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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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 $ 1,266,780,463

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: ▶ SEE SUPPLEMENTAL DISCLOSURE

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

L Year of formation: 1869

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	7,398
6	Total number of volunteers (estimate if necessary)	**6**	206
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,946,091
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	57,246,426	20,605,743
9	Program service revenue (Part VIII, line 2g)	929,652,693	1,184,004,055
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	496,112	226,820
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,623,882	59,004,420
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,035,019,113	1,263,841,038
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	532,485,465	502,137,766
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	439,053,252	574,433,097
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	971,538,717	1,076,570,863
19	Revenue less expenses. Subtract line 18 from line 12	63,480,396	187,270,175

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,183,713,752	1,056,250,681
21	Total liabilities (Part X, line 26)	1,043,898,922	990,837,672
22	Net assets or fund balances. Subtract line 21 from line 20	139,814,830	65,413,009

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

****** 2022-05-13
Signature of officer Date

P SUE PERROTTY TOWER HLTH PRES/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-05-13		P01876391

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WEBSITE: WWW.TOWERHEALTH.ORG/LOCATIONS/READING-HOSPITAL THE MISSION OF READING HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE HEALTHCARE TO THE COMMUNITY; TO PROMOTE HEALTH; TO EDUCATE HEALTHCARE PROFESSIONALS; AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH. 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. READING HOSPITAL'S COMMUNITY WELLNESS DEPARTMENT SUPPORTS THE HOSPITAL'S COMMUNITY ENGAGEMENT AND COMMUNITY BENEFIT ENDEAVORS. THE DEPARTMENT'S MISSION IS THREE PRONGED AND SEEKS TO LEAD, PARTNER, AND INVEST IN STRATEGIC HEALTH INITIATIVES THAT TARGET THE UNDERSERVED AND ADDRESS HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH. THE COMMUNITY WELLNESS DEPARTMENT ALSO MANAGES THE COMMUNITY HEALTH NEEDS AS

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 $ 165,522,363 including grants of $) (Revenue $ 289,389,433)
See Additional Data

4b (Code:) (Expenses $ 56,175,164 including grants of $) (Revenue $ 108,228,773)
See Additional Data

4c (Code:) (Expenses $ 53,422,178 including grants of $) (Revenue $ 122,032,302)
See Additional Data

(Code:) (Expenses $ 671,934,280 including grants of $) (Revenue $ 684,486,295)

EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES INCLUDE BUT ARE NOT LIMITED TO: REVENUE EXPENSE RADIOLOGY 183,615,510 30,935,796 REHABILITATION/PHYSICAL THERAPY 49,791,285 25,292,025 TRAUMA CENTER 4,970,690 3,068,372 TRANSPLANT CENTER 187,399 2,833,726 PHARMACY 52,532,766 44,459,819 READING HOSPITAL PROVIDES SERVICES TO ALL INDIVIDUALS IN A NON- DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. FY20: READING HOSPITAL SAW A LARGE DECREASE IN REVENUE DUE TO THE POSTPONEMENT OF NON-URGENT PROCEDURES AND THE CANCELLATION OF ELECTIVE SURGERIES. OFFSITE LABS, RADIOLOGY CENTERS AND PHYSICIAN PRACTICES WERE CLOSED CAUSING A DECREASE IN PATIENT VISITS. OPERATING EXPENSES INCREASED DUE TO THE HIGH DEMAND FOR PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF AND PATIENTS AND OTHER COVID RELATED EXPENSES. A STRONG EMPHASIS WAS PLACED ON SAFETY FOR OUR PATIENTS AND STAFF. AS A HEALTHCARE ORGANIZATION, WE WORKED TO INFORM THE COMMUNITY THAT DELAYING HEALTHCARE NEEDS PLACES AN INDIVIDUAL'S HEALTH AT RISK. READING HOSPITAL INVESTED IN EXPANDING DIGITAL, VIRTUAL ANDTELEHEALTH SERVICES TO STAY CONNECTED WITH THEIR PATIENTS. FY21: THROUGHOUT THE MANY CHALLANGES WE HAVE FACED DURING THE PANDEMIC, READING HOSPITAL EMPLOYEES CONTINUE TO DO WHAT IT TAKES TO SUPPORT THEIR PEERS AND PROVIDE EXCELLENT CARE FOR OUR PATIENTS. READING HOSPITAL CONTINUES TO RESPOND TO THE SURGES THAT HAVE OCCURRED THROUGHOUT FY21 WHICH PUTS A GREATER DEMAND ON STAFFING AND INCREASED SUPPLY COSTS RELTING TO PERSONAL PROTECTIVE EQUIPMENT. THE GREATER DEMAND ON STAFFING HAS CREATED SALARY CHALLANGES WHICH ESCALATED COSTS. READING HOSPITAL CONTINUES TO RELY ON OUR WORKFORCE LABOR POOL TO HELP US MEET THE STAFFING CHALLENGES. THE INCREASED SUPPLY COSTS REALTING TO PERSONAL PROTECTIVE EQUIPMENT STILL CONTINUE AS CHANGES HAVE OCCURRED IN REGARDS TO THE REQUIREMENTS FOR ADDITIONAL PROTECTIVE EQUIPMENT, AND SOCIAL DISTANCING.

4d Other program services (Describe in Schedule O.)
(Expenses $ 671,934,280 including grants of $) (Revenue $ 684,486,295)

4e **Total program service expenses** ▶ 947,053,985

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	Yes	
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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	957		
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	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	7,398		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶ROBERT EHINGER SVP FIN OPERATIONS 420 SOUTH 5TH AVENUE WEST READING, PA 19611 (484) 628-8000

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								13,384,811	2,526,673	3,782,420

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 ▶ 676

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STEVENS & LEE PO BOX 679 READING, PA 196030679	LEGAL	8,925,864
HEALTHTRUST WORKFORCE SOLUTIONS LLC PO BOX 742697 ATLANTA, GA 30374	CONTRACTING	5,075,027
TEKSYSTEMS INC PO BOX 198568 ATLANTA, GA 30384	CONSULTING	4,251,016
SAXTON & STUMP LLC 280 GRANITE RUN DRIVE LANCASTER, PA 17601	LEGAL	4,087,748
BERKS SCHUYLKILL RESPIRATORY SPEC 2608 KEISER BLVD WYOMISSING, PA 19610	PHYSICIAN FEES	3,812,804

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 ▶ 54

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . . **1a**				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**	1,896,268			
	e Government grants (contributions) **1e**	18,558,303			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	151,172			
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f . . . . . ▶	20,605,743			
Program Service Revenue		Business Code			
	2a PATIENT CHARGES	622110	1,055,662,202	1,055,662,202	
	b MANAGEMENT FEES	561000	128,341,853	128,341,853	
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. . . . . ▶	1,184,004,055			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		467,143		467,143
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents **6a**	4,425,334			
	b Less: rental expenses **6b**				
	c Rental income or (loss) **6c**	4,425,334			
	d Net rental income or (loss) . . . . . ▶		4,425,334		4,425,334
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory **7a**		2,699,102		
	b Less: cost or other basis and sales expenses **7b**		2,939,425		
	c Gain or (loss) **7c**		-240,323		
	d Net gain or (loss) . . . . . ▶		-240,323		-240,323
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . **8a**				
	b Less: direct expenses . . . **8b**				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities. See Part IV, line 19 . . . **9a**				
	b Less: direct expenses . . . **9b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **10a**				
	b Less: cost of goods sold . . **10b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a RETAIL PHARMACY	446110	27,934,240	58,058	27,876,182
	b MEALS	722310	4,566,007		4,566,007
	c TUITION - NURSING TECH SCHOOL	611600	3,940,635	3,940,635	
	d All other revenue		18,138,204	16,192,113	1,888,033
	e Total. Add lines 11a–11d . . . . . ▶		54,579,086		
	12 Total revenue. See instructions . . . . . ▶		1,263,841,038	1,204,136,803	1,946,091 37,094,343

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,497,033	259,216	6,237,817	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	8,073,063		8,073,063	
7 Other salaries and wages	388,784,784	374,085,978	14,698,806	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,332,889	10,577,355	755,534	
9 Other employee benefits	58,287,548	54,364,045	3,923,503	
10 Payroll taxes	29,162,449	27,144,658	2,017,791	
11 Fees for services (non-employees):				
a Management				
b Legal	10,575,322		10,575,322	
c Accounting	1,271,070		1,271,070	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	420,000		420,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	118,213,355	56,673,578	61,539,777	
12 Advertising and promotion	3,361,603		3,361,603	
13 Office expenses				
14 Information technology	53,453,933	53,453,933		
15 Royalties				
16 Occupancy	17,787,594	16,340,558	1,447,036	
17 Travel	262,477	207,035	55,442	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,031,437	30,031,437		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,610,451	61,610,451		
23 Insurance	10,971,648	10,971,648		
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	180,892,165	180,555,504	336,661	
b PROJECT INDEPENDENCE	26,283,528	26,283,528		
c REPAIRS AND MAINTENANCE	18,686,038	18,490,857	195,181	
d HOSPITAL PROGRAMS	4,670,360	4,670,360		
e All other expenses	35,942,116	21,333,844	14,608,272	
25 **Total functional expenses.** Add lines 1 through 24e	1,076,570,863	947,053,985	129,516,878	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		551,149	1	289,437
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		151,704,155	4	125,806,046
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		38,800,667	8	51,193,376
	9	Prepaid expenses and deferred charges		24,679,770	9	22,787,861
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,867,477,201			
	b	Less: accumulated depreciation	10b 1,179,689,793	810,622,949	10c	687,787,408
	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		157,355,062	15	168,386,553
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,183,713,752	16	1,056,250,681
Liabilities	17	Accounts payable and accrued expenses		199,564,821	17	332,661,945
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		844,334,101	25	658,175,727
	26	**Total liabilities.** Add lines 17 through 25		1,043,898,922	26	990,837,672
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		139,526,902	27	65,150,006
	28	Net assets with donor restrictions		287,928	28	263,003
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		139,814,830	32	65,413,009
	33	Total liabilities and net assets/fund balances		1,183,713,752	33	1,056,250,681

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,263,841,038
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,076,570,863
3	Revenue less expenses. Subtract line 2 from line 1	3	187,270,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	139,814,830
5	Net unrealized gains (losses) on investments	5	-148,115
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	-261,523,881
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	65,413,009

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: READING HOSPITAL

Form 990, Part III, Line 4a:

INPATIENT CARE - 203,050 PATIENT DAYS READING HOSPITAL PROVIDES 725 BEDS FOR PROVISION OF COMPREHENSIVE INPATIENT, OUTPATIENT, AND EMERGENT CARE. INPATIENT CARE IS PROVIDED IN 2 CRITICAL CARE UNITS, 2 INTERMEDIATE CARE UNITS, 3 ACUTE REHABILITATION UNITS, AND 13 MEDICAL SURGICAL UNITS WITH SUB-SPECIALTIES THAT INCLUDE ONCOLOGY, NEUROLOGY, CARDIOLOGY, HEART FAILURE, ORTHOPEDICS, TRAUMA, BARIATRIC SURGERY, AND MEDICAL COMPLEXITY. IN ADDITION, READING HOSPITAL PROVIDES COMPREHENSIVE MATERNAL CHILD HEALTH SERVICES THAT INCLUDE OBSTETRICS, NEONATAL INTENSIVE CARE, INPATIENT PEDIATRIC MEDICAL SURGICAL CARE, AND PEDIATRIC EMERGENCY SERVICES. INPATIENT SERVICES ARE SUPPORTED BY HOSPITAL-BASED HEMODIALYSIS, APHERESIS, AND VASCULAR ACCESS SERVICES. READING HOSPITAL INPATIENT CARE OFFERS THE FOLLOWING HIGH LEVEL SERVICES TO SUPPORT COMMUNITIES WITHIN BOTH ITS PRIMARY AND SECONDARY MARKETS: 1.REGIONAL CANCER, CARDIAC, AND PRIMARY STROKE CENTERS 2.REGIONAL TRANSPLANT (KIDNEY AND LIVER) CENTER 3.TRAUMA LEVEL 1 CENTER (ONLY LEVEL 1 CENTER WITHIN THE COUNTY) 4.REGIONAL LEVEL III NEONATAL INTENSIVE CARE UNIT 5.VIRTUAL INTENSIVE CARE UNIT (VICU) 6.CHARITY CARE PROGRAM IN ADDITION, READING HOSPITAL INPATIENT CARE IS ALIGNED WITH SYSTEM PROGRAMS TO IMPROVE POST DISCHARGE CARE OUTCOMES, CARE ACROSS THE CONTINUUM FROM INPATIENT TO AMBULATORY SETTING, AND DECREASED READMISSION, INCLUDING 1.COMPREHENSIVE POPULATION HEALTH SERVICES 2.TOWER HEALTH STREET MEDICINE PROGRAM - A PROGRAM TO PROVIDE HEALTH SERVICES AND PREVENTATIVE CARE TO HOMELESS POPULATION WITHIN THE COMMUNITY 3.TELE-HEALTH SUPPORT OF HEART FAILURE PATIENT POPULATION TO HELP PREVENT READMISSIONS THROUGH THE REMOTE MONITORING OF BP AND WEIGHT READING HOSPITAL WAS MAGNET DESIGNATED FOR NURSING AND PATIENT CARE EXCELLENCE IN 2016 AND IS CURRENTLY IN THE REDESIGNATION PROCESS; THIS NATIONAL LEVEL DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER IS RENEWED EVERY FOUR YEARS. THIS DESIGNATION INDICATES THAT READING HOSPITAL INPATIENT UNITS, EMERGENCY DEPARTMENT, PERIOPERATIVE SERVICES, AND AMBULATORY CARE DEPARTMENTS EXCEED NATIONAL BENCHMARKS FOR NURSING QUALITY INDICATORS, PATIENT SATISFACTION WITH NURSING CARE, AND NURSE SATISFACTION. EMERGENCY CARE - 100,166 EMERGENCY ROOM VISITS READING HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARESERVICES 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 4b:

OPERATING ROOM - 17,935 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 SPECIALTIES 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 4c:

MCGLINN CANCER INSTITUTE 28,786 PROCEDURES THE MCGLINN CANCER INSTITUTE, LOCATED WITHIN THE READING HOSPITAL, IS PRIMARILY AN OUT-PATIENT FACILITY WHICH HOUSES THE SECTIONS OF RADIATION ONCOLOGY, HEMATOLOGY/ONCOLOGY, AND GYNECOLOGICAL ONCOLOGY. THE ANNUAL TOTAL OF PATIENTS WHO ARE DIAGNOSED AND/OR TREATED HERE APPROXIMATES 1600. UPON DIAGNOSIS, A NURSE NAVIGATOR CONTACTS EACH PATIENT TO OFFER INFORMATION AND SUPPORT. MOST PATIENTS ARE SEEN IN ONE OF OUR MULTI-DISCIPLINARY CLINICS BASED ON THE TYPE OF MALIGNANCY DIAGNOSED. THIS INCLUDES THORACIC, MALIGNANT HEMATOLOGY, BREAST, GENITO-URINARY, GYNECOLOGICAL, CUTANEOUS MALIGNANCIES, AND GASTRO-INTESTINAL CLINICS - MOST HELD ON A WEEKLY BASIS. EVERY CLINIC HAS ITS SPECIFIC TEAM OF PROVIDERS - SURGEONS, RADIATION ONCOLOGISTS, MEDICAL ONCOLOGISTS, RADIOLOGISTS, PATHOLOGISTS, NURSE NAVIGATORS, GENETIC COUNSELORS, AND PHYSICAL THERAPISTS - WHO CONFER AND COLLABORATE TO DESIGN A UNIQUE TREATMENT PLAN FOR EACH INDIVIDUAL PATIENT. EVERY CASE IS REVIEWED FOR POSSIBLE INCLUSION IN ONE OF THE MANY CLINICAL TRIALS OFFERED ON SITE. ONCE A PLAN OF ACTION HAS BEEN RECOMMENDED BY THE TEAM, THE PATIENT IS SEEN IN CONSULT BY THE PROVIDERS WHO WILL BE RESPONSIBLE FOR HIS/HER COURSE OF TREATMENT. MCGLINN CANCER INSTITUTE IS ACCREDITED BY THE COMMISSION ON CANCER AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM. THE MEDICAL ONCOLOGY PRACTICE IS CERTIFIED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY THROUGH ITS QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) AND THE RADIATION ONCOLOGY DEPARTMENT IS CERTIFIED BY THE AMERICAN COLLEGE OF RADIOLOGY. IN ADDITION, THE BREAST PROGRAM AT READING HOSPITAL IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS. THE CANCER CENTER OFFERS A THREE-YEAR HEMATOLOGY/ONCOLOGY FELLOWSHIP PROGRAM AND STUDENTS FROM VARIOUS PROGRAMS (EX: JEFFERSON UNIVERSITY, GWYNEDD MERCY UNIVERSITY, ARCADIA UNIVERSITY) ARE ASSIGNED CLINICAL ROTATIONS AT MCGLINN FOR GENETIC COUNSELING, RADIATION THERAPY TECHNOLOGY, AND PHYSICIAN ASSISTANT TRAINING.

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 TOWER HLTH P	0.00 60.00						X	1,853,435	0	531,987
GARY F CONNER EVP CFO	0.00 52.50						X	1,369,454	0	221,759
THERESE SUCHER EVP COO	0.00 52.50						X	1,081,662	0	279,198
WILLIAM JENNINGS EVP & CEO RH	52.00 2.50	X		X				995,458	0	286,428
GREG SORENSON EVP CMO TERM	26.00 26.00			X				878,955	0	240,239
DAN AHERN EVP BUSINESS	0.00 52.50						X	855,506	0	211,047
ERIC ELGIN MD BOARD MEMBER	2.00 48.50	X						0	899,076	34,962
MARY AGNEW SVP CNO	0.00 52.50						X	696,162	0	129,930
CHARLES BARBERA MD BOARD MEMBER	2.00 48.50	X						590,046	0	226,297
CARL SEIDL VP TERM 5/21	52.00				X			359,731	0	400,167

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 G MARTENS VP CHIEF ACA	50.00					X		562,923	0	118,544
MICHELLE TRUPP VP CIO	50.00					X		458,213	0	210,853
SUZANNE WENDEROTH MD BOARD MEMBER	2.00 50.50	X						0	511,810	126,661
RUSSELL H SHOWERS SVP CHIEF OF	50.00					X		504,340	0	94,437
CECILIA SMITH DO BOARD MEMBER	2.00 48.50	X						0	532,195	31,827
ROBERT EHINGER CFO TERM 9/2	26.00 26.00			X				415,545	0	110,488
LUIS A ROSA VP PAYOR CON	50.00					X		438,577	0	59,500
MARK MCNASH SVP SUPPORT	0.00 52.00						X	362,746	0	102,959
DAVID A SCHLAPPY VP CHIEF OF	50.00					X		386,627	0	75,854
RON NUTTING MD CMO	52.00 0.00			X				389,848	0	41,756

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			
DAWN ANUSZKIEWICZ COO RH	52.00			X				392,549	0	35,412
JOHN CASEY MD BOARD MEMBER	2.00 50.50	X						0	326,746	66,194
OLUBUMNI OJIKUTU MD BOARD MEMBER	2.00 48.50	X						0	256,846	71,045
MARK REYNGOUDT CFO 10/1/20	52.00			X				259,634	0	38,023
ROSEMARY WURSTER CNO	52.00			X				278,581	0	11,910
MIN LEE VP OPERATION	52.00				X			184,490	0	11,318
MOLLY DIETRICH SECRETARY	40.00			X				70,329	0	13,625
YAMIL SANCHEZ ED D BOARD MEMBER	2.00 0.50	X						0	0	0
LATRICE MUMIN EDD BOARD MEMBER	2.00 0.50	X						0	0	0
DAN LANGDON BOARD MEMBER	2.00 0.50	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			
JACQUE FETROW PHD BOARD MEMBER	2.00 0.50	X						0	0	0
SUSAN LOONEY PHD VICE CHAIR	2.00 0.50	X		X				0	0	0
THOMAS FLYNN PHD BOARD MEMBER	2.00 0.50	X						0	0	0
JOHN WEIDENHAMMER CHAIRMAN	2.00 2.50	X		X				0	0	0
BEN ZINTAK BOARD MEMBER	2.00 0.50	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
READING HOSPITAL

Employer identification number
23-1352204

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

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

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

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

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

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

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

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

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
READING HOSPITAL	23-1352204

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,828
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			56,828
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 TOWER HEALTH DURING THESE CHANGING TIMES IN THE HEALTH CARE FIELD. THE LOBBYING ACTIVITY REPORTED IS THE LOBBYING PORTION OF THE HOSPITAL ASSOCIATION OF PENNSYLVANIA (HAP) DUES PAID. THERE IS NO DIRECT LOBBYING BY TOWER HEALTH AND NO ADDITIONAL EXPENSES INCURRED.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 Term 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:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,028,279		30,028,279
b Buildings		723,273,302	421,681,445	301,591,857
c Leasehold improvements		6,035,326	4,925,626	1,109,700
d Equipment		989,448,688	750,045,698	239,402,990
e Other		118,691,606	3,037,024	115,654,582
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				687,787,408

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	168,386,553

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	658,175,727

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	1,263,710,922
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	1,263,710,922
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	130,116		
c	Add lines **4a** and **4b**			4c	130,116
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,263,841,038

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	1,076,570,863
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	1,076,570,863
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	1,076,570,863

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

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
OPERATING LEASE RIGHT-OF-USE	60,605,132
DUE FROM AFFILIATES	49,035,351
SELF-INSURANCE FUNDING NON-CURRENT	20,888,807
THIRD PARTY RECEIVABLE	15,814,205
MALPRACTICE TRUST	11,439,817
SELF-INSURANCE FUNDING CURENT	7,482,000
DEFERRED EMPLOYER FICA	2,646,741
SPRING RIDGE JV	374,188
DEFERRED TRUST	78,872
SECURITY DEPOSITS	21,440

Form 990, Schedule D, Part X, - Other Liabilities

1. **(a)** Description of Liability	**(b)** Book Value
LT LOAN - AFFILIATE PAYABLE	360,987,413
PENSION PAYABLE	184,509,434
OPERATING LEASE OBLIGATION	61,489,069
ESTIMATED SELF INSURANCE COSTS	25,180,296
LT DEFERRED FICA PAYABLE	19,754,619
DEFERRED REVENUE	3,406,430
CAPITAL LEASE OBLIGATION	1,469,428
DEFERRED COMPENSATION	1,183,312
DEFERRED RENT	105,816
OTHER LT LIABILITIES	89,910

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE SYSTEM IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3) OF THE INTER NAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SEC TION 501(A) OF THE CODE. ON SUCH A BASIS, THE EXEMPT ENTITIES DO NOT INCUR LIABILITY FOR F EDERAL 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 BENEF ITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOS URES REGARDING UNCERTAINTIES IN TAX POSITIONS. NO ADJUSTMENTS TO THE CONSOLIDATED FINANCIA L STATEMENTS WERE REQUIRED AS A RESULT OF THIS EVALUATION.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONATIONS 130,116

Form 990, Schedule D, Part X, - Other Liabilities

1. **(a)** Description of Liability	**(b)** Book Value
LT LOAN - AFFILIATE PAYABLE	360,987,413
PENSION PAYABLE	184,509,434
OPERATING LEASE OBLIGATION	61,489,069
ESTIMATED SELF INSURANCE COSTS	25,180,296
LT DEFERRED FICA PAYABLE	19,754,619
DEFERRED REVENUE	3,406,430
CAPITAL LEASE OBLIGATION	1,469,428
DEFERRED COMPENSATION	1,183,312
DEFERRED RENT	105,816
OTHER LT LIABILITIES	89,910

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

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 _____ %	3a	Yes	
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 _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,060,731		19,060,731	1.770 %
b Medicaid (from Worksheet 3, column a)			187,476,209	122,699,356	64,776,853	6.020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			206,536,940	122,699,356	83,837,584	7.790 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,714,338	106,622	2,607,716	0.240 %
f Health professions education (from Worksheet 5)			55,085,942	18,533,729	36,552,213	3.400 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			4,429,292	500,000	3,929,292	0.360 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,322		30,322	
j **Total.** Other Benefits			62,259,894	19,140,351	43,119,543	4.010 %
k **Total.** Add lines 7d and 7j			268,796,834	141,839,707	126,957,127	11.790 %

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			5,109		5,109	
3 Community support			5,827		5,827	
4 Environmental improvements			2,521		2,521	
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			13,457		13,457	

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 89,206,822			
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 32,649,697			
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	376,254,999
6	Enter Medicare allowable costs of care relating to payments on line 5	6	505,568,624
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-129,313,625
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	Yes	

Part IV **Management Companies and Joint Ventures**

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	TRH SURGICENTER LLC	OUTPATIENT SURGERY	50.000 %		50.000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): "SEE SUPPLEMENTAL DISCLOSURE"			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): "SEE SUPPLEMENTAL DISCLOSURE"			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): "SEE SUPPLEMENTAL DISCLOSURE"			
b	☑ The FAP application form was widely available on a website (list url): "SEE SUPPLEMENTAL DISCLOSURE"			
c	☑ A plain language summary of the FAP was widely available on a website (list url): "SEE SUPPLEMENTAL DISCLOSURE"			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

READING HOSPITAL

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	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.
SCHEDULE H, PART I, LINE 7G	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 95,112, IN 2020. 32.7% OF THE RESIDENTS OF THE CITY LIVE BELOW FEDERAL POVERTY LEVELS. THE HEALTHCARE 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 PERENNIALLY RANKS AMONG THE TOP FOUR PENNSYLVANIA HOSPITALS IN OUTPATIENT SERVICES. BECAUSE OF THE HIGH POVERTY RATE AND THE HIGH NUMBER OF UNINSURED AND MEDICAID/CHIP RESIDENTS, OUTPATIENT SERVICES ARE OFTEN PROVIDED WITHOUT ADEQUATE COMPENSATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	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.
SCHEDULE H, PART III, LINE 2	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
SCHEDULE H, PART III, LINE 3	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.
SCHEDULE H, PART III, LINE 8	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
SCHEDULE H, PART III, LINE 9B	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. THREE STATEMENTS, SPECIFYING THE AMOUNT DUE AND APPROPRIATE DETAILED INSTRUCTIONS ARE SENT TO PATIENTS EVERY 30 DAYS A BALANCE REMAINS. EACH STATEMENT CONTAINS A PATIENT FINANCIAL ASSISTANCE APPLICATION WITH INSTRUCTIONS AND APPROPRIATE CONTACT INFORMATION. NO ACCOUNT SHALL BE SENT TO A COLLECTION AGENCY AS LONG AS THE PATIENT/GUARANTOR IS ACTIVELY WORKING WITH A FACILITIES PATIENT FINANCIAL SERVICES REPRESENTATIVE TO RESOLVE AN OPEN ACCOUNT.
SCHEDULE H, PART VI, LINE 2	READING HOSPITAL'S MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN 2019. READING HOSPITAL DEPLOYED A NUMBER OF QUANTITATIVE AND QUALITATIVE RESEARCH METHODOLOGIES TO DEFINE AND SELECT COMMUNITY NEEDS. PRIMARY RESEARCH METHODS INCLUDED CONDUCTING A POPULATION SURVEY VIA TELEPHONE (400 COMPLETED), STAKEHOLDER INTERVIEWS (21 COMPLETED), KEY INFORMANT SURVEYS (65 COMPLETED), INTERCEPT SURVEYS (345 COMPLETED), AND FOCUS GROUPS (3 COMPLETED). THE PRIMARY RESEARCH ALLOWED THE HOSPITAL TO GAIN INSIGHTS INTO HEALTH BEHAVIORS AND ACCESS BARRIERS FROM COMMUNITY MEMBERS AND ORGANIZATIONS WHO SERVE LOW-INCOME, VULNERABLE INDIVIDUALS IN THE COMMUNITY. SECONDARY RESEARCH COLLECTION INCLUDED DATA FROM PENNSYLVANIA BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), PENNSYLVANIA DEPARTMENT OF HEALTH PUBLIC HEALTH, PENNSYLVANIA YOUTH SURVEY (PAYS), ROBERT WOOD JOHNSON FOUNDATION'S COMMUNITY HEALTH RANKINGS, UNITED STATES CENSUS BUREAU, CENTERS FOR DISEASE CONTROL, HEALTHY PEOPLE 2020, UNITED WAY'S 2-1-1 COMMUNITY ASSET LIST, AND READING HOSPITAL PATIENT DATA. SUMMARIES OF PRIMARY AND SECONDARY DATA WERE COMPILED AND SHARED WITH THE HOSPITAL'S CHNA ADVISORY BOARD MADE UP OF READING HOSPITAL STAFF AND COMMUNITY PARTNERS AND PARTICIPANTS OF STAKEHOLDER INTERVIEWS, KEY INFORMANT SURVEYS, AND FOCUS GROUPS, WHO PARTICIPATED IN EXERCISES TO SELECT PRIORITY AREAS AND BEGIN LAYING THE GROUNDWORK FOR THE IMPLEMENTATION PLAN. IDENTIFIED AND ACCEPTED PRIORITY AREAS TO ADDRESS INCLUDE: ACCESS TO HEALTH CARE SERVICES, SOCIAL DETERMINANTS OF HEALTH, DISEASE PREVENTION AND MANAGEMENT, AND ACCESS TO BEHAVIORAL HEALTH SERVICES. READING HOSPITAL BEGAN THE PROCESS OF CONDUCTING ITS 2022 COMMUNITY HEALTH NEEDS ASSESSMENT IN THE FALL OF 2020. THE HOSPITAL SELECTED ITS VENDOR - TRIPP UMBACH - AND BEGAN CONDUCTING QUANTITATIVE AND QUALITATIVE RESEARCH IN EARLY 2021. AS OF THE END OF THE FISCAL YEAR 2021, COMPLETED PRIMARY RESEARCH INCLUDED STAKEHOLDER INTERVIEWS (10 COMPLETED), KEY INFORMANT SURVEYS (61 COMPLETED), COMMUNITY SURVEYS (181 COMPLETED), AND FOCUS GROUPS (2 COMPLETED).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	AS PART OF THE MISSION TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH-QUALITY, COST-EFFECTIVE HEALTHCARE TO THE COMMUNITY, READING HOSPITAL RECOGNIZES THAT SOME PATIENTS AND FAMILIES MAY NEED FINANCIAL ASSISTANCE TO HELP DEFRAY THE COST OF HEALTHCARE SERVICES. THEREFORE, READING HOSPITAL OFFERS PATIENT FINANCIAL ASSISTANCE TO ENSURE ACCESS TO HIGH-QUALITY HEALTHCARE FOR ALL. PATIENTS ARE ENCOURAGED TO SEEK FINANCIAL ASSISTANCE AS EARLY IN THE TREATMENT PROCESS AS POSSIBLE. THE CURRENT FINANCIAL ASSISTANCE PROGRAM POLICY AND APPLICATIONS CAN BE FOUND IN BOTH ENGLISH AND SPANISH ON THE READING HOSPITAL WEBSITE. THE WEBSITE INCLUDES A DATABASE OF ALL PROVIDERS WHO DELIVER EMERGENCY AND MEDICALLY NECESSARY CARE AT READING HOSPITAL AND IDENTIFIES WHICH ARE AND ARE NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY. THE PROVIDER LIST IS CONTINUOUSLY UPDATED. A PAPER COPY OF THE LIST IS AVAILABLE FREE OF CHARGE UPON REQUEST FOR PATIENTS WHO DO NOT HAVE INTERNET ACCESS. PAMPHLETS TITLED UNDERSTANDING BILLING & PAYMENT INCLUDE A PLAIN LANGUAGE SUMMARY OF READING HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND ARE MADE AVAILABLE IN LOBBIES AND WAITING AREAS THROUGHOUT THE HOSPITAL. THEY ARE ALSO PROVIDED TO PATIENTS WHO ARE UNINSURED, UNDERINSURED, OR EXPRESS AN INABILITY TO PAY AT REGISTRATION, POINT OF SERVICE, AND/OR DISCHARGE. PATIENT BILLING STATEMENTS FOR READING HOSPITAL SERVICES CONTAIN GUIDANCE AND DIRECTION ON THE AVAILABILITY OF THE FINANCIAL ASSISTANCE PROGRAM. THE FINANCIAL ASSISTANCE POLICY IS ALSO SHARED WITH A NUMBER OF ADVOCACY PROGRAMS WITHIN THE COMMUNITY. FINANCIAL COUNSELORS WILL EDUCATE PATIENTS AND FAMILIES IN REFERENCE TO AVAILABLE RESOURCES AND WILL PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION AND APPROVAL PROCESS TO ENSURE ALL PATIENTS CONTINUE TO HAVE THE OPPORTUNITY TO ACCESS THE CARE THEY NEED.
SCHEDULE H, PART VI, LINE 4	READING HOSPITAL'S PRIMARY SERVICE AREA INCLUDES ALL AREAS OF BERKS COUNTY. BERKS COUNTY PROFILE: ACCORDING TO THE U.S. CENSUS BUREAU, AS OF JULY 1, 2019, THE POPULATION OF BERKS COUNTY IS 421,164. BERKS COUNTY HAS A DIVERSE POPULATION, WITH THE RACIAL MIX INCLUDING 86.9% WHITE, 22.5% HISPANIC OR LATINO, 7.4% BLACK OF AFRICAN AMERICAN, 1.6% ASIAN, 0.9% AMERICAN INDIAN AND ALASKA NATIVE, 0.2% NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER, AND 3.1% TWO OR MORE RACES. 7.5% OF BERKS COUNTY RESIDENTS ARE FOREIGN BORN. 19% OF RESIDENTS AGED 5+ SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. 13.5% OF BERKS COUNTY RESIDENTS AGED 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION; WHEREAS 24.5% HOLD A BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN BERKS COUNTY IS 61,522. 11.4% OF BERKS COUNTY RESIDENTS LIVE BELOW POVERTY. CITY OF READING PROFILE: BERKS COUNTY INCLUDES THE CITY OF READING, WHICH HAS A MORE DIVERSE POPULATION THAN THE REST OF THE COUNTY. ACCORDING TO THE U.S. CENSUS BUREAU, THE CITY OF READING HAS A POPULATION OF 88,375. OF THOSE RESIDENTS, THE RACIAL MIX INCLUDES: 66.5% HISPANIC OR LATINO, 53.3% WHITE, 12.3% BLACK OF AFRICAN AMERICAN, 2.5% AMERICAN INDIAN AND ALASKA NATIVE, 0.7% ASIAN, AND 18.9% TWO OR MORE RACES. 19.5% OF RESIDENTS ARE FOREIGN BORN, AND 57% OF PERSONS OVER 5 YEARS OF AGE SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME. ONLY 67.7% OF RESIDENTS AGED 25+ HAVE RECEIVED A HIGH SCHOOL DIPLOMA OR HIGHER, AND ONLY 9.7% HAVE RECEIVED A BACHELOR'S DEGREE OR HIGHER. MEDIAN HOUSEHOLD INCOME IS LESS THAN HALF OF THE COUNTY'S MEDIAN, COMING IN AT 30,087. 35.4% OF CITY OF READING RESIDENTS LIVE IN POVERTY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	THE READING HOSPITAL BOARD IS COMPRISED OF 15 MEMBERS, 6 OF WHOM ARE FROM THE COMMUNITY WHO ARE NOT EMPLOYED BY THE HOSPITAL. ALL PHYSICIANS ARE ENCOURAGED TO APPLY FOR MEDICAL STAFF PRIVILEGES THE DEPARTMENT OF MEDICINE IS THE LARGEST CLINICAL DEPARTMENT OF READING HOSPITAL. THE DEPARTMENT SPANS 16 DIVISIONS OF MEDICINE. THIS COMPRISES OF 300+ PHYSICIANS (MD/DO) AND 80+ ADVANCED LICENSED PRACTITIONERS. CARE PROVIDED TO OUR PATIENTS SPANS AMBULATORY CARE THROUGH TO TRANSPLANT MEDICINE. THE DEPARTMENT FULFILLS THE MISSIONS OF OUR ORGANIZATION BY PROVIDING HIGH-QUALITY CARE, MEDICAL EDUCATION, AND RESEARCH. THE DEPARTMENT IS DEDICATED TO MEDICAL EDUCATION, PROVIDING MEDICAL STUDENTS, RESIDENTS, AND FELLOWS OPPORTUNITIES TO BE EDUCATED IN THEIR SPECIALTY AND ADVANCE THEIR CAREERS. READING HOSPITAL IS ACCREDITED BY THE PENNSYLVANIA MEDICAL SOCIETY TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. THE CONTINUING MEDICAL EDUCATION TEAM WITHIN ACADEMIC AFFAIRS DEPARTMENT OVERSEES DEPARTMENT-BASED PROGRAMS FOR CME CATEGORY 1 AND CATEGORY 2 CREDITS. ONGOING EDUCATION IS ALSO AVAILABLE FOR STAFF IN ALL CLINICAL DEPARTMENTS. THE HOSPITAL ALSO PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIANCE, AND RELATED REGULATORY AND PROFESSIONAL ISSUES. CLINICAL RESEARCH IS A CORE COMPONENT OF READING HOSPITAL'S MISSION AND PROVIDES PATIENTS WITH ACCESS TO CUTTING-EDGE TREATMENTS WITHOUT NEEDING TO TRAVEL FAR FROM HOME. THE CLINICAL TRIALS OFFICE PROVIDES SUPPORT AND CLINICAL RESEARCH FOR PATIENTS, CAREGIVERS, AND MEDICAL PROFESSIONALS. THE CTO WORKS IN CONJUNCTION WITH THE HOSPITALS INSTITUTIONAL REVIEW BOARD WHICH MONITORS ALL CLINICAL RESEARCH PROJECTS CONDUCTED AT THE HOSPITAL.
SCHEDULE H, PART VI, LINE 6	TOWER HEALTH MEDICAL GROUP (THMG) IS A GROUP WITHIN THE HOSPITAL'S AFFILIATED HEALTH CARE SYSTEM THAT PROVIDES GENERAL AND SPECIALIZED PRACTICE ASSISTANCE TO READING HOSPITAL WHICH IS AN ACUTE CARE HOSPITAL. PHYSICIANS CAN REFER PATIENTS TO THE ACUTE CARE HOSPITAL FOR FURTHER TREATMENT. COLLABORATION BETWEEN ALL TOWER HEALTH HOSPITALS ENABLES OUR HOSPITALS, PROVIDERS, LEADERSHIP AND STAFF TO LEVERAGE BEST PRACTICES ACROSS THE HEALTH SYSTEM. OUR PATIENTS BENEFIT FROM ACCESS TO A BROAD RANGE OF SERVICES - ALL RIGHT HERE IN OUR REGION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	PENNSYLVANIA
SCHEDULE H, PART VI	PART II COMMUNITY BUILDING ACTIVITIES: ECONOMIC DEVELOPMENT: TWO MEMBERS OF READING HOSPITAL'S ADMINISTRATIVE TEAM SERVE ON BOARDS AND/OR COUNCILS RELATED TO ECONOMIC DEVELOPMENT. THESE INCLUDE THE GREATER READING CHAMBER OF COMMERCE AND INDUSTRY BOARD OF DIRECTORS AND THE BERKS COUNTY WORKFORCE DEVELOPMENT BOARD. ENVIRONMENTAL IMPROVEMENTS: READING HOSPITAL PARTICIPATES IN THE MEDSAFE PROGRAM, A MEDICATION COLLECTION KIOSK AND DISPOSAL SYSTEM, PROVIDING A SYSTEM FOR COMMUNITY MEMBERS TO SAFELY DISPOSE OF CONTROLLED, NON-CONTROLLED, AND OVER THE COUNTER MEDICATIONS. WORKFORCE DEVELOPMENT: READING HOSPITAL PROVIDES A NUMBER OF OPPORTUNITIES FOR PRIMARY, SECONDARY, AND POST-SECONDARY STUDENTS WHO ARE INTERESTED IN CAREERS IN HEALTHCARE TO ENGAGE WITH BOTH CLINICAL AND NON-CLINICAL STAFF. THESE ACTIVITIES ALLOW THE FUTURE OF HEALTHCARE TO EXPLORE CAREERS AND GET A REALISTIC PICTURE OF THE JOB DUTIES AND RESPONSIBILITES FOR A VARIETY OF JOBS WITHIN THE HOSPITAL.

Additional Data

Software ID:

Software Version:

EIN: 23-1352204

Name: READING HOSPITAL

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

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

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

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

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 3E	SIGNIFICANT HEALTH NEEDS

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 3J	THE BELOW NARRATIVE RELATES TO PART V, LINE 3I - IMPACT OF ACTIONS TAKEN TO ADDRESS THE SI GNIFICANT HEALTH NEEDS IN THE HOSPITAL FACILITY'S PRIOR CHNA(S). THE COMMUNITY HEALTH NEED S ASSESSMENT IN 2016 IDENTIFIED THE FOLLOWING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY: O BESITY, MENTAL HEALTH, ADDICTION AND ACCESS TO CARE. THE ACTIONS TAKEN WERE AS FOLLOWS: (1)OBESITY - MORE THAN 200,000 RESIDENTS ARE OVERWEIGHT OR OBESE. READING HOSPITAL INCREASED THE NUMBER OF F.I.T.T. (FUND ACTIVE HEALTHY YOUTH) PROGRAM SESSIONS FROM ONCE TO TWICE PE R YEAR. THERE HAS BEEN AN INCREASE IN PARTICIPATION WITH THE ADDITION OF THESE SESSIONS. T HE BE WELL BERKS GRANT PROGRAM WAS CREATED AS A MEANS TO INVEST DOLLARS INTO COMMUNITY ORG ANIZATIONS SEEKING TO ADDRESS AND REDUCE OBESITY AMONG RESIDENTS. TWO PROGRAMS THAT WERE F UNDED THROUGH THIS PROGRAM WERE THE ANTIETAM SCHOOL DISTRICT - ANTIETAM FIT PROGRAM AND NE W JOURNEY COMMUNITY OUTREACH, INC. - FIGHTING POVERTY, FEEDING HOPE PROJECT. READING HOSPI TAL ALSO PARTNERED WITH ZAGSTER, INC. TO IMPLEMENT A BIKE SHARE PROGRAM FOR ITS STAFF. (2) MENTAL HEALTH - MORE THAN 175,000 RESIDENTS SUFFER FROM ANXIETY OR DEPRESSIVE DISORDERS. T O ADDRESS THIS ISSUE, READING HOSPITAL EMBEDDED INTEGRATED CARE CLINICIANS WHO PROVIDE SER VICES AT 8 SITES TO PROVIDE BRIEF SUPPORTIVE THERAPY TO ASSIST WITH CURRENT CRISES, INTERM ITTENT CONTACTS TO ASSIST WITH ONGOING MAINTENANCE OF GAINS, AND REFERRALS TO BEHAVIORAL H EALTH PROVIDERS AS NEEDED. READING HOSPITAL ALSO PARTNERED WITH SCREENING FOR MENTAL HEALT H, INC. TO IMPLEMENT A MINDKARE KIOSK AIMED AT REDUCING MENTAL HEALTH STIGMA. THE BE WELL BERKS GRANT PROGRAM ALSO AWARDED FUNDING TO BERKS COUNSELING CENTER TO TRAIN PEERS IN WHOL E HEALTH ACTION MANAGEMENT (WHAM) AND COMMUNITY MEMBERS IN MENTAL HEALTH FIRST AID (MHFA) TRAINING. (3)ADDICTION - RESIDENTS LACK ACCESS TO COORDINATED, COMMUNITY-BASED TREATMENT. READING HOSPITAL WAS THE RECIPIENT OF A GRANT FROM THE DEPARTMENT OF HUMAN SERVICES AND WA S DESIGNATED ON OPIOID USE DISORDER CENTER OF EXCELLENCE (COE). THE COE RESPONDED TO MORE THAN 1,200 REFERRALS AND PROVIDED COORDINATED, COMMUNITY-BASED CASE MANAGEMENT TO MORE THA N 700 PATIENTS THE HOSPITAL INSTITUTED A 24/7 WARM HANDOFF AND CREATED CARE TEAMS CONSISTI NG OF THERAPISTS, NURSES, PROVIDERS, AND CARE COORDINATORS TO PROVIDE COMPREHENSIVE CARE T HAT ADDRESSES PHYSICAL, EMOTIONAL, AND BEHAVIORAL NEEDS OF PATIENTS STRUGGLING WITH ADDICT ION. (4) ACCESS - UNMET SOCIAL NEEDS AND LACK OF CULTURALLY COMPETENT CARE CREATES BARRIERS . READING HOSPITAL RECEIVED A 4.5M GRANT FROM CENTER FOR MEDICARE AND MEDICAID SERVICES TO IMPLEMENT THE ACCOUNTABLE HEALTH COMMUNITIES MODEL, KNOWN AT THE HOSPITAL AS THE COMMUNIT Y CONNECTION PROJECT (CCP), TO IDENTIFY AND ADDRESS UNMET SOCIAL NEEDS WITHIN THE MEDICARE AND MEDICAID PATIENT POPULATIONS. TOWER HEALTH MEDICAL GROUP'S STREET MEDICINE PROGRAM PR OVIDED PRIMARY CARE TO HOMELESS INDIVIDUALS IN SOUP KITCHENS, HOMELESS SHELTERS, AND TENT SITES. SINCE ITS INCEPTION, TH

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

Form and Line Reference	Explanation
FACILITY 1, READING HOSPITAL - PART V, LINE 3J	E PROGRAM HAS PROVIDED CARE TO OVER 900 UNIQUE PATIENTS MIDPENN LEGAL SERVICES WAS AWARDED FUNDING FROM THE BE WELL BERKS GRANT PROGRAM TO IMPLEMENT A MEDICAL LEGAL PARTNERSHIP PRO GRAM. TO IMPROVE CULTURALLY COMPETENT CARE, READING HOSPITAL IMPLEMENTED CULTURAL COMPETEN CY TRAINING FOR STAFF. A NUMBER OF WORKPLACE AND VIRTUAL EXPERIENCE OPPORTUNITIES WERE MAD E AVAILABLE TO STUDENTS FROM DIVERSE BACKGROUND TO ENCOURAGE SELECTION OF HEALTHCARE AS A CAREER PATH.

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://WWW.TOWERHEALTH.ORG/LOCATIONS/READING-HOSPITAL/ABOUT/COMMUNITY/ COMMUNITY-HEALTH-NEEDS-ASSESSMENT LINK TO THE READING HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT/ IMPLEMENTATION STRATEGY FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN NOVEMBER 2019 AND CAN BE FOUND AT HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/READING-HOSPITAL/ABOUT/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 IMPLEMENTATION 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, C OMMUNITY OUTREACH, AND COLLABORATIONS AND PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. AN OV ERVIEW OF EACH PRIORITY FOLLOWS: ACCESS TO HEALTH CARE: THE GOAL IS TO INCREASE THE COMMUN ITY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULN ERABLE 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 CONDITIO NS OR DISEASES AND OVERLAY THIS WITH DATA SETS TO HELP SUPPORT PROGRAM DEVELOPMENT, PLACEM ENT OF SERVICES, AND MESSAGING. THE INFORMATION GATHERED FROM THIS RESEARCH WILL PROVIDE S UPPORT AND DEVELOPMENT OF CURRENT PROGRAMS THAT DELIVER CARE TO VULNERABLE POPULATIONS (I. E. STREET MEDICINE, COMMUNITY PARAMEDICINE, AND REMOTE PATIENT MONITORING PROGRAMS), AS WE LL 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 P ROVIDE EASE OF ACCESS FOR COMMUNITY MEMBERS SEEKING TO SCHEDULE APPOINTMENTS WITH AMBULATO RY AND SPECIALTY CARE SERVICE LINES. READING HOSPITAL WILL WORK TO IMPROVE CULTURAL SENSIT IVITY OF STAFF BY CONDUCTING CULTURAL AWARENESS TRAININGS AND CREATING A DIVERSITY AND INC LUSION COUNCIL FOR PROVIDERS AND OTHER CLINICAL AND NON-CLINICAL STAFF TO PARTICIPATE. REA DING HOSPITAL WILL ALSO WORK TO INCREASE PARTICIPATION IN PROGRAMS DESIGNED TO EDUCATION S TUDENTS ABOUT CAREERS IN HEALTHCARE - MEDICAL EXPLORERS, JOB SHADOWING, HIGH SCHOOL AND CO LLEGE INTERNSHIP PROGRAMS, AND ADVENTURES IN HEALTH SCIENCE AND MEDICINE - THROUGH PROGRAM PROMOTION. SOCIAL DETERMINANTS OF HEALTH: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETE RMINANTS 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, IDE NTIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMUNITY RESOURCES, AND PROVIDING NAVI GATION 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 HE LP REDUCE TRANSPORTATION BARRIERS, READING HOSPITAL WILL IMPLEMENT THE RIDE HEALTH PROGRAM . READING HOSPITAL WILL ALSO IMPLEMENT COMMUNITY-BASED INTERVENTION INITIATIVES, SPECIFICA LLY 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 IS TO IMPLEMENT CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS IN THE PRIMARY SERVICE AREA, SPECIFICALLY TARGETING V

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	ULNERABLE POPULATIONS. READING HOSPITAL WILL CONDUCT MULTIPLE CANCER SCREENING EVENTS FOR THE COMMUNITY, INCLUDING CERVICAL CANCER, BREAST CANCER, ORAL CANCER, AND SKIN CANCER SCRE ENINGS. READING HOSPITAL WILL IMPLEMENT SHORT AND LONG-TERM WELLNESS INITIATIVES THROUGH T OWER WELLNESS PROGRAMS, ENCOURAGE COMMUNITY PARTICIPATION IN BERKS TRAIL CHALLENGE, INCREA SE 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. REA DING 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, ASSESS MENT, TREATMENT, AND SUPPORT FOR BEHAVIORAL HEALTH. READING HOSPITAL'S CENTER OF EXCELLENC E (COE) WILL SCREEN PATIENTS FOR OPIOID USE DISORDER (OUD) AND DETERMINE THE APPROPRIATE L EVEL 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 BEHAVI ORAL HEALTH FACILITY. MINDKARE'S KIOSK AND ONLINE FREE, ANONYMOUS, CONFIDENTIAL MENTAL HEA LTH SCREENING TOOL WILL BE PROMOTED THROUGHOUT THE COMMUNITY. READING HOSPITAL'S BEHAVIORA L HEALTH INTEGRATION PROGRAM WILL INTEGRATE THERAPISTS INTO PRIMARY CARE PRACTICES WHERE P ATIENTS 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 F ACILITY 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 AD DRESSED IN THE CHRONIC DISEASE MANAGEMENT STRATEGY. DENTAL HEALTH, TOBACCO AND STDS WILL B E ADDRESSED THROUGH ONGOING HEALTH SYSTEM INITIATIVES AND/OR IN COLLABORATION WITH ESTABLI SHED 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 PATIENT FINANCIAL SERVICES REPRESENTATIVE WILL ASSIST THE PATIENT WITH COMPLETING THE FINANCIAL ASSISTANCE APPLICATION AND OBTAIN ANY SUPPORTING DOCUMENTATION. 3. DECISIONS PERTAINING TO ELIGIBILITY FOR FINANCIAL ASSISTANCE WILL BE MADE WITHIN 14 DAYS OF RECEIPT OF A COMPLETE FINANCIAL ASSISTANCE APPLICATION. INCOMPLETE APPLICATIONS WILL BE REVIEWED AND ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR FOR ADDITIONAL INFORMAITON WILL BE MADE. A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT DESCRIBING THE OUTCOME OF THE DECISION. 4. WHEN FINANCIAL ASSISTANCE IS APPROVED, A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT. THE LETTER WILL SERVE AS A MEANS OF SPECIFYING TIME FRAME COVERED BY THE FINANCIAL ASSISTANCE DETERMINATION. THE CONFIRMATION LETTER WILL CONTAIN A CONTACT NAME FOR THE PATIENT TO RETAIN AS A REFERENCE AND RESOURCE FOR ADDITIONAL QUESTIONS. 5. IF FINANCIAL ASSISTANCE IS NOT APPROVED, LETTERS IN ENGLISH AND SPANISH WILL BE SENT DESCRIBING THE REASONS FOR THE DECISION, AS WELL AS INFORMATION ON OTHER PAYMENT OPTIONS. SHOULD PATIENTS WISH TO APPEAL THE DECISION MADE, DIRECTIONS ON THE APPEALS PROCESS WILL ALSO BE PROVIDED. 6. PATIENTS OR GUARANTORS WHO DISAGREE WITH THE OUTCOME OF THE FINANCIAL ASSISTANCE ELIGIBILITY DECISION WILL HAVE THE OPPORTUNITY TO APPEAL THE DECISION. 7. THE FINANCIAL ASSISTANCE SCALE PROVIDES 100% CHARITY CARE TO BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 200% OF THE FEDERAL POVERTY LEVEL (FPL). THE FINANCIAL ASSISTANCE SCALE PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 400% OF THE FEDERAL PROVERTY LEVEL (FPL). 8. THE MCR FFS (MEDICARE FEE FOR SERVICE) IS USED TO DETERMINE THE FINANCIAL ASSISTANCE ADJUSTMENT. PATIENTS ARE ENCOURAGED TO BEGIN APPLYING FOR FINANCIAL ASSISTANCE AS EARLY AS POSSIBLE IN THE PROCESS OF ACCESSING MEDICAL CARE. THE SOONER READING HOSPITAL BECOMES AWARE OF THE FINANCIAL NEED, THE GREATER OPPORTUNITY EXISTS TO SUCCESSFULLY CONNECT THE PATIENT WITH POTENTIAL RESOURCES SUCH AS 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	THIS NARRATIVE COVERS LINE 16A-C AND J: THE CURRENT PATIENT FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE POLICY AND APPLICATIONS FOR FINANCIAL ASSISTANCE, IN ENGLISH AND SPANISH, ARE ACCESSIBLE AT HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/READING- HOSPITAL/BILLING/FINANCIAL-ASSISTANCE. ADDITIONALLY, TOWER HEALTH MAINTAINS, AND CONTINUOUSLY UPDATES THE 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://WWW.TOWERHEALTH.ORG/PROVIDERS/. ADDITIONALLY, A PAPER COPY CAN BE OBTAINED AT NO COST BY CALLING 484-628-5683. 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 PAMPHLETS 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.

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Schedule J (Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
READING HOSPITAL

Employer identification number
23-1352204

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PAGE 1, PART I, LINE 4	CLINT MATTHEWS 0 426,790 0 GARY F. CONNER 0 587,504 0 THERESE SUCHER 0 213,561 0 GREG SORENSON 0 175,565 0 DAN AHERN 0 158,984 0 MARY AGNEW 0 211,032 0 CARL SEIDL 0 32,221 0 SUZANNE WENDEROTH, MD 0 35,801 0 RUSSELL H. SHOWERS 0 45,916 0 LUIS A. ROSA 0 38,880 0 MARK MCNASH 0 31,548 0 DAVID A. SCHLAPPY 0 35,957 0
SCHEDULE J, PART III	PART III ADDITIONAL INFORMATION PART 1, 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 2020 BUT DID NOT RECEIVE A DISTRIBUTION. WILLIAM JENNINGS ROBERT EHINGER CHARLES BARBERA JOHN CASEY MARK MARTENS MICHELLE TRUPP

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CLINT MATTHEWS TOWER HLTH PRES/CEO	(i)	1,392,025		461,410	492,108	39,879	2,385,422	426,790
	(ii)							
1GARY F CONNER EVP CFO	(i)	736,896		632,558	208,112	13,647	1,591,213	587,504
	(ii)							
2THERESE SUCHER EVP COO	(i)	844,921		236,741	239,101	40,097	1,360,860	213,561
	(ii)							
3WILLIAM JENNINGS EVP & CEO RH 10/2018	(i)	957,635		37,823	262,416	24,012	1,281,886	
	(ii)							
4GREG SORENSON EVP CMO TERM 1/2021	(i)	679,470		199,485	222,193	18,046	1,119,194	175,565
	(ii)							
5DAN AHERN EVP BUSINESS DEVELOP	(i)	659,166		196,340	187,035	24,012	1,066,553	158,984
	(ii)							
6ERIC ELGIN MD BOARD MEMBER	(i)							
	(ii)	694,381	46,157	158,538	11,400	23,562	934,038	
7MARY AGNEW SVP CNO	(i)	481,320		214,842	105,918	24,012	826,092	211,032
	(ii)							
8CHARLES BARBERA MD BOARD MEMBER	(i)	543,939		46,107	202,285	24,012	816,343	
	(ii)							
9CARL SEIDL VP TERM 5/21/21	(i)	311,504		48,227	392,939	7,228	759,898	32,221
	(ii)							
10MARK G MARTENS VP CHIEF ACADEMIC	(i)	523,977		38,946	94,532	24,012	681,467	
	(ii)							
11MICHELLE TRUPP VP CIO	(i)	440,000		18,213	210,046	807	669,066	
	(ii)							
12 SUZANNE WENDEROTH MD BOARD MEMBER	(i)							
	(ii)	474,869		36,941	102,217	24,444	638,471	35,801
13RUSSELL H SHOWERS SVP CHIEF OF HR	(i)	457,133		47,207	85,764	8,673	598,777	45,916
	(ii)							
14CECILIA SMITH DO BOARD MEMBER	(i)							
	(ii)	529,723		2,472	23,154	8,673	564,022	
15ROBERT EHINGER CFO TERM 9/2020	(i)	398,027		17,518	86,044	24,444	526,033	
	(ii)							
16LUIS A ROSA VP PAYOR CONTRACTING	(i)	381,147		57,430	51,259	8,241	498,077	38,880
	(ii)							
17MARK MCNASH SVP SUPPORT SERVICES	(i)	316,915		45,831	86,853	16,106	465,705	31,548
	(ii)							
18DAVID A SCHLAPPY VP CHIEF OF QUALITY	(i)	349,980		36,647	51,410	24,444	462,481	35,957
	(ii)							
19RON NUTTING MD CMO	(i)	338,365		51,483	25,650	16,106	431,604	
	(ii)							

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				
21DAWN ANUSZKIEWICZ COO RH	(i)	391,859		690	11,400	24,012	427,961	
	(ii)							
1JOHN CASEY MD BOARD MEMBER	(i)							
	(ii)	324,766		1,980	50,088	16,106	392,940	
2OLUBUMNI OJIKUTU MD BOARD MEMBER	(i)							
	(ii)	245,351	10,800	695	50,318	20,727	327,891	
3MARK REYNGOUDT CFO 10/1/20	(i)	247,991		11,643	10,129	27,894	297,657	
	(ii)							
4ROSEMARY WURSTER CNO	(i)	277,759		822	11,106	804	290,491	
	(ii)							
5MIN LEE VP OPERATIONS	(i)	157,356		27,134	5,923	5,395	195,808	
	(ii)							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WEIDENHAMMER SYSJ WEIDENHAMMER	CTLD ENTITY BM	75,163	IT SUPPORT		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

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	WEBSITE: WWW.TOWERHEALTH.ORG/LOCATIONS/READING-HOSPITAL THE MISSION OF READING HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE HEALTHCARE TO THE COMM UNITY; TO PROMOTE HEALTH; TO EDUCATE HEALTHCARE PROFESSIONALS; AND TO PARTICIPATE IN APPRO PRIATE CLINICAL RESEARCH. IN ADDITION TO ITS PRIMARY ROLE AS A PROVIDER OF DIRECT CARE, RE ADING HOSPITAL ADDRESSES ISSUES OUTSIDE THAT REALM THAT IMPACT HEALTH AND WELLNESS. IN FAC T, A KEY PART OF OUR MISSION MEANS THE REINVESTMENT OF OUR RESOURCES INTO THESE EFFORTS, W HICH ARE COLLECTIVELY KNOWN AS COMMUNITY BENEFIT. READING HOSPITAL'S COMMUNITY WELLNESS DE PARTMENT SUPPORTS THE HOSPITAL'S COMMUNITY ENGAGEMENT AND COMMUNITY BENEFIT ENDEAVORS. THE DEPARTMENT'S MISSION IS THREE PRONGED AND SEEKS TO LEAD, PARTNER, AND INVEST IN STRATEGIC HEALTH INITIATIVES THAT TARGET THE UNDERSERVED AND ADDRESS HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH. THE COMMUNITY WELLNESS DEPARTMENT ALSO MANAGES THE COMMUNITY HEALT H NEEDS ASSESSMENT AND IMPLEMENTATION PROCESS. READING HOSPITAL'S MOST RECENT COMMUNITY HE ALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN WAS COMPLETED IN 2019 AND IDENTIFIED AND PRI ORITIZED FOUR AREAS OF FOCUS: ACCESS TO HEALTHCARE, SOCIAL DETERMINANTS OF HEALTH, DISEASE PREVENTION AND MANAGEMENT AND ACCESS TO BEHAVIORAL HEALTH SERVICES. THROUGHOUT THE 2020 F ISCAL YEAR, THE HOSPITAL IMPLEMENTED STRATEGIES TO ADDRESS THESE PRIORITY AREAS. ACCESS TO HEALTHCARE: ONE STRATEGY IDENTIFIED TO HELP INCREASE ACCESS TO HEALTHCARE SERVICES WAS TO INCREASE CULTURAL AWARENESS. A DIVERSITY AND INCLUSION COUNCIL WAS ESTABLISHED AT READING HOSPITAL WITH THE MISSION TO "FOSTER AN ENVIRONMENT THAT EXPRESSLY VALUES DIVERSITY OF TH OUGHT, PERSPECTIVE, BACKGROUND, AND EXPERIENCE AMONG ITS EMPLOYEES, TO MAKE EACH INDIVIDUA L FEEL WELCOME AND APPRECIATED FOR THEIR UNIQUE CONTRIBUTIONS." THE COUNCIL IS COMMITTED T O ATTRACTING AND RETAINING A DIVERSE WORKFORCE, PROVIDING DIVERSITY AND INCLUSION TRAINING TO EMPLOYEES, CREATING EMPLOYEE RESOURCE GROUPS, AND PROMOTING DIVERSITY, EQUITY, AND INC LUSION THROUGH EVENTS AND COMMUNICATION ACTIVITIES. THE COUNCIL IS MADE UP OF 16 STAFF MEM BERS FROM A VARIETY OF CLINICAL AND NON-CLINICAL AREAS WITHIN THE HOSPITAL. DURING FY2021, THE DIVERSITY AND INCLUSION COUNCIL CONDUCTED 7 WEBINARS THAT ENGAGED OVER 1,000 STAFF. T OPICS INCLUDED TRANSGENDER HEALTHCARE; THE HOLOCAUST, MY PERSONAL STORY; TOWER HEALTH CEO ROUNDTABLE; IMPLICIT BIAS; UNCONSCIOUS BIAS: A CONVERSATION; MULTIGENERATIONAL WORKFORCE; AND CULTURAL AWARENESS. THE GROUP ALSO PLANS CELEBRATIONS THAT FOCUS ON EDUCATING ABOUT AN D CELEBRATING DIVERSITY, INCLUDING LGBTQ+, BLACK HISTORY MONTH, JEWISH AMERICAN HERITAGE M ONTH, CHINESE NEW YEAR, ETC. THE COUNCIL ALSO OFFERED A 2.5-HOUR DIVERSITY & INCLUSION TRA INING FOCUSED ON IMPLICIT BIAS TO ALL HOSPITAL LEADERSHIP. THE TRAINING ALLOWED LEADERSHIP TO REFLECT ON A NUMBER OF TOPICS INCLUDING EQUITY VERSUS EQUALITY, HEALTHCARE DISPARITIES , CROSS- CULTURAL COMMUNICATIO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	N, MICROAGGRESSIONS, STRUCTURAL RACISM, AND HISTORICAL BIAS. 18 SESSIONS WERE COMPLETED. T HE TOWER ACCESS PROJECT, A SYSTEM INITIATIVE, WAS EXECUTED AND CREATED A CENTRALIZED AND C OORDINATED ADVANCED ACCESS CENTER WHICH IS NOW THE SINGLE POINT OF CONTACT FOR COMMUNITY M EMBERS TO FIND PROVIDERS, SCHEDULE APPOINTMENTS, AND ACCESS INFORMATION. READING HOSPITAL' S STREET MEDICINE PROGRAM SEEKS TO PROVIDE HEALTH CARE TO SOME OF THE MOST VULNERABLE MEMB ERS OF THE BERKS COUNTY COMMUNITY - THE HOMELESS. PHYSICIAN AND NURSING STAFF VOLUNTEER TH EIR TIME TO VISIT HOMELESS CAMPS, SOUP KITCHENS, AND SHELTERS TO DELIVER FREE, PRIMARY CAR E TO THIS OFTEN UNDERSERVED AND NEGLECTED POPULATION IN AN ENVIRONMENT THAT IS FAMILIAR, S AFE, AND NON-JUDGMENTAL. THE PROGRAM OFFERS THREE COMPONENTS: DELIVERY OF PRIMARY CARE SER VICES, PATIENT CASE MANAGEMENT SERVICES, AND PATIENT EDUCATION ON HEALTH AND SOCIAL SERVIC ES. THE STREET MEDICINE PROGRAM IS FULLY GRANT FUNDED. STAFF VOLUNTEERS PARTICIPATE DURING THEIR NON-SCHEDULED HOURS. DURING FY2021, THE STREET MEDICINE PROGRAM PROVIDED CARE DURIN G OVER 1,200 ENCOUNTERS WITH HOMELESS COMMUNITY MEMBERS. OVER 2,000 PAID STAFF HOURS AND O VER 1,000 VOLUNTEER HOURS WERE LOGGED BY HOSPITAL TEAM MEMBERS PROVIDING CARE AND SUPPORT TO THE PROGRAM AND ITS PATIENTS. THE BE WELL BERKS WEBSITE PROVIDES UP-TO-DATE INFORMATION ABOUT COMMUNITY WELLNESS DEPARTMENT INITIATIVES, EVENTS, AND EDUCATIONAL MATERIALS FOR CO MMUNITY MEMBERS. THE CONTENT IS ACCESSIBLE ON A NUMBER OF DEVICES INCLUDING DESKTOPS/LAPTO PS, MOBILE DEVICES, TABLETS, ETC. IN FY2021, THE WEBSITE RECORDED OVER 5,700 UNIQUE VISITO RS AND OVER 6,900 SITE VISITS. DURING FY2021, READING HOSPITAL'S REMOTE PATIENT MONITORING PROGRAM, MANAGED BY THE POPULATION HEALTH TEAM, PROVIDED SERVICES TO OVER 200 PATIENTS IN CLUDING THOSE DIAGNOSED WITH CHRONIC HEART FAILURE AND COVID-19. OUR CAREGIVERS AND SUPPOR T STAFF PARTICIPATE IN A NUMBER OF COMMUNITY HEALTH IMPROVEMENT INITIATIVES, INCLUDING COM MUNITY HEALTH EDUCATION, SCREENING EVENTS, AND IMMUNIZATION CLINICS, THAT EXTEND BEYOND PA TIENT CARE ACTIVITIES AND ARE SUBSIDIZED BY THE HOSPITAL. PROGRAMS ARE OFFERED TO ALL COMM UNITY MEMBERS FOR FREE OR AT A VERY NOMINAL COST. STAFF PARTICIPATE IN COMMUNITY-BASED HEA LTH EDUCATION EVENTS, SPEAKERS BUREAUS, AND HEALTH FAIRS TO PROVIDE INFORMATION AND EDUCAT ION FOR PREVENTION AND MANAGEMENT OF CHRONIC HEALTH CONDITIONS INCLUDING DIABETES, HEART H EALTH, CANCER, RESPIRATORY DISEASE, HEALTHY NUTRITION, AND A RANGE OF OTHER TOPICS. THE HO SPITAL'S INJURY PREVENTION PROGRAM PROVIDES FREE EDUCATION TO COMMUNITY MEMBERS IN AN EFFO RT TO PREVENT THOSE ACCIDENTS AND INJURIES THAT RESULT IN THE HIGHEST PATIENT VOLUME IN OU R TRAUMA CENTER. EDUCATIONAL PROGRAMS INCLUDE: 1.STOP THE BLEED - NATIONAL AWARENESS CAMPA IGN THAT PREPARES THE PUBLIC TO SAVE LIVES IN THE EVENT OF A LIFE-THREATENING BLEED (5 SES SIONS HOSTED REACHING OVER 60 COMMUNITY MEMBERS); 2.FALL PREVENTION/MATTER OF BALANCE - ED UCATION AND AWARENESS AMONG OL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	DER ADULTS, FAMILIES, AND CAREGIVERS ABOUT THE SERIOUSNESS OF FALLS AND WAY TO REDUCE THEM ; 3.TRAUMA/INJURY PREVENTION - CAR SEAT SAFETY, BICYCLE SAFETY, AND OTHER TOPICS (4 EVENTS REACHING NEARLY 400 COMMUNITY MEMBERS); 4.TRAUMA SURVIVORS NETWORK - WEBSITE PROVIDING RE SOURCES, TOOLS, AND A SUPPORT NETWORK FOR TRAUMA PATIENTS AND THEIR FAMILIES. READING HOSP ITAL STAFF ASSIST WITH NUMEROUS FREE SCREENING OPPORTUNITIES FOR COMMUNITY MEMBERS. DURING FY2021, MANY SCREENING OPPORTUNITIES WERE LIMITED DUE TO COVID-19. BUT AS THE YEAR WENT O N, SCREENING EVENTS RETURNED AND NEARLY 1,500 FREE SCREENINGS WERE CONDUCTED INCLUDING BRE AST (85 SCREENINGS) AND CERVICAL (20 SCREENINGS) CANCERS, HIV (66 SCREENINGS) AND STD (486 SCREENINGS), AND MENTAL HEALTH (820 SCREENINGS). SOCIAL DETERMINANTS OF HEALTH: A NUMBER OF INITIATIVES HAVE ALSO BEEN UNDERTAKEN TO IDENTIFY AND ADDRESS SOCIAL DETERMINANTS OF HE ALTH. READING HOSPITAL'S COMMUNITY CONNECTION PROJECT (CCP) WAS DESIGNED TO IMPLEMENT TO C ENTER FOR MEDICARE AND MEDICAID'S ACCOUNTABLE HEALTH COMMUNITIES (AHC) MODEL. THROUGH THE PROGRAM, ELIGIBLE MEDICARE AND MEDICAID PATIENTS ARE SCREENED FOR HEALTH-RELATED SOCIAL NE EDS IN THE AREAS OF FOOD, HOUSING, UTILITIES, TRANSPORTATION, AND SAFETY. PATIENTS ARE THE N RISK-STRATIFIED BASED ON NEEDS AND NUMBER OF EMERGENCY DEPARTMENT VISITS. ALL PATIENTS W HO SCREEN POSITIVE FOR SOCIAL NEEDS ARE PROVIDED A COMMUNITY REFERRAL SUMMARY THAT PROVIDE S INFORMATION ON RESOURCES AVAILABLE IN THE COMMUNITY TO HELP ADDRESS THEIR UNMET NEEDS. H IGH-RISK PATIENTS (1 OR MORE SOCIAL NEEDS AND 2 OR MORE ED VISITS) ARE ALSO OFFERED ONE-YE AR OF NAVIGATION SERVICES, IN WHICH A NAVIGATOR CREATES CLOSED-LOOP REFERRALS TO PARTNER C OMMUNITY ORGANIZATIONS. THE GOAL OF THE PROGRAM IS TO TEST WHETHER SYSTEMATICALLY IDENTIFY ING AND ADDRESSING HEALTH-RELATED SOCIAL NEEDS OF THIS POPULATION IMPACTS HEALTH QUALITY. IN FY2021, OVER 36,000 SCREENINGS WERE COMPLETED AND OVER 1,400 BENEFICIARIES WERE IDENTIF IED AS ELIGIBLE FOR NAVIGATION SERVICES. THE CCP PARTNERS WITH OVER 20 CLINICAL DELIVERY S ITES AND NEARLY 20 COMMUNITY SERVICE PARTNERS TO EXECUTE THE WORK. THIS PROGRAM IS FULLY F UNDED THROUGH A CMS GRANT. READING HOSPITAL EMPLOYS AN ATTORNEY WHO MANAGES AND CONDUCTS T HE WORK OF THE MEDICAL LEGAL PARTNERSHIP (MLP) PROGRAM, WHICH PROVIDES FREE CIVIL- LEGAL A DVICE AND REPRESENTATION TO LOW-INCOME PATIENTS FACING HEALTH- HARMING LEGAL NEEDS. IN FY2 021, THE MLP PROGRAM RECEIVED 93 REFERRALS AND CLOSED 82 CASES. THE MLP MANAGING ATTORNEY PARTNERED WITH LOCAL COMMUNITY ORGANIZATION, CENTRO HISPANO DANIEL TORRES, INC., TO CONDUC T A VIRTUAL TOWN HALL PROVIDING INFORMATION AND UPDATES ON THE FEDERAL EVICTION MORATORIUM TO COMMUNITY MEMBERS. THE MLP ALSO WRITES A MONTHLY BLOG THAT IS SHARED ON THE BE WELL BE RKS WEBSITE TO EDUCATE THE COMMUNITY ON PRESSING CIVIL-LEGAL ISSUES. TO ADDRESS TRANSPORTA TION BARRIERS, READING HOSPITAL OFFERS A NUMBER OF OPTIONS TO PATIENTS INCLUDING BUS PASSE S AND CAB VOUCHERS AT NO COST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	IN FISCAL YEAR 2021, READING HOSPITAL HAD 352 VOLUNTEERS (39,620) HOURS) DONATE THEIR TIME. THERE ARE THREE TYPES OF VOLUNTEERS THAT SERVE THE READING HOSPITAL. THERE ARE IN-SERVICE VOLUNTEERS WHO COME INTO THE HOSPITAL. THEY GO TO PATIENT CARE UNITS TO RESTOCK, REFILL PATIENT WATER, PROVIDE VISITOR COMFORT TO THE PATIENTS AND HELP THE STAFF WITH VARIOUS ACTIVITIES. THIS ALLOWS OUR STAFF TO PROVIDE A HIGHER LEVEL CARE TO OUR PATIENTS. THE SECOND TYPE OF VOLUNTEER IS THE COMMUNITY VOLUNTEER. WE HAVE VOLUNTEERS WHO HAND MAKE PATIENT COMFORT ITEMS. IN FY 20-21 OUR VOLUNTEERS MADE 32,867 ITEMS INCLUDING 13,318 FACE MASKS FOR THE PANDEMIC. THE THIRD TYPE OF VOLUNTEER ARE THE FRIENDS OF READING HOSPITAL WHO VOLUNTEER THEIR TIME AND TALENT TO FUND RAISE FOR SPECIAL PROJECTS TO ENHANCE THE PATIENT EXPERIENCE AND THE HEALTH OF OUR COMMUNITY SUCH FUNDING FOR AEDS PROVIDED FREE OF CHARGE TO ALL FIRST RESPONDERS IN BERKS COUNTY AND A MOBILE MAMMOGRAPHY UNIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	INPATIENT CARE - 203,050 PATIENT DAYS READING HOSPITAL PROVIDES 725 BEDS FOR PROVISION OF COMPREHENSIVE INPATIENT, OUTPATIENT, AND EMERGENT CARE. INPATIENT CARE IS PROVIDED IN 2 CR ITICAL CARE UNITS, 2 INTERMEDIATE CARE UNITS, 3 ACUTE REHABILITATION UNITS, AND 13 MEDICAL SURGICAL UNITS WITH SUB-SPECIALTIES THAT INCLUDE ONCOLOGY, NEUROLOGY, CARDIOLOGY, HEART F AILURE, ORTHOPEDICS, TRAUMA, BARIATRIC SURGERY, AND MEDICAL COMPLEXITY. IN ADDITION, READI NG HOSPITAL PROVIDES COMPREHENSIVE MATERNAL CHILD HEALTH SERVICES THAT INCLUDE OBSTETRICS, NEONATAL INTENSIVE CARE, INPATIENT PEDIATRIC MEDICAL SURGICAL CARE, AND PEDIATRIC EMERGEN CY SERVICES. INPATIENT SERVICES ARE SUPPORTED BY HOSPITAL-BASED HEMODIALYSIS, APHERESIS, A ND VASCULAR ACCESS SERVICES. READING HOSPITAL INPATIENT CARE OFFERS THE FOLLOWING HIGH LEV EL SERVICES TO SUPPORT COMMUNITIES WITHIN BOTH ITS PRIMARY AND SECONDARY MARKETS: 1.REGION AL CANCER, CARDIAC, AND PRIMARY STROKE CENTERS 2.REGIONAL TRANSPLANT (KIDNEY AND LIVER) CE NTER 3.TRAUMA LEVEL 1 CENTER (ONLY LEVEL 1 CENTER WITHIN THE COUNTY) 4.REGIONAL LEVEL III NEONATAL INTENSIVE CARE UNIT 5.VIRTUAL INTENSIVE CARE UNIT (VICU) 6.CHARITY CARE PROGRAM I N ADDITION, READING HOSPITAL INPATIENT CARE IS ALIGNED WITH SYSTEM PROGRAMS TO IMPROVE POS T DISCHARGE CARE OUTCOMES, CARE ACROSS THE CONTINUUM FROM INPATIENT TO AMBULATORY SETTING, AND DECREASED READMISSION, INCLUDING 1.COMPREHENSIVE POPULATION HEALTH SERVICES 2.TOWER H EALTH STREET MEDICINE PROGRAM - A PROGRAM TO PROVIDE HEALTH SERVICES AND PREVENTATIVE CARE TO HOMELESS POPULATION WITHIN THE COMMUNITY 3.TELE-HEALTH SUPPORT OF HEART FAILURE PATIEN T POPULATION TO HELP PREVENT READMISSIONS THROUGH THE REMOTE MONITORING OF BP AND WEIGHT R EADING HOSPITAL WAS MAGNET DESIGNATED FOR NURSING AND PATIENT CARE EXCELLENCE IN 2016 AND IS CURRENTLY IN THE REDESIGNATION PROCESS; THIS NATIONAL LEVEL DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER IS RENEWED EVERY FOUR YEARS. THIS DESIGNATION INDICATES THAT READING HOSPITAL INPATIENT UNITS, EMERGENCY DEPARTMENT, PERIOPERATIVE SERVICES, AND AMBULA TORY CARE DEPARTMENTS EXCEED NATIONAL BENCHMARKS FOR NURSING QUALITY INDICATORS, PATIENT S ATISFACTION WITH NURSING CARE, AND NURSE SATISFACTION. EMERGENCY CARE - 100,166 EMERGENCY ROOM VISITS READING HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY C ARESERVICES TO OUR COMMUNITY "24/7/365," REGARDLESS OF ABILITY TO PAY. VOLUME TO RH EMERGE NCY 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 THR OUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES, FROM TRAUMA SURGEONS TO PLASTIC S URGEONS, AND ALL AREAS OF SPECIALTY CARE. THE HOSPITAL ALSO HAS A PEDIATRIC AND PSYCHIATRI C EMERGENCY DEPARTMENT. IN ADDITION TO ITS TRAUMA CERTIFICATION, RH IS THE ONLY HOSPITAL I N THE REGION TO HAVE MADE A COMMITMENT TO ACCREDITED CARE IN STROKE AND CHEST PAIN. THE HO SPITAL ALSO IS A CENTER OF EXC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ELLENCE WITH 24/7 CERTIFIED RECOVERY SPECIALISTS ON SITE TO PROVIDE WARM HAND-OFFS TO PATI ENTS WITH OPIOID AND OTHER SUBSTANCE USE DISORDERS. THE DEPARTMENT OFFERS SEXUAL ASSAULT N URSE 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 SC HOOL AND NURSING PROGRAM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	OPERATING ROOM - 17,935 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 SPECIALTIES 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 4C	MCGLINN CANCER INSTITUTE 28,786 PROCEDURES THE MCGLINN CANCER INSTITUTE, LOCATED WITHIN THE READING HOSPITAL, IS PRIMARILY AN OUT-PATIENT FACILITY WHICH HOUSES THE SECTIONS OF RADIATION ONCOLOGY, HEMATOLOGY/ONCOLOGY, AND GYNECOLOGICAL ONCOLOGY. THE ANNUAL TOTAL OF PATIENTS WHO ARE DIAGNOSED AND/OR TREATED HERE APPROXIMATES 1600. UPON DIAGNOSIS, A NURSE NAVIGATOR CONTACTS EACH PATIENT TO OFFER INFORMATION AND SUPPORT. MOST PATIENTS ARE SEEN IN ONE OF OUR MULTI-DISCIPLINARY CLINICS BASED ON THE TYPE OF MALIGNANCY DIAGNOSED. THIS INCLUDES THORACIC, MALIGNANT HEMATOLOGY, BREAST, GENITO-URINARY, GYNECOLOGICAL, CUTANEOUS MALIGNANCIES, AND GASTRO-INTESTINAL CLINICS - MOST HELD ON A WEEKLY BASIS. EVERY CLINIC HAS ITS SPECIFIC TEAM OF PROVIDERS - SURGEONS, RADIATION ONCOLOGISTS, MEDICAL ONCOLOGISTS, RADIOLOGISTS, PATHOLOGISTS, NURSE NAVIGATORS, GENETIC COUNSELORS, AND PHYSICAL THERAPISTS - WHO CONFER AND COLLABORATE TO DESIGN A UNIQUE TREATMENT PLAN FOR EACH INDIVIDUAL PATIENT. EVERY CASE IS REVIEWED FOR POSSIBLE INCLUSION IN ONE OF THE MANY CLINICAL TRIALS OFFERED ON SITE. ONCE A PLAN OF ACTION HAS BEEN RECOMMENDED BY THE TEAM, THE PATIENT IS SEEN IN CONSULT BY THE PROVIDERS WHO WILL BE RESPONSIBLE FOR HIS/HER COURSE OF TREATMENT. MCGLINN CANCER INSTITUTE IS ACCREDITED BY THE COMMISSION ON CANCER AS A COMPREHENSIVE COMMUNITY CANCER PROGRAM. THE MEDICAL ONCOLOGY PRACTICE IS CERTIFIED BY THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY THROUGH ITS QUALITY ONCOLOGY PRACTICE INITIATIVE (QOPI) AND THE RADIATION ONCOLOGY DEPARTMENT IS CERTIFIED BY THE AMERICAN COLLEGE OF RADIOLOGY. IN ADDITION, THE BREAST PROGRAM AT READING HOSPITAL IS ACCREDITED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS. THE CANCER CENTER OFFERS A THREE-YEAR HEMATOLOGY/ONCOLOGY FELLOWSHIP PROGRAM AND STUDENTS FROM VARIOUS PROGRAMS (EX: JEFFERSON UNIVERSITY, GWYNEDD MERCY UNIVERSITY, ARCADIA UNIVERSITY) ARE ASSIGNED CLINICAL ROTATIONS AT MCGLINN FOR GENETIC COUNSELING, RADIATION THERAPY TECHNOLOGY, AND PHYSICIAN ASSISTANT TRAINING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES INCLUDE BUT ARE NOT LIMITED TO: REVENUE EXPENSE RADIOLOGY 183,615,510 30,935,796 REHABILITATION/PHYSICAL THERAPY 49,791,285 25,292,025 TRAUMA CENTER 4,970,690 3,068,372 TRANSPLANT CENTER 187,399 2,833,726 PHARMACY 52,532,766 44,459,819 READING HOSPITAL PROVIDES SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. FY20: READING HOSPITAL SAW A LARGE DECREASE IN REVENUE DUE TO THE POSTPONEMENT OF NON-URGENT PROCEDURES AND THE CANCELLATION OF ELECTIVE SURGERIES. OFFSITE LABS, RADIOLOGY CENTERS AND PHYSICIAN PRACTICES WERE CLOSED CAUSING A DECREASE IN PATIENT VISITS. OPERATING EXPENSES INCREASED DUE TO THE HIGH DEMAND FOR PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF AND PATIENTS AND OTHER COVID RELATED EXPENSES. A STRONG EMPHASIS WAS PLACED ON SAFETY FOR OUR PATIENTS AND STAFF. AS A HEALTHCARE ORGANIZATION, WE WORKED TO INFORM THE COMMUNITY THAT DELAYING HEALTHCARE NEEDS PLACES AN INDIVIDUAL'S HEALTH AT RISK. READING HOSPITAL INVESTED IN EXPANDING DIGITAL, VIRTUAL ANDTELEHEALTH SERVICES TO STAY CONNECTED WITH THEIR PATIENTS. FY21: THROUGHOUT THE MANY CHALLANGES WE HAVE FACED DURING THE PANDEMIC, READING HOSPITAL EMPLOYEES CONTINUE TO DO WHAT IT TAKES TO SUPPORT THEIR PEERS AND PROVIDE EXCELLENT CARE FOR OUR PATIENTS. READING HOSPITAL CONTINUES TO RESPOND TO THE SURGES THAT HAVE OCCURRED THROUGHOUT FY21 WHICH PUTS A GREATER DEMAND ON STAFFING AND INCREASED SUPPLY COSTS RELTING TO PERSONAL PROTECTIVE EQUIPMENT. THE GREATER DEMAND ON STAFFING HAS CREATED SALARY CHALLANGES WHICH ESCALATED COSTS. READING HOSPITAL CONTINUES TO RELY ON OUR WORKFORCE LABOR POOL TO HELP US MEET THE STAFFING CHALLENGES. THE INCREASED SUPPLY COSTS REALTING TO PERSONAL PROTECTIVE EQUIPMENT STILL CONTINUE AS CHANGES HAVE OCCURRED IN REGARDS TO THE REQUIREMENTS FOR ADDITIONAL PROTECTIVE EQUIPMENT, AND SOCIAL DISTANCING.

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 TOWER HEALTH.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	IT SHALL BE THE POLICY OF THE HOSPITAL TO REQUIRE EACH BOARD MEMBER, OFFICER AND KEY EMPLOYEE TO SUBMIT IN WRITING TO THE CHIEF EXECUTIVE OFFICER A LIST OF BUSINESS OR OTHER ORGANIZATIONS OF WHICH THE MEMBER, MEMBER'S SPOUSE, A DECENDANT, OR A SPOUSE OF A DESCENDANT 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.

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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 IX, LINE 11G	OTHER PROGRAM FEES 23,668,317 0 0 OTHER FEES 0 56,176,148 0 OTHER FEES 6,597,902 0 0 OTHER FEES 1,440,478 0 0 OTHER FEES 891,781 0 0 PHYSICIAN FEES 24,075,100 5,363,629 0 TOTAL 56,673,578 61,539,777 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	INTERCOMPANY ASSET TRANSFER -235,961,345 ASSETS RELEASED FROM RESTRICTION -105,513,704 PENSION LIABILITY 79,949,719 CORPORATE INCOME TAX 3,857 OTHER CHANGES -2,408 TOTAL -261,523,881

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

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	(g) Section 512(b)(13) controlled entity? 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SOUTHERN CHESTER CNTY MED BLDG 1 1015 WEST BALTIMORE PIKE WEST GROVE, PA 19390 23-2200841	HEALTHCARE	PA	N/A					No			No	
(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	
(4) MEDICAL SCHOOL VENTURE LLC ELLIS PRES 3843 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 84-2638593	HEALTHCARE	PA	N/A					No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)TOWER HEALTH PPO PO BOX 14744 READING, PA 19612 23-2430798	PPO	PA	RDG HOSP	C CORP	-415,884	292,674	100.000 %	Yes	
(2)MEDICUS RESOURCE MANAGEMENT PO BOX 14744 READING, PA 19612 23-2565297	CM REVIEW	PA	TH PPO	C CORP			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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
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		No
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)READING HOSPITAL FOUNDATION	P	690,742	G/L TRANSACTIONS
(2)READING HOSPITAL FOUNDATION	C	1,896,268	CASH
(3)THE FRIENDS OF THE READING HOSPITAL	Q	66,123	CASH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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	HEALTHCARE	PA	501C3	12C	NA		No
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-6026108	FUNDRAISE	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	THAH		No
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1466250	HEALTHCARE	PA	501C3	3	THAH		No
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1352574	HEALTHCARE	PA	501C3	3	THAH		No