET STE 900
MCLEAN, VA 22102

Phone no. (703) 286-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	42,718,533	including grants of \$	) (Revenue \$	67,002,777)
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See Additional Data

4b	(Code:)	(Expenses \$	27,499,477	including grants of \$	) (Revenue \$	70,054,311)
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See Additional Data

4c	(Code:)	(Expenses \$	71,902,976	including grants of \$	) (Revenue \$	125,873,802)
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See Additional Data

(Code:)	(Expenses \$	655,081,134	including grants of \$	) (Revenue \$	736,345,335)
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EXPENSES ARE FOR TREATING INPATIENTS, OUTPATIENTS AND EMERGENCY PATIENTS

4d Other program services (Describe in Schedule O.)

(Expenses \$	655,081,134	including grants of \$	) (Revenue \$	736,345,335)
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4e Total program service expenses 797,202,120

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	No
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
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

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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 618	
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	

Form **990** (2018)

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		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	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?	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?	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-A 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

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

● 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.

[illegible]

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)								9,888,130	2,233,973	2,210,655

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 **515**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
OPTIMUM HEALTHCARE IT LLC 1300 MARSH LANDING PKWY JACKSONVILLE BEACH, FL 32250	CONSULTING	13,221,907
SAXTON & STUMP LLC 280 GRANITE RUN DRIVE SUITE 300 LANCASTER, PA 17601	LEGAL	5,943,663
TEKSYSTEMS INC PO BOX 198568 ATLANTA, GA 30384	CONSULTING	3,683,938
CODING & BILLING SOLUTIONS 2111 DEVON LANE PENNSBURG, PA 18073	CODING SERVICE	3,267,065
STEVENS & LEE PO BOX 679 READING, PA 196030679	LEGAL	2,681,115

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 **97**

Form 990 (2018)

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d	2,320,355		
e	Government grants (contributions)	1e	1,832,662		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,658,392		
g Noncash contributions included in lines 1a - 1f:\$					
h Total. Add lines 1a-1f		7,811,409			

Program Service Revenue

		Business Code				
2a	PATIENT CHARGES	622110	976,052,427	976,052,427		
b						
c						
d						
e						
f All other program service revenue.						
9 Total. Add lines 2a-2f		976,052,427				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		433,513				433,513
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real	(ii) Personal			
6a	Gross rents	4,724,337				
b	Less: rental expenses					
c	Rental income or (loss)	4,724,337				
d Net rental income or (loss)		4,724,337				4,724,337
		(i) Securities	(ii) Other			
7a	Gross amount from sales of assets other than inventory		23,061			
b	Less: cost or other basis and sales expenses		55,540			
c	Gain or (loss)		-32,479			
d Net gain or (loss)		-32,479				-32,479
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
b Less: direct expenses						
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
b Less: direct expenses						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a	RETAIL PHARMACY	446110		9,498,478	9,448,066	50,412
b	MEALS	722310		6,281,597		6,281,597
c	TUITION - NURSING TECH SCHOOL	611600		4,261,995	4,261,995	
d All other revenue				12,402,996	9,513,737	1,362,948
e Total. Add lines 11a-11d				32,445,066		
12 Total revenue. See Instructions.				1,021,434,273	999,276,225	1,413,360
						11,406,968

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Form 990 (2018)

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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	9,679,063	2,993,328	6,685,735	
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	356,457,783	341,870,794	14,586,989	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,901,678	19,532,072	3,369,606	
9 Other employee benefits	50,812,467	46,671,550	4,140,917	
10 Payroll taxes	26,982,168	24,603,935	2,378,233	
11 Fees for services (non-employees):				
a Management				
b Legal	11,587,989		11,587,989	
c Accounting	1,803,073		1,803,073	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	633,096		633,096	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,762,399	-13,050,506	32,812,905	
12 Advertising and promotion	7,745,035		7,745,035	
13 Office expenses				
14 Information technology	32,405,565	32,405,565		
15 Royalties				
16 Occupancy	21,704,652	21,120,898	583,754	
17 Travel	1,487,884	1,275,152	212,732	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	13,156,316	13,156,316		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,996,983	65,996,983		
23 Insurance	-1,315,737	-1,685,766	370,029	
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	154,723,667	154,278,290	445,377	
b PHYSICIAN FEES	27,339,452	22,397,623	4,941,829	
c REPAIRS AND MAINTENANCE	17,005,564	16,933,814	71,750	
d EPIC RESOURCES	11,023,056	11,023,056		
e All other expenses	43,965,313	37,679,016	6,286,297	
25 Total functional expenses. Add lines 1 through 24e	895,857,466	797,202,120	98,655,346	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 SheetCheck 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		-16,436,880	1	696,127	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		139,589,955	4	150,437,849	
	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		16,542,105	8	26,947,795	
	9	Prepaid expenses and deferred charges		19,479,209	9	18,448,241	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,836,231,144			
	b	Less: accumulated depreciation	10b	1,044,751,713	726,824,440	10c	791,479,431
	11	Investments—publicly traded securities			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		25,412,726	15	45,929,741	
16	Total assets. Add lines 1 through 15 (must equal line 34)		911,411,555	16	1,033,939,184		
Liabilities	17	Accounts payable and accrued expenses		118,177,450	17	161,321,058	
	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			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		627,280,676	25	628,286,166	
	26	Total liabilities. Add lines 17 through 25		745,458,126	26	789,607,224	
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		165,581,054	27	240,463,352	
	28	Temporarily restricted net assets		372,375	28	3,868,608	
	29	Permanently restricted net assets			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		165,953,429	33	244,331,960		
34	Total liabilities and net assets/fund balances		911,411,555	34	1,033,939,184		

Part XI Reconciliation of Net AssetsCheck 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	1,021,434,273
2	Total expenses (must equal Part IX, column (A), line 25)	2	895,857,466
3	Revenue less expenses. Subtract line 2 from line 1	3	125,576,807
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	165,953,429
5	Net unrealized gains (losses) on investments	5	342,018
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	-47,540,294
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	244,331,960

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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?
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?
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?
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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

OPERATING ROOM - 18,842 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 - 134,358 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 LEVEL 1 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 SPECIALTY CARE. THE HOSPITAL ALSO HAS A PEDIATRIC AND PSYCHIATRIC EMERGENCY DEPARTMENT. IN ADDITION TO ITS TRAUMA CERTIFICATION, RH IS THE ONLY HOSPITAL IN THE REGION TO HAVE MADE A COMMITMENT TO ACCREDITED CARE IN STROKE AND CHEST PAIN. THE HOSPITAL ALSO IS A CENTER OF EXCELLENCE WITH 24/7 CERTIFIED RECOVERY SPECIALISTS ON SITE TO PROVIDE WARM HAND-OFFS TO PATIENTS WITH OPIOID AND OTHER SUBSTANCE USE DISORDERS. THE DEPARTMENT OFFERS SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM WITH THE BERKS COUNTY DISTRICT ATTORNEY TO ASSIST VICTIMS OF SEXUAL ASSAULT. THE HOSPITAL ALSO HAS AN EMERGENCY MEDICINE TRAINING PROGRAM, PARAMEDIC SCHOOL AND NURSING PROGRAM.

Form 990, Part III, Line 4c:

PHARMACY - 9,077,561 DRUGS DISPENSED READING HOSPITAL 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 &	10.00 50.00	X		X				2,329,275	0	448,297
CHARLES BARBERA MD VICE CHAIRMA	2.00 48.00	X		X				0	591,790	17,243
CECILIA SMITH DO BOARD MEMBER	2.00 48.00	X						0	531,970	-2,373
SUZANNE WENDEROTH MD BOARD MEMBER	2.00 48.00	X						0	505,738	98,643
KOLIN GOOD MD BOARD MEMBER	2.00 48.00	X						0	394,012	29,051
JOHN CASEY MD BOARD MEMBER	50.00	X						273,604	0	23,543
OLUBUMNI OJIKUTU MD BOARD MEMBER	2.00 48.00	X						0	210,463	30,967
WILLIAM JENNINGS EVP & CEO RH	50.00 2.00	X		X				210,196	0	239,243
JOHN WEIDENHAMMER CHAIRMAN	2.00 6.00	X		X				0	0	0
THOMAS FLYNN PHD BOARD MEMBER	2.00 0.00	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			
PHILIP WEXLER MD BOARD MEMBER	2.00	X						0	0	0
DAN LANGDON BOARD MEMBER	2.00	X						0	0	0
THERESE SUCHER EVP COO 3/20	25.00 27.00			X				1,178,749	0	241,290
GREG SORENSEN MD EVP CMO	48.00			X				1,032,627	0	180,407
ROBERT EHINGER CFO/TREASURE	2.00 50.00 0.00			X				446,017	0	104,186
KATHLEEN WETZEL SECRETARY 12	48.00 2.00			X				415,367	0	77,193
MOLLY DIETRICH SECRETARY 1/	40.00			X				51,602	0	9,972
DAWN ANUSZKIEWICZ COO RH 4/201	0.00			X				0	0	0
MARY AGNEW SVP CNO	50.00 0.00				X			607,190	0	102,277
CARL SEIDL VICE PRESIDE	50.00 0.00				X			481,721	0	239,749

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			
MARK MCNASH VP SUPPORT S	50.00 0.00				X			418,742	0	79,626
RUSSELL H SHOWER SVP CHIEF OF	50.00					X		595,928	0	85,342
JACOB D MCKNIGHT VP CIO	50.00					X		529,942	0	2,922
DAVID A SCHLAPPY VP CHIEF OF	50.00					X		477,692	0	68,425
LUIS A ROSA VP PAYOR CON	50.00					X		432,554	0	55,964
MARK G MARTENS VP CHIEF ACA	50.00					X		406,924	0	78,688

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

OMB No. 1545-0047

2018

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b

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

17a

10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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

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

OMB No. 1545-0047

2018

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 READING HOSPITAL	Employer identification number 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.

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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)		(b)
		Yes	No	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		15,213
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			15,213
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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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		32,278,801		32,278,801
b Buildings		695,496,254	387,448,197	308,048,057
c Leasehold improvements				
d Equipment		939,104,180	655,443,800	283,660,380
e Other		169,351,909	1,859,716	167,492,193
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				791,479,431

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LT LOAN - AFFILIATE PAYABLE	378,108,328
PENSION PAYABLE	226,030,744
ESTIMATED SELF INSURANCE COSTS	17,654,479
DEFERRED REVENUE	5,378,184
DEFERRED COMPENSATION	1,072,913
GIFT ANNUITIES	41,518
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	628,286,166

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	1,017,775,881
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	1,017,775,881
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	3,658,392
c	Add lines 4a and 4b	4c	3,658,392
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,021,434,273

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	895,857,466
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	895,857,466
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	895,857,466

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 INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 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 EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS. NO ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THIS EVALUATION. ON DECEMBER 22, 2017 THE PRESIDENT SIGNED INTO LAW H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT. THE NEW LAW INCLUDES SEVERAL PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF TAX-EXEMPT ORGANIZATIONS AND THEIR DONORS. THE SYSTEM HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF H.R. 1 DID NOT HAVE A MATERIAL IMPACT ON THE OPERATIONS OF THE SYSTEM.

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	3,658,392

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XIII	DONATIONS ARE REPORTED AS EITHER TEMPORARILY OR PERMANENTLY RESTRICTED IF THEY ARE RECEIVED WITH DONOR STIPULATIONS THAT LIMIT THE USE OF THE DONATED ASSETS. WHEN A DONOR RESTRICTION EXPIRES, THAT IS, WHEN A STIPULATED TIME RESTRICTION ENDS OR PURPOSE RESTRICTION IS ACCOMPLISHED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED AS UNRESTRICTED NET ASSETS AND REPORTED IN THE CONSOLIDATED STATEMENTS OF OPERATIONS AS NET ASSETS RELEASED FROM RESTRICTIONS. DONOR RESTRICTED DONATIONS WHOSE RESTRICTIONS ARE MET WITHIN THE SAME YEAR AS RECEIVED ARE REPORTED AS UNRESTRICTED DONATIONS IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

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: ☐ 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: ☐ 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

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)			19,111,878		19,111,878	2.130 %
b Medicaid (from Worksheet 3, column a)			164,106,268	114,689,672	49,416,596	5.520 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			183,218,146	114,689,672	68,528,474	7.650 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,775,722	60,865	5,714,857	0.640 %
f Health professions education (from Worksheet 5)			37,949,760	18,961,918	18,987,842	2.120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			4,084,210		4,084,210	0.460 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			719,079		719,079	0.080 %
j Total. Other Benefits			48,528,771	19,022,783	29,505,988	3.290 %
k Total. Add lines 7d and 7j			231,746,917	133,712,455	98,034,462	10.940 %

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			25,699		25,699	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			25,699		25,699	

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 Healthcare 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	70,470,925	
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	41,577,845	
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	262,780,972
6 Enter Medicare allowable costs of care relating to payments on line 5	6	322,083,002
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-59,302,030
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)
READING HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a ☒ Hospital facility's website (list url): <u>"SEE SUPPLEMENTAL DISCLOSURE"</u>		
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 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>"SEE SUPPLEMENTAL DISCLOSURE"</u>	10	Yes
a		
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				
Did the hospital facility have in place during the tax year a written financial assistance policy that:			Yes	No
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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)	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? 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)	15	Yes	
16	Was widely publicized within the community served by the hospital facility? 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)	16	Yes	

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 _____

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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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 79,181, IN 2019. 34.94% 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 55% OF BERKS COUNTY PATIENTS REQUIRING INPATIENT SERVICES FOR SUBSTANCE ABUSE. THE OTHER NON-PROFIT HOSPITAL IN THE AREA SERVES ONLY 4% 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 PERENNIALY 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 COMMUNITIES 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 HOSPITAL 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 419,571. THERE IS A LARGE POPULATION ORIGINATED BY BIRTH IN THE COUNTY: 73% OF RESIDENTS WERE BORN IN PENNSYLVANIA, 15% WERE BORN ELSEWHERE IN THE UNITED STATES, 5% 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 22% OF RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 15% 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 25% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN BERKS COUNTY IS 64,226. 14% PERCENT OF BERKS COUNTY RESIDENTS LIVE BELOW POVERTY; THIS FIGURE INCLUDES 21% 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: 48% OF THE RESIDENTS WERE BORN IN PENNSYLVANIA, 18% 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 41% WHITE, 12% BLACK, 1% ASIAN, 38% SOME OTHER RACE, AND 5% OF MIXED RACE. THE MAJORITY OF THE POPULATION OF THE CITY OF READING IS HISPANIC; ABOUT 72% OF THE RESIDENTS CLASSIFY THEMSELVES AS HISPANIC, AND 57% SPEAK SPANISH IN THEIR HOMES. 33% OF READING RESIDENTS AGE 25+ HAVE NOT GRADUATED FROM HIGH SCHOOL, AND ONLY 10% HAVE ATTAINED A BACHELOR'S DEGREE OR HIGHER. MANY READING RESIDENTS ARE POOR, AND THE MEDIAN INCOME IN THE CITY IS ONLY 30,430. MORE THAN ONE-THIRD OF THE RESIDENTS, (37%), LIVE BELOW THE FEDERAL POVERTY LIMIT (FPL); THIS FIGURE INCLUDES ONE-HALF OF ALL CHILDREN UNDER AGE 18 AND 25% OF ALL SENIORS AGE 65+.

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2019 RELATING TO EXEMPT PURPOSE 1)PROVIDING HEALTH CARE: INPATIENT DISCHARGES 35,206 INPATIENT DAYS 187,453 BIRTHS 3,336 EMERGENCY VISITS 134, 538 2) PROMOTING HEALTH: HEALTH OUTREACH FOR CHILDREN (NEWBORNS THROUGH TEENS) OPERATE CHILDREN'S HEALTH CENTER: PROVIDE AMBULATORY CARE TO PEDIATRIC PATIENTS WHO ARE MEDICALLY UNDERSERVED; 17,726 VISITS; PROVIDES EACH CHILD WITH A FREE BOOK THROUGH IT REACH OUT AND READ PROGRAM TO IMPROVE LITERACY AND DEVELOP A CHILD'S LIFELONG PASSION FOR READING. HEALTH OUTREACH FOR ADULTS: (A)OPERATE WOMEN'S HEALTH CENTER OFFERING MEDICALLY UNDERSERVED WOMEN BOTH OBSTETRICAL AND GYNECOLOGICAL CARE; 19,261 VISITS. (B)OPERATE CENTER FOR PUBLIC HEALTH OFFERING CARE TO INDIVIDUALS DIAGNOSED WITH AIDS OR WHO ARE HIV POSITIVE; 4,012 PATIENT REGISTRATIONS. (C)OPERATE OUTPATIENT SERVICES ADULT CLINICS PROVIDING PRIMARY AND SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED ADULTS; 7,235 VISITS. HEALTH OUTREACH IMPACTING ALL AGES: OPERATE AN ACCREDITED TRAUMA CENTER, THAT PROVIDED THIS LIFE-SAVING LEVEL OF CARE TO 3, 152 INDIVIDUALS LAST YEAR; PROVIDE TRAUMA PREVENTION EDUCATION TO THE GENERAL COMMUNITY; AND PROFESSIONAL EDUCATION TO EMS AND HOSPITAL PROVIDERS. OPERATE A 24/7 EMERGENCY DEPARTMENT. OFFERING MIDWIFERY CARE TO PREGNANT WOMEN. OPERATE A SCHOOL OF HEALTH SCIENCES TO PROVIDE COLLEGE-LEVEL TRAINING IN FIVE HEALTHCARE CAREERS (NURSING, RADIOLOGIC TECHNOLOGY, CLINICAL PASTORAL CARE, SURGICAL TECHNOLOGY, PARAMEDIC MEDICINE). OPERATE A SCHOOL OF CLINICAL LABORATORY SCIENCE TO PROVIDE THE FOURTH YEAR OF COLLEGE WORK TO STUDENTS INTERESTED IN CAREERS IN LABORATORY MEDICINE. OPERATE A 24/7 DRUG AND ALCOHOL CENTER WITH INPATIENT DETOXIFICATION, DROP-IN SERVICE, AND SUPPORT GROUPS. MAINTAIN 24/7 INTERPRETING SERVICES: 16 ON-SITE SPANISH-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 LANGUAGE INTERPRETER AS NEEDED; ESTABLISHED 24/7 VIDEO-REMOTE SIGN LANGUAGE INTERPRETING SERVICE. PROVIDES 24/7 CHAPLAINCY SERVICES PROGRAM TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS. DEVELOPED PALLIATIVE CARE SERVICES TO SUPPORT SERIOUSLY ILL PATIENTS AND FAMILIES IN UNDERSTANDING HEALTH PROBLEM AND OPTIONS. PROVIDE INPATIENT HOSPICE SERVICES, WITH APPROPRIATE NETWORKING FOR OUTPATIENT HOSPICE CARE. HIRED A SOCIAL WORKER TO MANAGE PATIENTS WHO HAVE FREQUENTED THE ED WITH MINOR COMPLAINTS. VISITS PATIENTS IN THEIR HOME 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. OFFERS 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 HOMELESS. 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 DELIVER FREE PRIMARY CARE TO THIS OFTEN UNDERSERVED POPULATION IN AN ENVIRONMENT THAT IS SAFE, FAMILIAR, 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-ADMISSIONS, AND LENGTH OF STAY; PATIENT CASE MANAGEMENT SERVICES; PATIENT EDUCATION ON AVAILABLE COMMUNITY SERVICES. THE STREET MEDICINE PROGRAM IS GRANT FUNDED AND STAFFED BY READING HOSPITAL VOLUNTEERS THAT INCLUDE PHYSICIANS AND NURSING STAFF. SUPPORT ORGAN DONATION COMMUNICATION AND PROCESS; EARNED RECOGNITION FROM THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR LEVEL OF SUCCESS. MAINTAIN HELP LINE (CALL CENTER) FOR FREE INFORMATION ON HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, AND/OR LOCAL SUPPORT GROUPS. EDUCATING HEALTHCARE PROFESSIONALS/CONDUCTING APPROPRIATE RESEARCH PREPARING STUDENTS FOR CAREERS IN HEALTH CARE HOSPITAL SCHOOLS ENROLLED GRADUATED CLINICAL PASTORAL EDUCATION 4 4 NURSING 268 6 7 PARAMEDIC INSTITUTE 35 10 MEDICAL IMAGING 31 15 SURGICAL TECH 16 4 PHYSICIANS IN RESIDENCIES 88 32 MEDICAL STUDENTS IN CLERKSHIPS 231 NA ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS: (1)OFFICE OF RESEARCH CONTINUES TO STIMULATE LOCAL RESEARCH THAT WILL BRING LEADING-EDGE TREATMENT OPTIONS TO BERKS COUNTY. WORKS IN CONJUNCTION WITH HOSPITAL'S INSTITUTIONAL REVIEW BOARD THAT MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT READING HOSPITAL. (2)ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. CM

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	E DEPARTMENT WITHIN ACADEMIC AFFAIRS DIVISION OVERSEES DEPARTMENT-BASED PROGRAMS FOR CME C ATEGORY 1 AND CATEGORY 2 CREDITS. (3)PROVIDES ONGOING EDUCATION FOR STAFF IN ALL CLINICAL DEPARTMENTS. (4)PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIA NCE, AND RELATED REGULATORY AND PROFESSIONAL ISSUES. INVESTED IN THE FUTURE HEALTH AND WEL L-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
PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	PENNSYLVANIA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADDITIONAL INFORMATION	PART II COMMUNITY BUILDING ACTIVITIES: 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		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			

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	(1) OBESITY (2) MENTAL HEALTH (3) ADDICTION (4) ACCESS TO CARE PART V, SECTION B, 3I THE C COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 IDENTIFIED THE FOLLOWING SIGNIFICANT HEALTH NEED S OF THE COMMUNITY: OBESITY, MENTAL HEALTH, ADDICTION AND ACCESS TO CARE. THE ACTIONS TAKE N WERE AS FOLLOWS: (1)OBESITY - MORE THAN 200,000 RESIDENTS ARE OVERWEIGHT OR OBESE. READI NG HOSPITAL INCREASED THE NUMBER OF F.I.T.T. (FUN ACTIVE HEALTHY YOUTH) PROGRAM SESSIONS F ROM ONCE TO TWICE PER YEAR. THERE HAS BEEN AN INCREASE IN PARTICIPATION WITH THE ADDITION OF THESE SESSIONS FROM 1 SESSION WITH 10 PARTICIPANTS DURING FY2017 TO 4 SESSIONS WITH 39 PARTICIPANTS AND 4 SESSIONS WITH 33 PARTICIPANTS FOR FY2018 AND FY2019, RESPECTIVELY. THE BE WELL BERKS GRANT PROGRAM WAS CREATED AS A MEANS TO INVEST DOLLARS INTO COMMUNITY ORGANI ZATIONS SEEKING TO ADDRESS AND REDUCE OBESITY AMONG RESIDENTS. TWO PROGRAMS THAT WERE FUND ED THROUGH THIS PROGRAM WERE THE ANTIETAM SCHOOL DISTRICT - ANTIETAM FIT PROGRAM (20,855.5 2 AWARD) AND NEW JOURNEY COMMUNITY OUTREACH, INC. - FIGHTING POVERTY. FEEDING HOPE. PROJEC T (20,000.00 AWARD). READING HOSPITAL ALSO PARTNERED WITH ZAGSTER, INC. TO IMPLEMENT A BIK E SHARE PROGRAM FOR ITS STAFF. MEMBERSHIP HAS STEADILY INCREASED FROM FY2017 (86 MEMBERS) TO 105 MEMBERS DURING FY2018 AND 160 MEMBERS IN FY2019. (2)MENTAL HEALTH - MORE THAN 175,0 00 RESIDENTS SUFFER FROM ANXIETY OR DEPRESSIVE DISORDERS. TO ADDRESS THIS ISSUE, READING H OSPITAL HAS EMBEDDED 8 INTEGRATED CARE CLINICIANS WHO PROVIDE SERVICES AT 8 SITES TO PROVI DE BRIEF SUPPORTIVE THERAPY TO ASSIST WITH CURRENT CRISES, INTERMITTENT CONTACTS TO ASSIST WITH ONGOING MAINTENANCE OF GAINS, AND REFERRALS TO BEHAVIORAL HEALTH PROVIDERS AS NEEDED . AT THE ORIGINAL 2 PRACTICES, 75% OF TOTAL PATIENTS (13,840) WERE SCREENED. OF THOSE, 1,5 91 WERE MODERATELY DEPRESSED, AND 2,215 OF THE SCREENED PATIENTS LIVE IN THE 19601 ZIP COD E. READING HOSPITAL ALSO PARTNERED WITH SCREENING FOR MENTAL HEALTH, INC. TO IMPLEMENT A M INDKARE KIOSK, WHICH WAS LAUNCHED IN DECEMBER 2017, AIMED AT REDUCING MENTAL HEALTH STIGMA . MENTAL HEALTH SCREENINGS INCREASED FROM 39 KIOSK SCREENINGS AND 579 ONLINE SCREENINGS IN FY2018 TO 43 KIOSK SCREENINGS AND 644 ONLINE SCREENINGS (AS OF APRIL 2019). THE BE WELL B ERKS GRANT PROGRAM ALSO AWARDED 34,030.48 IN FUNDING TO BERKS COUNSELING CENTER TO TRAIN P EERS IN WHOLE HEALTH ACTION MANAGEMENT (WHAM) AND COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID (MHFA) TRAINING. 12 PEER SPECIALISTS FROM 7 COMMUNITY AGENCIES PARTICIPATED IN WHAM T RAINING, AND 4 BERKS COUNSELING CENTER STAFF BECAME CERTIFIED MHFA TRAINERS. THREE MHFA TR AININGS HAVE BEEN HELD TO DATE FOR OVER 60 PARTICIPANTS. ADDITIONAL TRAININGS ARE BEING SC HEDULED. (3)ADDICTION - RESIDENTS LACK ACCESS TO COORDINATED, COMMUNITY-BASED TREATMENT. R EADING HOSPITAL WAS THE RECIPIENT OF A 500,000 GRANT FROM THE DEPARTMENT OF HUMAN SERVICES AND WAS DESIGNATED AN OPIOID USE DISORDER CENTER OF EXCELLENCE (COE). THE COE RESPONDED T O MORE THAN 1,200 REFERRALS FO

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	R ADDICTION TREATMENT - 522 REFERRALS WERE MADE IN CY2017, 541 REFERRALS WERE MADE IN CY20 18, AND 221 REFERRALS WERE MADE IN CY2019 (AS OF APRIL 2019). THE COE ALSO PROVIDED COORDINATED, COMMUNITY-BASED CASE MANAGEMENT TO MORE THAN 700 PATIENTS - 325 UNDUPLICATED PATIENTS IN CY2017, 282 UNDUPLICATED PATIENTS IN CY2018, AND 109 UNDUPLICATED PATIENTS IN CY2019 (AS OF APRIL 2019). THE HOSPITAL INSTITUTED A 24/7 WARM HANDOFF AND CREATED CARE TEAMS CONSISTING OF THERAPISTS, NURSES, PROVIDERS, AND CARE COORDINATORS TO PROVIDE COMPREHENSIVE CARE THAT ADDRESSES PHYSICAL, EMOTIONAL, AND BEHAVIORAL NEEDS OF PATIENTS STRUGGLING WITH ADDICTION. (4)ACCESS - UNMET SOCIAL NEEDS AND LACK OF CULTURALLY COMPETENT CARE CREATES BARRIERS. READING HOSPITAL RECEIVED A 4.5M GRANT FROM CENTER FOR MEDICARE & MEDICAID SERVICE S TO IMPLEMENT THE ACCOUNTABLE HEALTH COMMUNITIES MODEL, KNOWN AT THE HOSPITAL AS THE COMMUNITY CONNECTION PROJECT (CCP), TO IDENTIFY AND ADDRESS UNMET SOCIAL NEEDS WITHIN THE MEDICARE AND MEDICAID PATIENT POPULATIONS. IN FY2019 (AS OF APRIL 2019), THE CCP SCREENED 27,455 SCREENINGS FOR 17,057 PATIENTS. AS A RESULT OF THOSE SCREENINGS, 7,394 COMMUNITY REFERRAL SUMMARIES WERE DISTRIBUTED, AND NAVIGATION SERVICES WERE OFFERED TO 2,019 PATIENT CASES. TOWER HEALTH MEDICAL GROUP'S STREET MEDICINE PROGRAM PROVIDES PRIMARY CARE TO HOMELESS INDIVIDUALS IN SOUP KITCHENS, HOMELESS SHELTERS, AND TENT SITES. SINCE ITS INCEPTION, THE PROGRAM HAS PROVIDED CARE TO OVER 900 UNIQUE PATIENTS. IN FY2017, 563 VISITS WERE CONDUCTED WITH 205 UNIQUE PATIENTS. IN FY2018, 810 VISITS WERE CONDUCTED WITH 407 UNIQUE PATIENTS. AND IN FY2019 (AS OF APRIL 2019), 716 VISITS WERE CONDUCTED WITH 320 UNIQUE PATIENTS. MIDPENNA LEGAL SERVICES WAS AWARDED \$5,024.00 IN FUNDING FROM THE BE WELL BERKS GRANT PROGRAM TO IMPLEMENT A MEDICAL LEGAL PARTNERSHIP PROGRAM. THE PROGRAM BEGAN PRACTICE IN NOVEMBER 2018, AND AS OF APRIL 2019, 109 REFERRALS WERE MADE IN THE AREAS OF HOUSING AND INCOME. TO IMPROVE CULTURALLY COMPETENT CARE, READING HOSPITAL IMPLEMENTED CULTURAL COMPETENCY TRAINING FOR STAFF. AS OF APRIL 2019, 4 OF 9 COHORTS WERE CONDUCTED, TRAINING 111 STAFF. A TENTH TRAINING SESSION IS PLANNED AS A TRAIN-THE-TRAINER STYLE COURSE. A NUMBER OF WORKPLACE AND VIRTUAL EXPERIENCE OPPORTUNITIES ARE MADE AVAILABLE TO STUDENTS FROM DIVERSE BACKGROUNDS TO ENCOURAGE SELECTION OF HEALTHCARE AS A CAREER PATH. IN FY2017, 312 STUDENTS ENGAGED IN THE PATHWAYS TO HEALTHCARE CAREERS PROGRAMS (MEDICAL EXPLORERS - 209 STUDENTS, JOB SHADOWING - 14 STUDENTS, HIGH SCHOOL INTERNSHIP PROGRAM - 8 STUDENTS). IN FY2018, 368 STUDENTS WERE ENGAGED (MEDICAL EXPLORERS - 184 STUDENTS, JOB SHADOWING - 83 STUDENTS, ADVENTURES IN HEALTH SCIENCE AND MEDICINE (AHSM) PROGRAM - 92 STUDENTS, HIGH SCHOOL INTERNSHIP PROGRAM - 9 STUDENTS). IN FY2019 (AS OF APRIL 2019), 381 STUDENTS WERE ENGAGED (MEDICAL EXPLORERS - 130 STUDENTS, JOB SHADOWING - 127 STUDENTS, AHSM PROGRAM - 116 STUDENTS, HIGH SCHOOL INTERNSHIP PROGRAM - 8 STUDENTS). P

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	ART V, SECTION B, 4 THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS APPROVED BY THE BOARD OF DIRECTORS IN MARCH 2019 BUT WAS NOT MADE AVAILABLE TO THE PUBLIC UNTIL 7/1/19. READING HOSPITAL HAS PROCEDURES IN PLACE TO HAVE FUTURE CHNA'S TO BE MADE AVAILABLE TO THE PUBLIC ON 6/30.

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	THE FOLLOWING ACTIONS WERE CONDUCTED TO TAKE INTO ACCOUNT INPUT FROM INDIVIDUALS WHO REPRESENT THE BROAD INTEREST OF THE COMMUNITY: (1) STAKEHOLDER INTERVIEWS (2) FOCUS GROUPS (3) SENIOR LEADERSHIP FORUM (4) KEY INFORMANT SURVEYS (5) INTERCEPT SURVEYS (6) COMMUNITY TELEPHONE SURVEY INDIVIDUALS WERE INVITED TO PARTICIPATE IN A COMMUNITY DATA WALK TO ASSIST WITH PRIORTIZING THE DATA.

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/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT LINK TO THE READING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT/ IMPLEMENTATIN STRATEGY FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN NOVEMBER 2019 AND CAN BE FOUND AT HTTPS://READING.TOWERHEALTH.ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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: ACCESS TO HEALTH CARE: THE GOAL IS TO INCREASE THE COMMUNI TY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNE RABLE AND/OR LIVING IN UNDERSERVED AREAS. READING HOSPITAL WILL UTILIZE GSI TECHNOLOGY TO IDENTIFY SUBPOPULATIONS WHO ARE AT RISK FOR HIGHER READMISSION RATES AND CHRONIC CONDITION S OR DISEASES AND OVERLAY THIS WITH DATA SETS TO HELP SUPPORT PROGRAM DEVELOPMENT, PLACEME NT OF SERVICES, AND MESSAGING. THE INFORMATION GATHERED FROM THIS RESEARCH WILL PROVIDE SU PPORT AND DEVELOPMENT OF CURRENT PROGRAMS THAT DELIVER CARE TO VULNERABLE POPULATIONS (I.E . STREET MEDICINE, COMMUNITY PARAMEDICINE, AND REMOTE PATIENT MONITORING PROGRAMS), AS WEL L AS TO DEVELOP PLANS TO INCREASE ACCESS TO SPECIALTY CARE THROUGH VIRTUAL OFFICE VISITS, TELECART, MOBILE APPS, AND TELEMEDICINE. BY STREAMLINING AN ADVANCED ACCESS CENTER WILL PR OVIDE EASE OF ACCESS FOR COMMUNITY MEMBERS SEEKING TO SCHEDULE APPOINTMENTS WITH AMBULATOR Y AND SPECIALTY CARE SERVICE LINES. READING HOSPITAL WILL WORK TO IMPROVE CULTURAL SENSITI VITY OF STAFF BY CONDUCTING CULTURAL AWARENESS TRAININGS AND CREATING A DIVERSITY AND INCL USION COUNCIL FOR PROVIDERS AND OTHER CLINICAL AND NON-CLINICAL STAFF TO PARTICIPATE. READ ING HOSPITAL WILL ALSO WORK TO INCREASE PARTICIPATION IN PROGRAMS DESIGNED TO EDUCATION ST UDENTS ABOUT CAREERS IN HEALTHCARE - MEDICAL EXPLORERS, JOB SHADOWING, HIGH SCHOOL AND COL LEGE INTERNSHIP PROGRAMS, AND ADVENTURES IN HEALTH SCIENCE AND MEDICINE - THROUGH PROGRAM PROMOTION. SOCIAL DETERMINANTS OF HEALTH: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETER MINANTS OF HEALTH (SDOH). READING HOSPITAL WILL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONMENT BY SCREENING MEDICARE AND MEDICAID PATIENTS IN IDENTIFIED CLINICAL AREAS, IDEN TIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMUNITY RESOURCES, AND PROVIDING NAVIG ATION SERVICES TO PATIENTS IDENTIFIED AS HIGH-RISK. THROUGH THE MEDICAL LEGAL PARTNERSHIP PROGRAM, READING HOSPITAL WILL UTILIZE AN IN-HOUSE ATTORNEY TO ASSIST PATIENTS WITH LEGAL ISSUES THAT HAVE AN ADVERSE EFFECT ON HEALTH (I.E. HOUSING, INCOME STABILITY, ETC.) TO HEL P REDUCE TRANSPORTATION BARRIERS, READING HOSPITAL WILL IMPLEMENT THE RIDE HEALTH PROGRAM. READING HOSPITAL WILL ALSO IMPLEMENT COMMUNITY-BASED INTERVENTION INITIATIVES, SPECIFICAL LY A COMMUNITY HEALTH WORKER PROGRAM TO WORK WITH PEDIATRIC ASTHMA PATIENTS, THEN SEEK TO EXPAND THE PROGRAM TO ADDITIONAL POPULATIONS. DISEASE PREVENTION & MANAGEMENT: THIS GOAL I S TO IMPLEMENT CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS IN THE PRIMARY SERVICE A REA, SPECIFICALLY TARGETING VU

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	VNERABLE POPULATIONS. READING HOSPITAL WILL CONDUCT MULTIPLE CANCER SCREENING EVENTS FOR T HE COMMUNITY, INCLUDING CERVICAL CANCER, BREAST CANCER, ORAL CANCER, AND SKIN CANCER SCREE NINGS. READING HOSPITAL WILL IMPLEMENT SHORT AND LONG-TERM WELLNESS INITIATIVES THROUGH TO WER WELLNESS PROGRAMS, ENCOURAGE COMMUNITY PARTICIPATION IN BERKS TRAIL CHALLENGE, INCREAS E PHYSICAL ACTIVITY AND HEALTH EATING HABITS AMONG SCHOOL-AGED YOUTH THROUGH THE F.I.T.T. PROGRAM, AND ENCOURAGE STAFF TO UTILIZE THE BIKE SHARE PROGRAM AS A FORM OF EXERCISE. READ ING HOSPITAL WILL PARTNER WITH COMMUNITY ORGANIZATIONS TO INCREASE ACCESS TO HEALTHY FOOD. ACCESS TO BEHAVIORAL HEALTH SERVICES: THE GOAL IS TO IMPROVE ACCESS TO SCREENING, ASSESSM ENT, TREATMENT, AND SUPPORT FOR BEHAVIORAL HEALTH. READING HOSPITAL'S CENTER OF EXCELLENCE (COE) WILL SCREEN PATIENTS FOR OPIOID USE DISORDER (OUD) AND DETERMINE THE APPROPRIATE LE VEL OF CARE VIA STANDARDIZED PROCESSES (SBIRT) AND TOOLS (ASAM PLACEMENT CRITERIA). TOWER BEHAVIORAL HEALTH, A JOINT VENTURE WITH ACADIA, WILL BUILD A NEW 144-BED IMPATIENT BEHAVIO RAL HEALTH FACILITY. MINDKARE'S KIOSK AND ONLINE FREE, ANONYMOUS, CONFIDENTIAL MENTAL HEAL TH SCREENING TOOL WILL BE PROMOTED THROUGHOUT THE COMMUNITY. READING HOSPITAL'S BEHAVIORAL HEALTH INTEGRATION PROGRAM WILL INTEGRATE THERAPISTS INTO PRIMARY CARE PRACTICES WHERE PA TIENTS WILL BE SCREENED FOR DEPRESSION, AND THOSE WHO SCREENED POSITIVE WILL BE CONNECTED TO THE EMBEDDED THERAPIST FOR ASSISTANCE. READING HOSPITAL WILL ALSO SEEK TO DECREASE THE STIGMA RELATED TO BEHAVIORAL HEALTH BY PARTNERING WITH BERKS COUNSELING CENTER TO CONDUCT MENTAL HEALTH FIRST AID TRAININGS FOR STAFF AND THE COMMUNITY. LIST OF HEALTH NEEDS THE FA CILITY DOES NOT PLAN TO ADDRESS: READING HOSPITAL DOES NOT INTEND TO ADDRESS DIABETES AS A STAND-ALONE CONDITION. RATHER IT WILL BE CATEGORIZED AS A CHRONIC DISEASE AND WILL BE ADDRESSED IN THE CHRONIC DISEASE MANAGEMENT STRATEGY. DENTAL HEALTH, TOBACCO AND STDS WILL BE ADDRESSED THROUGH ONGOING HEALTH SYSTEM INITIATIVES AND/OR IN COLLABORATION WITH ESTABLIS HED 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 INFORMATION 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 POVERTY 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 MEDICAID 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 WHILE THE ACCOUNT IS IN THE COLLECTION'S PROCESS, COLLECTION ACTIVITY WILL CEASE UNTIL DETERMINATION OF ELIGIBILITY HAS BEEN MADE.

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 16J	THE CURRENT FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE POLICY AND APPLICATIONS FOR FINANCIAL ASSISTANCE, IN ENGLISH AND SPANISH, ARE ACCESSIBLE AT HTTPS://READING.TOWERHEALTH.ORG/PATIENTS-FAMILIES/BILLING-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 NECESSARY CARE AT READING HOSPITAL SPECIFYING WHICH PROVIDERS ARE AND ARE NOT COVERED BY THE PATIENT FINANCIAL ASSISTANCE POLICY. THIS PROVIDER LIST IS AVAILABLE ONLINE AT THE FOLLOWING READING HOSPITAL WEBSITE ADDRESS: HTTPS://READING.TOWERHEALTH.ORG/FIND- DOCTOR/, AND A PAPER COPY CAN BE OBTAINED, FREE OF CHARGE, BY CONTACTING THE REFERRAL LINE AT 484- 628-HELP(4357). FEES FOR SERVICES PROVIDED BY PHYSICIANS WHO ARE NOT EMPLOYED BY READING HOSPITAL ARE EXCLUDED FROM THE FINANCIAL ASSISTANCE POLICY. INFORMATION REGARDING ELIGIBILITY FOR FINANCIAL ASSISTANCE IS COMMUNICATED VIA SIGNAGE AND BROCHURES PROMINENTLY DISPLAYED THROUGHOUT THE HOSPITAL AND WITHIN REGISTRATION AREAS. PAMPHLETS TITLED UNDERSTANDING BILLING & PAYMENTS INCLUDE THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. THE PHAMPLETS ARE PRINTED IN ENGLISH AND SPANISH AND ARE AVAILABLE IN THE LOBBIES AND WAITING AREAS THROUGHOUT READING HOSPITAL. THESE PAMPHLETS PROVIDE AN EASY-TO-READ SUMMARY OF THE FINANCIAL ASSISTANCE PROGRAM, WITH CONTACT INFORMATION OF READING HOSPITAL EMPLOYEES WHO WILL ASSIST THE PATIENTS WITH THE APPLICATION PROCESS. THESE PAMPHLETS ARE ALSO DISTRIBUTED TO PATIENTS 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. EMERGENCY PATIENTS IN THESE SITUATIONS ARE PROVIDED WITH THE PAMPHLET AT THE TIME OF DISCHARGE. PATIENT BILLING STATEMENTS FOR READING HOSPITAL SERVICES CONTAIN GUIDANCE AND DIRECTION ON THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. IN ADDITION, THE BACK OF THE BILLING STATEMENT IS A FINANCIAL ASSISTANCE APPLICATION. READING HOSPITAL WORKS CLOSELY WITH ADVOCACY PROGRAMS IN THE COMMUNITY. THE AVAILABILITY OF READING HOSPITAL FINANCIAL ASSISTANCE 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 HOSPITAL FINANCIAL ASSISTANCE POLICY (FAP), APPLICATION AND PLAIN LANGUAGE SUMMARY. HTTPS://READING.TOWERHEALTH.ORG/PATIENTS-FAMILIES/BILLING-AND INSURANCE/FINANCIAL-ASSISTANCE/

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization READING HOSPITAL		Employer identification number 23-1352204

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ 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 Yes	
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		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	

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.

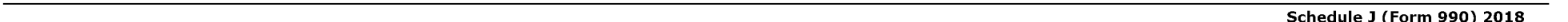
[illegible]

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 0 353,617 0 THERESE SUCHER 0 169,003 0 GREG SORENSEN, MD 0 152,834 0 KATHLEEN WETZEL 0 27,266 0 MARY AGNEW 0 42,857 0 CARL SEIDL 0 97,651 0 MARK MCNASH 0 30,702 0 JACOB D. MCKNIGHT 204,127 108,431 0 DAVID A. SCHLAPPY 0 37,638 0

Return Reference	Explanation
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 II CLINT MATTHEWS SERVED AS CEO OF READING HOSPITAL UP UNTIL OCTOBER 2018 WHEN WILLIAM JENNINGS ASSUMED THE CEO POSITION OF READING HOSPITAL. CLINT MATTHEWS TRANSITIONED TO TOWER HEALTH AS PRESIDENT AND CEO OF THE ORGANIZATION. 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 2018 BUT DID NOT RECEIVE A DISTRIBUTION. SUZANNE WENDEROTH WILLIAM JENNINGS ROBERT EHINGER LUIS ROSA MARK MARTENS



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				
CLINT MATTHEWS PRESIDENT & CEO 9/18	(i)	1,194,000	747,428	387,847	410,226	38,071	2,777,572	353,617
	(ii)							
CHARLES BARBERA MD VICE CHAIRMAN	(i)							
	(ii)	461,050	92,196	38,544	-5,204	22,447	609,033	
CECILIA SMITH DO BOARD MEMBER	(i)							
	(ii)	453,808	74,342	3,820	-10,595	8,222	529,597	
SUZANNE WENDEROTH MD BOARD MEMBER	(i)							
	(ii)	378,568	123,096	4,074	75,908	22,735	604,381	
KOLIN GOOD MD BOARD MEMBER	(i)							
	(ii)	329,791	63,000	1,221	14,827	14,224	423,063	
JOHN CASEY MD BOARD MEMBER	(i)	271,776		1,828	11,000	12,543	297,147	
	(ii)							
OLUBUMNI OJIKUTU MD BOARD MEMBER	(i)							
	(ii)	175,422	31,500	3,541	8,851	22,116	241,430	
WILLIAM JENNINGS EVP & CEO RH 10/2018	(i)	179,885		30,311	235,474	3,769	449,439	
	(ii)							
THERESE SUCHER EVP COO 3/2019	(i)	702,533	284,023	192,193	204,287	37,003	1,420,039	169,003
	(ii)							
GREG SORENSEN MD EVP CMO	(i)	608,473	249,760	174,394	163,544	16,863	1,213,034	152,834
	(ii)							
ROBERT EHINGER CFO/TREASURER	(i)	327,683	104,650	13,684	78,290	25,896	550,203	
	(ii)							
KATHLEEN WETZEL SECRETARY 12/18	(i)	289,103	97,071	29,193	55,338	21,855	492,560	27,266
	(ii)							
MARY AGNEW SVP CNO	(i)	409,858	152,486	44,846	79,830	22,447	709,467	42,857
	(ii)							
CARL SEIDL VICE PRESIDENT	(i)	294,505	85,812	101,404	231,527	8,222	721,470	97,651
	(ii)							
MARK MCNASH VP SUPPORT SERVICES	(i)	285,209	93,472	40,061	64,561	15,065	498,368	30,702
	(ii)							
RUSSELL H SHOWER SVP CHIEF OF HR	(i)	396,565	149,382	49,981	77,120	8,222	681,270	
	(ii)							
JACOB D MCKNIGHT VP CIO	(i)	156,974	42,067	330,901	-12,143	15,065	532,864	108,431
	(ii)							
DAVID A SCHLAPPY VP CHIEF OF QUALITY	(i)	330,785	108,569	38,338	45,690	22,735	546,117	37,638
	(ii)							
LUIS A ROSA VP PAYOR CONTRACTING	(i)	325,858	102,876	3,820	48,030	7,934	488,518	
	(ii)							
MARK G MARTENS VP CHIEF ACADEMIC	(i)	393,919		13,005	59,800	18,888	485,612	
	(ii)							

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

OMB No. 1545-0047

2018

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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	CTLD ENTITY BM	359,804	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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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493164000210
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2018
Department of the Treasury Internal Revenue Service			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 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 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. THEY SUPPORT ACTIVITIES FOR INDIVIDUALS WITH SERIOUS OR CHRONIC HEALTH CONDITIONS, ADVANCE SELF-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 OUR COMMUNITY. COMMUNITY HEALTH IMPROVEMENT SERVICES ARE CARRIED OUT TO IMPROVE COMMUNITY HEALTH. THEY EXTEND BEYOND PATIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY TOWER HEALTH. PROGRAMS ARE OFFERED FOR FREE OR AT A VERY NOMINAL FEE TO ALL COMMUNITY MEMBERS. READING HOSPITAL PROVIDES HEALTH EDUCATION PROGRAMS DESIGNED TO EDUCATE AND IMPROVE THE HEALTH OF THE COMMUNITY. FREE COMMUNITY BASED CLINICAL CARE IS OFFERED AT VARIOUS TIMES THROUGHOUT THE YEAR 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 FOUND EARLY, IT MAY BE EASIER TO TREAT OR CURE. DURING FY 2019 APPROXIMATELY 1,895 FLU VACCINES WERE PROVIDED TO COMMUNITY MEMBERS FREE OF CHARGE AND OVER 126 FREE CANCER SCREENINGS WERE GIVEN AND. PRESCRIPTION MEDICATIONS, MEDICAL EQUIPMENT AND TRANSPORTATION WAS ALSO PROVIDED FREE OF CHARGE FOR PATIENTS WHO DEMONSTRATE NEED. HEARTSAFE BERKS COUNTY IS AN INNOVATIVE PROGRAM THAT PLACES AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDS) IN KEY INSTITUTIONS THROUGHOUT THE COUNTY. AN AED CAN HELP REVIVE A PERSON WHOSE HEART HAS STOPPED BEFORE EMERGENCY MEDICAL PERSONNEL ARRIVE. A COMMUNITY WELLNESS DEPARTMENT WAS CREATED TO SUPPORT READING HOSPITAL'S COMMUNITY ENGAGEMENT ENDEAVORS. THIS DEPARTMENT WILL BE RESPONSIBLE FOR DELIVERY OF STRATEGIC HEALTH SERVICES FOR UNDERSERVED POPULATION. READING HOSPITAL'S INJURY PREVENTION 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 PATIENT VOLUME IN OUR TRAUMA CENTER. OUR TRAUMA CENTER'S EDUCATION COORDINATOR PARTICIPATES IN AND RECRUITS STAFF TO HELP WITH

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 RAISING AWARENESS OF BASIC ACTIONS TO STOP LIFE THREATENING BLEEDING. (2) VISITS TO ELEMENTARY SCHOOLS TO REVIEW SAFETY ISSUES ON THE PLAYGROUND AND SCHOOL BUSES, AS WELL AS TO PROMOTE THE USE OF BIKE HELMETS. (3) FALL PREVENTION PROGRAMS TO RAISE AWARENESS AMONG OLDER ADULTS, FAMILIES AND CAREGIVERS ABOUT THE SERIOUSNESS OF FALLS AND WAYS TO REDUCE THEM. (4) FIRST 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 92,576,874 (FISCAL YEAR 2019) DIRECT PATIENT CARE UNREIMBURSED MEDICARE: 59.3 MILLION THE DIFFERENCE BETWEEN MEDICARE CHARGES AND MEDICARE PAYMENTS AND THE ACTUAL COST OF PROVIDING PATIENT CARE. UNREIMBURSED MEDICAID: 49.4 MILLION THE DIFFERENCE BETWEEN MEDICAL ASSISTANCE CHARGES AND MEDICAID PAYMENTS AND THE ACTUAL COST OF PROVIDING PATIENT CARE. BAD DEBT: 11.3 MILLION THE COST OF PROVIDING CARE TO PATIENTS WHOM WE BELIEVE WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER OUR CHARITY CARE POLICY. UNCOMPENSATED CHARITY CARE: 41.6 MILLION FREE 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: 4.8 MILLION INCLUDES FREE FLU SHOTS, CANCER SCREENINGS, MEDICATIONS, MEDICAL EQUIPMENT AND TRANSPORTATION FOR COMMUNITY MEMBERS; FREE INTERPRETING SERVICES; AND FREE COMMUNITY HELP LINE. COMMUNITY HEALTH EDUCATION: .9 MILLION INCLUDES HEALTH EDUCATION PROGRAMS, CPR CLASSES, SUPPORT GROUPS AND FREE WORKSITE HEALTH EDUCATION PROGRAMS THAT IMPROVE COMMUNITY HEALTH. CONTRIBUTIONS: 1.1 MILLION MONETARY SUPPORT GIVEN TO THE WEST READING & LOCAL COMMUNITIES. FINANCIAL AND IN-KIND DONATIONS: .7 MILLION CONTRIBUTIONS MADE BY READING HOSPITAL AND ITS EMPLOYEES TO COMMUNITY NON-PROFIT ORGANIZATIONS. CASH AND IN-KIND DONATIONS WERE MADE TO NON-PROFIT ORGANIZATIONS, NOT AFFILIATED WITH READING HOSPITAL, AND WHOSE PROGRAMS AND OR SERVICES SHARE THE MISSION OF READING HOSPITAL. EXAMPLES OF SUPPORTED NON-PROFIT ORGANIZATIONS ARE THE AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION, CENTRO HISPANO, BERKS COMMUNITY HEALTH CENTER, READING BERKS SCIENCE FAIR, CARON FOUNDATION, READING CHAMBER OF COMMERCE AND OTHER NON-PROFIT ORGANIZATIONS. 752 FREE TURKEYS ARE GIVEN TO THE SALVATION ARMY EACH YEAR TO ASSIST NEEDY FAMILIES IN BERKS COUNTY. ALL EMPLOYEES ARE OFFERED THE OPPORTUNITY TO HELP THE COMMUNITY THROUGH THE READING HOSPITAL 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 FOR PHYSICIANS/MEDICAL STUDENTS: 18.9 MILLION INCLUDES SALARIES AND BENEFITS FOR MEDICAL RESIDENTS, MEDICAL LIBRARY,

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	AND CONTINUING MEDICAL EDUCATION PROGRAMS AVAILABLE TO ALL PHYSICIANS WITHIN THE COMMUNITY . NURSING AND OTHER HEALTH PROFESSIONAL EDUCATION INCLUDES NURSING, PARAMEDIC AND PASTORAL CARE EDUCATION THAT RESULT IN A DEGREE, CERTIFICATE OR TRAINING NECESSARY TO BE LICENSED TO PRACTICE AS A HEALTH PROFESSIONAL. INCLUDES CONTINUING MEDICAL EDUCATION PROGRAMS OFFER ED TO ALL NURSES IN THE COMMUNITY. CONTINUING MEDICAL EDUCATION IS OFFERED TO ALL PHYSICIA NS, NURSES AND OTHER HEALTH PROFESSIONALS WITHIN THE COMMUNITY ON SUBJECTS FOR WHICH OUR O RGANIZATION HAS SPECIAL EXPERTISE. CANCER CLINICAL RESEARCH AND TUMOR REGISTRY: 2.7 MILLIO N INCLUDES RESEARCH AND CLINICAL TRIALS IN THE AREAS OF CANCER, AND TUMOR REGISTRY EXPENSE S. READING HOSPITAL PARTICIPATES IN CANCER CLINICAL HEALTH RESEARCH THAT IS SHARED WITH OT HERS 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 OFFE RED AT LARGE UNIVERSITY HOSPITALS THROUGHOUT THIS NATION. THIS INCLUDES RESEARCH AND CLINI CAL TRIALS IN THE AREA OF CANCER AND INCLUDES TUMOR REGISTRY EXPENSES. BASED UPON THE COMM UNITY HEALTH NEEDS ASSESSMENT, READING HOSPITAL IDENTIFIED SEVERAL HIGH-PRIORITY ISSUES FO R OUR FOCUS; OBESITY, MENTAL HEALTH, ACCESS TO CARE, AND ADDICTION. TO HELP ORGANIZE OUR E FFORTS AND KEEP THESE KEY ISSUES IN FRONT OF THE COMMUNITY, READING HOSPITAL DEVELOPED A C OMMUNITY WELLNESS DEPARTMENT. THIS DEPARTMENT WILL FOSTER PARTNERSHIPS WITH COMMUNITY ORGA NIZATIONS SO THAT WE CAN WORK TOGETHER TO DEVELOP, IMPLEMENT, AND EVALUATE PROGRAMS TO IMP ROVE OUR COMMUNITIES HEALTH. WE ARE HOPEFUL OUR EFFORTS WILL EMPOWER MORE PEOPLE TO MANAGE THEIR 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 470 VOLUNTEERS (69,199) 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	OPERATING ROOM - 18,842 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	EMERGENCY CARE - 134,358 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 LEVEL 1 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. THE HOSPITAL ALSO HAS A PEDIATRIC AND PSYCHIATRIC EMERGENCY DEPARTMENT. 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. THE HOSPITAL ALSO IS A CENTER OF EXCELLENCE WITH 24/7 CERTIFIED RECOVERY SPECIALISTS ON SITE TO PROVIDE WARM HAND-OFFS TO PATIENTS WITH OPIOID AND OTHER SUBSTANCE USE DISORDERS. THE DEPARTMENT OFFERS SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM WITH THE BERKS COUNTY DISTRICT ATTORNEY TO ASSIST VICTIMS OF SEXUAL ASSAULT. THE HOSPITAL ALSO HAS AN EMERGENCY MEDICINE TRAINING PROGRAM, PARAMEDIC SCHOOL AND NURSING PROGRAM.

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 VIEW 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, OFFICER AND KEY EMPLOYEE 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, OFFICER AND KEY EMPLOYEE WOULD HAVE CONFLICTING INTERESTS. EACH YEAR A COPY OF THE WRITTEN STATEMENT WILL BE SENT TO THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE FOR UPDATING AND RESUBMISSION AND BY WHICH THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE SHALL CONFIRM HIS OR HER AWARENESS OF THIS POLICY. ALL MEMBERS OF TOWER HEALTH MANAGEMENT (INCLUDING DIRECTORS AND VICE PRESIDENTS) MUST COMPLETE AND SUBMIT A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. SUCH STATEMENTS ARE REVIEWED BY THE CHIEF COMPLIANCE OFFICER.

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 VII	CLINT MATTHEWS SERVED AS CEO OF READING HOSPITAL UP UNTIL OCTOBER 2018 WHEN WILLIAM JENNINGS ASSUMED THE CEO POSITION OF READING HOSPITAL. CLINT MATTHEWS TRANSITIONED TO TOWER HEALTH AS PRESIDENT AND CEO OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION LIABILITY -39,841,317 INTERCOMPANY ASSET TRANSFER 17,007,184 ASSETS RELEASED FROM RESTRICTION -24,467,907 CORPORATE INCOME TAX -238,254 TOTAL -47,540,294

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) SOUTHERN CHESTER CNTY MED BLDG 1 1015 WEST BALTIMORE PIKE WEST GROVE, PA 19390 23-2200841	HEALTHCARE	PA	N/A					No			No	
(2) READING - UPMC JOINT VENTURE LLC 600 GRANT STREET PITTSBURGH, PA 15219 81-4566751	HEALTHCARE	PA	N/A					No			No	
(3) TOWERUSP SURGERY CENTERS LLC 15305 DALLAS PARKWAY-SUITE 1600LB28 ADDISON, TX 75001 36-4911103	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	No
(1) TOWER HEALTH PPO PO BOX 14744 READING, PA 19612 23-2430798	PPO	PA	RDG HOSP	C CORP	-467,811	309,624	100.000 %	Yes	
(2) MEDICUS RESOURCE MANAGEMENT PO BOX 14744 READING, PA 19612 23-2565297	CM REVIEW	PA	TH PPO	C CORP	-6,950		100.000 %	Yes	
(3) TOWER HEALTH RECIPROCAL RISK 151 MEETING STREET SUITE 301 CHARLESTON, SC 29401 82-2758845	INSURANCE	SC	NA	C CORP					No

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

	Yes	No
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	No
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	2,826,139	G/L TRANSACTIONS
(2) TOWER HEALTH MEDICAL GROUP	R	178,324,861	G/L TRANSACTIONS
(3) READING HOSPITAL FOUNDATION	P	653,313	G/L TRANSACTIONS
(4) READING HOSPITAL FOUNDATION	C	2,320,355	CASH
(5) THE FRIENDS OF THE READING HOSPITAL	Q	90,289	CASH

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

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	10	RDG HOSP	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2087514	TRUST FUND	PA	501C3	12B	RDG HOSP	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2266054	HEALTHCARE	PA	501C3	3	TOWER HLTH		No
420 SOUTH 5TH AVENUE WEST READING, PA 19611 47-3054125	SUPPORT	PA	501C3	12B	RDG HOSP	Yes	
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-2469321	SUPPORTING	PA	501C3	12B	TOWER HLTH		No
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-2469319	HEALTHCARE	PA	501C3	3	TOWER HLTH		No
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1466250	HEALTHCARE	PA	501C3	3	TOWER HLTH		No
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1352574	HEALTHCARE	PA	501C3	3	TOWER HLTH		No