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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
TOWER HEALTH  
  
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  
  
23-2201344  
  
E Telephone number  
  
(484) 628-4307  
  
G Gross receipts \$ 1,254,273,103

F Name and address of principal officer:  
P SUE PERROTTY  
PO BOX 16052  
READING, PA 196126052

H(a) Is this a group return for subordinates? ☐ Yes ☒ No  
H(b) Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

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

J Website: ▶ [HTTPS://WWW.TOWERHEALTH.ORG](https://www.towerhealth.org)

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

L Year of formation: 1982

M State of legal domicile: PA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
THE MISSION OF TOWER HEALTH IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE HEALTHCARE TO THE COMMUNITY.

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 10

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 9

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 5,772

6 Total number of volunteers (estimate if necessary) . . . . . 6 9

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 1,133,874

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b

Revenue

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

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

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

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

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

Prior Year Current Year

330,250 26,465,365

548,175,979 469,793,290

42,027,531 30,152,137

8,807,589 7,638,449

599,341,349 534,049,241

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

294,143,087 313,150,276

401,240,253 429,616,137

695,383,340 742,766,413

-96,041,991 -208,717,172

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

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

Beginning of Current Year End of Year

1,785,046,902 1,916,208,118

1,279,089,590 1,783,691,030

505,957,312 132,517,088

Part II

Signature Block

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

Sign Here

Signature of officer  
P SUE PERROTTY INTERIM TH PRES/CEO  
Type or print name and title

2021-05-12  
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date  
2021-05-12

Check ☐ if self-employed

PTIN  
P01498698

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

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

Phone no. (703) 286-8000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MISSION OF TOWER HEALTH 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. TOWER HEALTH (PARENT) IS A NON-PROFIT HEALTHCARE SYSTEM THAT PROVIDES CHARITABLE COMMUNITY-BASED HEALTHCARE SERVICES AND PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND THE COMMUNITIES IT SERVES IN THE GREATER BERKS, MONTGOMERY AND CHESTER AREAS THROUGH ITS SUBSIDIARIES (SEE FORM 990, SCHEDULE R). SUBSIDIARIES INCLUDE BUT ARE NOT LIMITED TO BRANDYWINE HOSPITAL, CHESTNUT HILL HOSPITAL, JENNERSVILLE, HOSPITAL, PHOENIXVILLE HOSPITAL, AND POTTSTOWN HOSPITAL, THE FIVE OF WHICH ARE HELD IN SINGLE MEMBER LLCs THAT TOWER HEALTH IS THE SOLE MEMBER OF. AS A RESULT, THESE ARE TREATED AS DISREGARDED ENTITIES AND ALL OF THEIR INCOME AND ACTIVITIES ARE REPORTED ON TOWER HEALTH'S FORM 990.

**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.

<b>4a</b>	(Code: )	(Expenses \$	38,616,641	including grants of \$	) (Revenue \$	20,764,821 )
See Additional Data						

<b>4b</b>	(Code: )	(Expenses \$	28,505,192	including grants of \$	) (Revenue \$	25,973,749 )
See Additional Data						

<b>4c</b>	(Code: )	(Expenses \$	29,494,319	including grants of \$	) (Revenue \$	48,975,729 )
See Additional Data						

(Code: )	(Expenses \$	515,307,049	including grants of \$	) (Revenue \$	379,137,016 )
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EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. SERVICES INCLUDE BUT ARE NOT LIMITED TO: BRANDYWINE HOSPITAL INPATIENT BEHAVIORAL HEALTH PROVIDES 24-HOUR SUPERVISION, TREATMENT, STABILIZATION AND PLACEMENT FOR ADULTS AND OLDER ADULTS COPING WITH A VARIETY OF ISSUES, FOCUSING ON RETURNING THE INDIVIDUAL TO THE HIGHEST LEVEL OF FUNCTIONING POSSIBLE. THE INPATIENT EATING DISORDERS PROGRAM PROVIDES AN INDIVIDUALIZED TREATMENT PLAN, GROUP AND INDIVIDUAL THERAPY AND PSYCHIATRIC CARE FOR INDIVIDUALS AGES 13 AND OLDER. TOTAL PATIENT VISITS FOR FY20 WERE 15,562. BRANDYWINE HOSPITAL INPATIENT AND OUTPATIENT UNITS INCLUDE: MEDICAL SURGICAL, TELEMETRY AND INTENSIVE CARE UNITS THAT PROVIDE ACUTE INPATIENT SERVICES INCLUDING SUPPORT SERVICES SUCH AS LABORATORY, PHARMACY, PHYSICAL THERAPY, RESPIRATORY THERAPY AND RADIOLOGY. TOTAL PATIENT DAYS FOR FY20 WERE 18,642 JENNERSVILLE HOSPITAL INPATIENT AND OUTPATIENT UNITS INCLUDE: MEDICAL SURGICAL, TELEMETRY AND INTENSIVE CARE THAT PROVIDES ACUTE INPATIENT SERVICES INCLUDING SUPPORT SERVICES SUCH AS LABORATORY, PHARMACY, PHYSICAL THERAPY, RESPIRATORY THERAPY, AND RADIOLOGY. TOTAL PATIENT DAYS FOR FY20 WERE 8,015 PHOENIXVILLE HOSPITAL OB/GYN WOMEN'S HEALTH SERVICES DEPARTMENT PROVIDES OB/GYN CARE AND MATERNITY SERVICES TO THE COMMUNITY "24/7/365". PHOENIXVILLE HOSPITAL PROVIDES CHARITY SERVICES TO THE SERVICE AREA THROUGH THEIR HEALTHY BABY PROGRAM TO FAMILIES WHO MEET THEIR CHARITY POLICY GUIDELINES. SIX BOARD-CERTIFIED OB/GYNs DELIVER OVER 700 BABIES EACH YEAR AND ARE BACKED BY A LEVEL II NICU AND NEMOURS DUPONT PEDIATRICS BOARD- CERTIFIED NEONATOLOGISTS PROVIDING "24/7/365" COVERAGE THROUGH 2/9/20 AND THEN TRANSITIONING TO TWO AFFILIATED HOSPITALS. PRIVATE ROOMS WITH ROOM- SERVICE ARE PROVIDED. LACTATION SERVICES, FAMILY PREP CLASSES AND POST- PARTUM SUPPORT IS ALSO PROVIDED. TOTAL NEW BORN FOR FY20 WERE 739. TOWER HEALTH URGENT CARE CONSISTS OF 23 LOCATIONS. WE SPECIALIZE IN TREATING NON-LIFE-THREATENING ILLNESSES AND INJURIES. WE PROVIDE COORDINATED AND COMPREHENSIVE EXAMS FOR SCHOOL, CAMP, SPORTS, AND PRE- EMPLOYMENT, AS WELL AS PROFESSIONAL DRIVER EXAMS FROM OUR LICENSED, CERTIFIED MEDICAL EXAMINERS WITH THE DEPARTMENT OF TRANSPORTATION. AS A PREFERRED PROVIDER FOR MANY EMPLOYERS, WE ARE EQUIPPED TO HANDLE OCCUPATIONAL HEALTH NEEDS INCLUDING IMMUNIZATIONS, SCREENINGS, DOT AND CDL PHYSICALS. TELEMEDICINE HAS BECOME WIDELY ACCEPTED WITH THE ADVANCES IN REMOTE MEDICAL TECHNOLOGIES. TOWER HEALTH URGENT CARE IS ON THE FOREFRONT OF PATIENT CARE WITH OUR TELEBURN NETWORK. SELECT TOWER HEALTH URGENT CARE LOCATIONS HAVE PARTNERED WITH THE LEHIGH VALLEY TELEBURN NETWORK TO TREAT BURN PATIENTS BASED ON CONSULTS WITH SPECIALISTS AT THE LEHIGH VALLEY REGIONAL BURN CENTER. TELEBURN ENABLES OUR MEDICAL STAFF TO OBTAIN IMMEDIATE CONSULTS FROM THE BURN CENTER USING DIGITAL IMAGERY. TELEBURN ASSESSMENTS MEET ALL APPLICABLE PRIVACY AND SECURITY REGULATIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH). ADDITIONALLY, COVID-19 ANTIBODY TESTING IS AVAILABLE AT SELECT TOWER HEALTH URGENT CARE LOCATIONS. TOWER HEALTH PARTNERS (THP) WAS FORMED TO DEVELOP A PHYSICIAN NETWORK TO WORK IN CONJUNCTION WITH TOWER HEALTH TO IMPLEMENT A CLINICAL INTEGRATION PROGRAM. CLINICAL INTEGRATION IS THE IMPLEMENTATION OF AN ACTIVE AND ONGOING PROGRAM TO EVALUATE AND MODIFY PRACTICE PATTERNS BY THE NETWORK'S PHYSICIAN PARTICIPANTS AND CREATE A HIGH DEGREE OF INTERDEPENDENCE AND COOPERATION AMONG THE PHYSICIANS TO CONTROL COSTS AND IMPROVE THE QUALITY AND EFFICIENCY OF HEALTH CARE FOR THE NETWORK'S PHYSICIAN PARTICIPANTS AND THE ENTIRE HEALTH CARE COMMUNITY SERVED. TOWER HEALTH 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. TOWER HEALTH INVESTED IN EXPANDING DIGITAL, VIRTUAL AND TELEHEALTH SERVICES TO STAY CONNECTED WITH THEIR PATIENTS.

<b>4d</b>	Other program services (Describe in Schedule O.)	(Expenses \$	515,307,049	including grants of \$	) (Revenue \$	379,137,016 )
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<b>4e</b>	<b>Total program service expenses</b> ▶	611,923,201
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b>	No

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

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II.</i>		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III.</i>		No
<b>28</b>	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):		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>28b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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

Form **990** (2019)

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 10		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 9		
<b>2</b> 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?	<b>2</b>		No
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

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

**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**

## 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 ☐

**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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								5,564,430	5,964,432	2,265,684

**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 **428**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NA PARTNERS IN ANESTHESIA LLC 68 SOUTH SERVICE ROAD SUITE 350 MELVILLE, NY 11747	ANESTHESIA SERV	3,474,770
HEALTHTRUST WORKFORCE SOLUTIONS LLC PO BOX 742697 ATLANTA, GA 303742697	CONTRACT LABOR	1,479,317
MONTGOMERY RADIOLOGY ASSOC PC PO BOX 347279 PITTSBURGH, PA 152514279	MED STAFF SERV	876,118
SOCIETY HILL ANESTHESIA CONSULTANTS 301 SOUTH 8TH ST STE 2L PHILADELPHIA, PA 19106	ANESTHESIA SERV	837,640
BERKS SCHUYLKILL RESPIRATORY SPEC 2608 KEISER BLVD WYOMISSING, PA 196103333	MED STAFF SERV	837,386

**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 **30**



Form 990 (2019)		Page 9						
Part VIII		Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>								
		(A)	(B)	(C)	(D)			
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a						
	b Membership dues . . . . .	1b						
	c Fundraising events . . . . .	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	26,398,349					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,016					
	g Noncash contributions included in lines 1a - 1f:\$	1g						
	h Total. Add lines 1a-1f . . . . . ▶	26,465,365						
Program Service Revenue	Business Code							
	2a PATIENT CHARGES	621110	459,019,207	459,019,207				
	b JOINT VENTURES	621400	6,702,787	6,074,191	628,596			
	c CARE COORDINATION FEE	621990	3,595,811	3,595,811				
	d HEALTH INS SHARED SAVINGS	621990	475,485	475,485				
	e							
	f All other program service revenue.							
g Total. Add lines 2a-2f. . . . . ▶	469,793,290							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,373,520		505,278	8,868,242		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties . . . . . ▶							
	6a Gross rents	(i) Real	(ii) Personal	4,676,635			4,676,635	
		6a	4,676,635					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c					4,676,635
	d Net rental income or (loss) . . . . . ▶							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	20,778,617			20,778,617	
		7a	740,999,925					2,554
		b Less: cost or other basis and sales expenses	7b					720,223,862
		c Gain or (loss)	7c					20,776,063
	d Net gain or (loss) . . . . . ▶							
	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 ACCLARA SETTLEMENT		900099	2,305,624	2,305,624				
b OTHER INCOME		900099	1,529,801	1,529,801				
c MEALS		722310	1,399,108			1,399,108		
d All other revenue . . . . .			-2,272,719	1,851,196		-4,123,915		
e Total. Add lines 11a-11d . . . . . ▶		2,961,814						
12 Total revenue. See instructions . . . . . ▶		534,049,241						
			474,851,315	1,133,874		31,598,687		

Form 990 (2019)

**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 ☒

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,780,343		4,780,343	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	90,623		90,623	
<b>7</b> Other salaries and wages . . . . .	243,530,391	232,480,792	11,049,599	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	11,684,469	10,820,581	863,888	
<b>9</b> Other employee benefits . . . . .	34,881,102	31,706,385	3,174,717	
<b>10</b> Payroll taxes . . . . .	18,183,348	16,697,900	1,485,448	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	199,845		199,845	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	1,584,000		1,584,000	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	193,368,856	89,408,525	103,960,331	
<b>12</b> Advertising and promotion . . . . .	2,186,889		2,186,889	
<b>13</b> Office expenses . . . . .	113,630		113,630	
<b>14</b> Information technology . . . . .	3,805,577	3,805,577		
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	23,715,373	23,715,373		
<b>17</b> Travel . . . . .	536,193	382,123	154,070	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	27,984,331	27,984,331		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	26,993,956	26,993,956		
<b>23</b> Insurance . . . . .	3,115,410	3,115,410		
<b>24</b> 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.)				
<b>a</b> SUPPLIES	85,541,026	85,463,791	77,235	
<b>b</b> DRUGS & PHARM	36,136,281	36,136,281		
<b>c</b> REPAIRS	20,395,520	20,243,021	152,499	
<b>d</b> RENT/LEASE EXP	2,659,267	1,689,172	970,095	
<b>e</b> All other expenses	1,279,983	1,279,983		
<b>25</b> Total functional expenses. Add lines 1 through 24e	742,766,413	611,923,201	130,843,212	0
<b>26</b> 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 <input type="checkbox"/> 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	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		3,047,255	<b>1</b>	300,998,155	
	<b>2</b>	Savings and temporary cash investments . . . . .		1,490	<b>2</b>	51,252	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		527,346,361	<b>4</b>	77,844,050	
	<b>5</b>	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 . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		20,926,124	<b>8</b>	20,618,956	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		12,321,399	<b>9</b>	14,609,565	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	392,826,479			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	65,292,531	338,864,995	<b>10c</b>	327,533,948
	<b>11</b>	Investments—publicly traded securities . . . . .		707,503,448	<b>11</b>	554,000,960	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		17,151,126	<b>13</b>	51,792,652	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		157,884,704	<b>15</b>	568,758,580	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,785,046,902	<b>16</b>	1,916,208,118		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		96,569,081	<b>17</b>	141,113,750	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,141,769,963	<b>20</b>	1,361,150,437	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>		
	<b>25</b>	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		40,750,546	<b>25</b>	281,426,843	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,279,089,590	<b>26</b>	1,783,691,030	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>						
	<b>27</b>	Net assets without donor restrictions . . . . .		505,950,243	<b>27</b>	132,482,221	
	<b>28</b>	Net assets with donor restrictions . . . . .		7,069	<b>28</b>	34,867	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>						
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>		
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>		
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>		
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		505,957,312	<b>32</b>	132,517,088	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,785,046,902	<b>33</b>	1,916,208,118		

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	534,049,241
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	742,766,413
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-208,717,172
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	505,957,312
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-10,764,339
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-153,958,713
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	132,517,088

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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.		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-2201344  
**Name:** TOWER HEALTH

Form 990 (2019)

**Form 990, Part III, Line 4a:**

OPERATING ROOM: CHESTNUT HILL HOSPITAL SURGICAL DEPARTMENT PROVIDES SURGICAL SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. THESE SERVICES INCLUDE BARIATRICS, ENT, GASTROENTEROLOGY, GYNECOLOGY, ORTHOPEDICS, PAIN MANAGEMENT, PLASTICS, PODIATRY, PULMONOLOGY, THORACIC, UROLOGY, VASCULAR AND GENERAL SURGERY. TOTAL SURGERIES FOR FY20 WERE 3,602. JENNERSVILLE HOSPITAL PROVIDES SURGICAL SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. SURGICAL PROCEDURES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING SPECIALTIES: ENT, GENERAL SURGERY, GASTROENTEROLOGIC, GYNECOLOGICAL, OPHTHALMOLOGY, UROLOGIC AND VASCULAR SURGICAL PROCEDURES. TOTAL SURGERIES FOR FY20 WERE 2,017. POTTSTOWN HOSPITAL SURGICAL SERVICES DEPARTMENT PROVIDES EMERGENCY, URGENT AND ELECTIVE SURGERIES TO THE COMMUNITY ON AN INPATIENT AND OUTPATIENT BASIS. EMERGENCY CASES CAN BE DONE 24 HOURS A DAY, 365 DAYS A YEAR - PATIENTS NEEDING A HIGHER LEVEL OF CARE CAN BE TRANSFERRED TO TERTIARY CENTERS IN THE AREA. POTTSTOWN HOSPITAL OFFERS GENERAL, ORTHOPEDIC, VASCULAR, SPINE, ENT, MAXILLOFACIAL, PLASTIC, OB/GYN, OPHTHALMOLOGIC, UROLOGIC AND PODIATRIC SURGERY. TOTAL SURGERIES FOR FY20 WERE 5,586.

**Form 990, Part III, Line 4b:**

RADIOLOGY/ONCOLOGY: CHESTNUT HILL HOSPITAL RADIOLOGY DEPARTMENT PROVIDES IMAGING SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO PET SCANS, ULTRASOUNDS, CAT SCANS, MRIS, NUCLEAR MEDICINE, INTERVENTIONAL RADIOLOGY, AND MAMMOGRAMS. CHESTNUT HILL HOSPITAL PROVIDES FREE SCREENINGS THROUGHOUT THE COMMUNITY AND OFFERS FINANCIAL ASSISTANCE FOR MAMMOGRAMS VIA FUNDS RECEIVED AT LOCAL CHARITABLE EVENTS HOSTED/SPONSORED BY CHH. TOTAL IMAGING PROCEDURES/SCANS FOR FY20 WERE 79,904. PHOENIXVILLE HOSPITAL ONCOLOGY SERVICES DEPARTMENT PROVIDES MEDICAL ONCOLOGY AND RADIATION THERAPY SERVICES TO THE COMMUNITY. PHOENIXVILLE HOSPITAL PROVIDES CHARITY SERVICES TO THEIR SERVICE AREA WHO MEET THEIR CHARITY POLICY GUIDELINES. TARGETED THERAPIES IN THEIR RECENTLY RENOVATED INFUSION SUITE SELECTIVELY AFFECT ONLY THE CELLS RELATED TO A PARTICULAR CANCER, CAUSING LESS DAMAGE AND FEWER SIDE EFFECTS TO SURROUNDING NON- CANCEROUS CELLS AND BODY SYSTEMS THAN TRADITIONAL CHEMOTHERAPY DRUGS. PHOENIXVILLE HOSPITAL ACTIVELY PARTICIPATES IN A NUMBER OF PREVENTIVE AND TREATMENT CLINICAL TRIALS THROUGH THE CANCER TRIALS SUPPORT UNIT (CTSU). TOTAL PROCEDURES FOR FY20 WERE 12,838. POTTSTOWN HOSPITAL CANCER CENTER PROVIDES INPATIENT, OUTPATIENT AND INFUSION SERVICES TO ONCOLOGY PATIENTS IN THE COMMUNITY. THE POTTSTOWN HOSPITAL CANCER CENTER OFFERS A ROBUST SERVICE LINE INCLUSIVE OF MEDICAL AND RADIATION ONCOLOGY WITH RAPID ARC TECHNOLOGY WITH THEIR LINEAR ACCELERATOR AND CYBERKNIFE CAPABILITIES. THE POTTSTOWN HOSPITAL CANCER CENTER IS A FIVE TIME RECIPIENT OF THE AMERICAN COLLEGE OF SURGEONS COUNCIL ON CANCER OUTSTANDING ACHIEVEMENT AWARD. THERE ARE ONLY 4 CANCER CENTERS IN THE COUNTRY WHO HAVE ACHIEVED THIS DISTINCTION. TOTAL PROCEDURES FOR FY20 WERE 8,040.

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**Form 990, Part III, Line 4c:**

EMERGENCY CARE: BRANDYWINE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. BRANDWINE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES. EMERGENCY ROOM VISITS FOR FY20 WERE 23,973. CHESTNUT HILL HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. CHH PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY AREAS. CHH REMAINS COMMITTED TO THEIR GOAL OF SEEING PATIENTS IN 30 MINUTES OR LESS. EMERGENCY ROOM VISITS FOR FY20 WERE 35,927. JENNERSVILLE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. JENNERSVILLE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES. EMERGENCY ROOM VISITS FOR FY20 WERE 13,960. PHOENIXVILLE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365" REGARDLESS OF ABILITY TO PAY. PHOENIXVILLE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES, FROM SURGEONS TO ALL AREAS OF SPECIALTY CARE. PHOENIXVILLE HOSPITAL HAD "24/7/365" ON-CALL CONSULTANTS FOR PEDIATRIC EMERGENCY CASES THROUGH NEMOURS WHICH ENDED 2/9/20. THIS SERVICE NOW TRANSITIONED TO TWO AFFILIATED HOSPITALS. LOCAL EMS PROVIDERS RELY ON PHOENIXVILLE HOSPITAL FOR ON-GOING MEDICAL EDUCATION. EMERGENCY ROOM VISITS FOR FY20 WERE 20,239. POTTSTOWN HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY. THE EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 365 DAYS A YEAR AND SERVES PATIENTS FROM BERKS, MONTGOMERY AND CHESTER COUNTIES. THE POTTSTOWN HOSPITAL EMERGENCY DEPARTMENT IS THE SECOND BUSIEST EMERGENCY DEPARTMENT IN MONTGOMERY COUNTY. THERE IS A FULL COMPLEMENT OF SPECIALTY SERVICES PROVIDED AT THE LOCAL AND/OR TERTIARY LEVEL WITH OUR SYSTEM HOSPITAL IN READING. EMERGENCY ROOM VISITS FOR FY20 WERE 36,130.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLINT MATTHEWS ..... PRESIDENT & .....	58.00 ..... 2.00	X		X				0	1,980,329	510,931
THERESE SUCHER ..... EXECUTIVE VP .....	50.00 ..... 2.50				X			0	1,131,410	270,168
GARY F CONNER ..... EXECUTIVE VP .....	52.00 ..... 2.50			X				0	982,640	210,830
GREGORY SORENSEN MD ..... EXECUTIVE VP .....	26.00 ..... 26.00				X			0	925,821	208,384
DAN AHERN ..... EVP BUSINESS .....	50.00 ..... 2.50				X			0	841,489	203,182
GEORGE A JENCKES MD ..... CEO OF THP .....	52.00 .....				X			643,059	0	138,715
STEPHEN TULLMAN ..... CEO PHOENIXV .....	52.00 .....				X			514,275	0	98,952
JOHN CACCIAMANI ..... CEO CHESTNUT .....	52.00 .....				X			449,499	0	101,072
RICHARD T NEWELL JR ..... CEO POTTSTOW .....	52.00 .....				X			427,172	0	97,756
WALTER HUNT ..... CEO BRANDYWI .....	52.00 .....				X			384,736	0	92,801



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			
RICHARD MCLAUGHLIN ..... VP CMO POTTS	50.00 .....					X		397,864	0	9,081
BRYCE SILLYMAN ..... VP COO POTTS	50.00 .....					X		314,004	0	38,638
DEB KONARSKI ..... VP CFO POTTS	52.00 .....				X			289,076	0	48,763
EDWARD CHABALOWSKI ..... VP CFO PHOEN	52.00 .....				X			305,000	0	28,419
CLAIRE MOONEY ..... CEO JENRSVL	52.00 .....				X			278,568	0	38,535
MARK REYNGOUDT ..... VP CFO BRAND	52.00 .....				X			270,141	0	36,068
TERESA PEIRCE ..... VP CNO POTTS	50.00 .....					X		291,799	0	1,207
VIKRAM ACHARYA ..... INT CEO BRAN	52.00 .....					X		258,469	0	27,147
PATRICIA SCHERELE ..... VP CNO CHEST	50.00 .....					X		261,702	0	17,736
MICHAEL SZYMANSKI ..... VP CFO JENRS	52.00 .....				X			252,739	0	18,596

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			
MARCOS COSTNER ..... VP CFO CHEST	52.00 .....				X			226,327	0	40,062
TRACY DRUCKENMILLER ..... SECRETARY	38.00 ..... 2.00			X				0	102,743	28,641
BARBARA ARNER ..... BOARD MEMBER	2.00 ..... 2.00	X						0	0	0
THEODORE AUMAN ..... BOARD MEMBER	2.00 ..... 2.00	X						0	0	0
JOHN FRY ..... BOARD MEMBER	2.00 ..... 2.00	X						0	0	0
CHRIS G KRARAS ..... BOARD MEMBER	2.00 ..... 4.00	X						0	0	0
BRENT WAGNER MD ..... BOARD MEMBER	2.00 ..... 4.00	X						0	0	0
MEG MUELLER ..... VICE CHAIR	2.00 ..... 2.00	X		X				0	0	0
SUE PERROTTY ..... BOARD MEMBER	2.00 ..... 2.00	X						0	0	0
KAREN RIGHTMIRE ..... BOARD MEMBER	2.00 ..... 4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
C THOMAS WORK ..... CHAIRMAN	2.00 ..... 4.00	X		X				0	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

TOWER HEALTH

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

23-2201344

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

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

☐

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

☒

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

☐

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

☐

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

☒

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

☐

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

☐

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

Enter the number of supported organizations . . . . . 2
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) READING HOSPITAL	231352204	3	Yes		25,924,229	0
(B) TOWER HEALTH MEDICAL GROUP	232266054	3	Yes		0	0
Total	2				25,924,229	0

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in <b>Part VI</b> 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.</i>		
	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
	<b>1</b>	<b>Yes</b>
<b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	<b>Yes</b>
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	<b>Yes</b>

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)			
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> 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.</i>			
	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<b>a</b> 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? <i>Provide details in <b>Part VI</b>.</i>			
	<b>3a</b>	<b>Yes</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>			
	<b>3b</b>	<b>Yes</b>	



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

**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).

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION D, LINE 3	THE INVESTMENT COMMITTEE IS COMPRISED OF MEMBERS OF THE SUPPORTED ORGANIZATIONS AS WELL AS THE SUPPORTING ORGANIZATION. BECAUSE OF THIS OVERLAP, THE SUPPORTED ORGANIZATIONS HAVE A SIGNIFICANT VOICE IN THE SUPPORTING ORGANIZATION'S INVESTMENT POLICIES AND IN DIRECTING THE USE OF THE ORGANIZATION'S INCOME AND ASSETS DURING THE TAX YEAR. THE CAPITAL RESOURCE COMMITTEE MEETS EVERY 2 MONTHS. INVESTMENT PRESENTATIONS ARE MADE, ISSUES ARE DISCUSSED AND MINUTES ARE TAKEN BY THE DIRECTOR OF TREASURY. ANY SUBSEQUENT FOLLOW-UP ORDERED BY THE COMMITTEE IS COORDINATED BY THE DIRECTOR OF TREASURY. ADDITIONALLY, CLINT MATTHEWS, PRESIDENT AND CEO OF TOWER HEALTH, IS ON THE BOARD OF DIRECTORS OF BOTH OF THE SUPPORTED ORGANIZATIONS AS WELL AS THE SUPPORTING ORGANIZATION. HIS PRESENCE ON THESE BOARDS FURTHER ALLOWS THE SUPPORTED ORGANIZATION'S TO HAVE A SIGNIFICANT VOICE IN DIRECTING THE USE OF TOWER HEALTH'S INCOME AND ASSETS.

990 Schedule A, Supplemental Information	
Return Reference	Explanation
PART IV, SECTION E, LINE 3A	ORGANIZATION: THE BOARD OF DIRECTORS FOR EACH SUPPORTED ORGANIZATION IS ELECTED BY TOWER HEALTH AT THE ANNUAL MEETING.

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART IV, SECTION E, LINE 3B	<p>ORGANIZATION: SUPPORTED ORGANIZATIONS FOLLOW POLICIES &amp; PROCEDURES SET BY TOWER HEALTH. THE BYLAWS OF TOWER HEALTH STATES THAT TOWER HEALTH HAS CERTAIN POWERS OVER ITS SUBSIDIARIES /SUPPORTING ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO MATTERS CONCERNING THE SALE OR PURCHASE OF ASSETS, CAPITAL BUDGETS, STRATEGIC PLANNING, INVESTMENTS, AND CORPORATE GOVERNANCE. ALL OF THE HOSPITALS PROVIDE SUPPORT TO TOWER HEALTH MEDICAL GROUP (THMG) WHICH IS RESPONSIBLE FOR PROVIDING ALL OF THE PHYSICIANS AND OTHER PROFESSIONALS TO READING HOSPITAL AND THE ENTIRE SERVICE AREA. READING HOSPITAL IS A QUATERNARY CARE HOSPITAL AND AS SUCH IS SUPPORTED BY THE OTHER TOWER HEALTH HOSPITALS TO BE ABLE TO PROVIDE HIGH LEVEL SERVICES TO THE COMMUNITY THAT ARE NOT AVAILABLE IN THE OTHER HOSPITALS, SUCH AS TRANSPLANT, NEONATAL INTENSIVE CARE, SPECIALIZED SURGICAL PROCEDURES, AS WELL AS RESEARCH AND MEDICAL EDUCATION.</p>

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 TOWER HEALTH	<b>Employer identification number</b> 23-2201344
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**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes		23,342
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			23,342
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 IV	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TOWER HEALTH

Employer identification number  
23-2201344

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		87,668,086		87,668,086
b Buildings . . . . .				
c Leasehold improvements		188,660,605	34,372,765	154,287,840
d Equipment . . . . .		81,167,339	30,283,254	50,884,085
e Other . . . . .		35,275,462	631,620	34,643,842
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				327,483,853

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM AFFILIATES	355,547,053
(2) LT ASSETS/GOODWILL/SECURITY DEPOSITS	158,750,770
(3) OPERATING LEASE RIGHT OF USE	46,693,733
(4) THIRD PARTY RECEIVABLE	7,767,024
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	568,758,580

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	
(2) OTHER	197,590,447
(3) MEDICARE COVID-19 PAYMENTS	71,353,472
(4) ESTIMATED SELF INSURANCE COST	11,583,188
(5) DEFERRED LIABILITY	782,585
(6) PHY STUDENT LOANS	117,151
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	281,426,843

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.

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

**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.

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

**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:** 23-2201344  
**Name:** TOWER HEALTH

**Supplemental Information**

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE SYSTEM IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE. ON SUCH A BASIS, THE EXEMPT ENTITIES DO NOT INCUR LIABILITY FOR FEDERAL INCOME TAXES, EXCEPT IN THE CASE OF UNRELATED BUSINESS INCOME. THE SYSTEM EVALUATES UNCERTAIN TAX POSITIONS USING A TWO-STEP APPROACH FOR RECOGNIZING AND MEASURING TAX BENEFITS TAKEN OR EXPECTED TO BE TAKEN IN AN UNRELATED BUSINESS ACTIVITY TAX RETURN AND DISCLOSURES REGARDING UNCERTAINTIES IN TAX POSITIONS. NO ADJUSTMENTS TO THE CONSOLIDATED FINANCIAL STATEMENTS WERE REQUIRED AS A RESULT OF THIS EVALUATION.

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TOWER HEALTH

Employer identification number  
23-2201344

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .					80,488,418
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					80,488,418

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_



<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☒ No

**Part V**   **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	NORTH AMERICA 0 7,301,415 EUROPE 0 73,187,003

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 23-2201344  
**Name:** TOWER HEALTH

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		7,301,415
EUROPE			INVESTMENTS		73,187,003

SCHEDULE H  
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization  
TOWER HEALTH

Employer identification number  
23-2201344

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . . 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . . b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . . c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . . 6a Did the organization prepare a community benefit report during the tax year? . . . . . b If "Yes," did the organization make it available to the public? . . . . . Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) . . . . .			14,344,669		14,344,669	1.930 %
b Medicaid (from Worksheet 3, column a) . . . . .			100,188,922	67,518,562	32,670,360	4.400 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			114,533,591	67,518,562	47,015,029	6.330 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,314,325	22,108	1,292,217	0.170 %
f Health professions education (from Worksheet 5) . . . . .			10,511,733	6,943,507	3,568,226	0.480 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .			1,119,403	18,531	1,100,872	0.150 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			355,327		355,327	0.050 %
j Total. Other Benefits . . . . .			13,300,788	6,984,146	6,316,642	0.850 %
k Total. Add lines 7d and 7j . . . . .			127,834,379	74,502,708	53,331,671	7.180 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			4,736		4,736	
<b>3</b> Community support		60	6,334		6,334	
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members		45	5,015		5,015	
<b>6</b> Coalition building			13,181		13,181	
<b>7</b> Community health improvement advocacy			3,024		3,024	
<b>8</b> Workforce development		376	7,718		7,718	
<b>9</b> Other						
<b>10 Total</b>		481	40,008		40,008	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	102,996,708	
<b>3</b> 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.	<b>3</b>	60,768,058	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	215,368,706
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	299,110,851
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	-83,742,145
<b>8</b> 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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b> SOUTHERN CHESTER MED	PRIMARY/SPECIALTY CARE	55.000 %		45.000 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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?

**5**

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)

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

12345

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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. . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>"SEE SUPPLEMENTAL DISCLOSURE"</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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. . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>"SEE SUPPLEMENTAL DISCLOSURE"</u>	<b>10</b>	Yes
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	No
<b>11</b>	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.		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	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)

A

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:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	<b>13</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> 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>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance discount		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b> Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	<b>15</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>16</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE SUPPLEMENTAL DISCLOSURES		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SUPPLEMENTAL DISCLOSURES		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SUPPLEMENTAL DISCLOSURES		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> 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		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> 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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> 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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**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.

[illegible]

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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 REQUESTED 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 WITHIN 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 7	IN THE CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS SECTION OF LINE 7, A COST TO CHARGE RATIO DEVELOPED FROM THE MEDICARE COST REPORT IS UTILIZED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART II</p>	<p>ECONOMIC DEVELOPMENT: MEMBERS OF CHESTNUT HILL AND JENNERSVILLE HOSPITAL'S ADMINISTRATIVE TEAM ATTEND MEETING RELATING TO ECONOMIC DEVELOPMENT. JENNERSVILLE HOSPITAL SHOWED REPRESENTATION AT THE CHESTER COUNTY ECONOMIC DEVELOPMENT COUNCIL (CCEDC) MONTHLY MEETINGS, THE SCC CHAMBER OF COMMERCE LUNCHEON AND THE OXFORD MAINSTREET BOARD OF DIRECTORS MEETING. CHESTNUT HILL HOSPITAL SHOWED REPRESENTATION AT THE CH BUSINESS ASSOCIATION BOARD MEETING, THE MT. AIRY COMMUNITY DEVELOPMENT CORPORATION BOARD MEETING AND CHESTNUT HILL COMMUNITY DEVELOPMENT CORPORATION BOARD MEETING. COMMUNITY SUPPORT: DUE TO THE COVID PANDEMIC EMERGENCY PLANNING PROCESSES WERE NECESSARY TO KEEP THE COMMUNITY INFORMED. JENNERSVILLE HOSPITAL PARTICIPATED IN A COUNTY-WIDE EMS PLANNING MEETING TO ADDRESS THE PANDEMIC. POTTSTOWN HOSPITAL ATTENDED THE TRICOUNTY HEALTH COUNCIL MEETINGS TO PLAN, IMPLEMENT, COORDINATE RESOURCES BIWEEKLY FROM MARCH TO JUNE. THE GROUP COORDINATED CARE, SHARED RESOURCES, AND ENSURED EACH HEALTH ORGANIZATION HAD THE EQUIPMENT AND SUPPLIES NEEDED TO HELP FIGHT THE PANDEMIC. IN ADDITION, THE GROUP DEVELOPED A COMMUNITY WIDE CAMPAIGN REGARDING COVID TO HELP EDUCATE COMMUNITY MEMBERS TO SEEK EMERGENCY CARE IF NEEDED (I.E. STROKE &amp; HEART ATTACK). LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS: RESPECT IS AT THE HEART OF CULTURAL COMPETENCE. PATIENTS WHO FEEL THEIR HEALTHCARE PROVIDERS RESPECT THEIR BELIEFS, CUSTOMS, VALUES, LANGUAGE AND TRADITIONS ARE MORE LIKELY TO COMMUNICATE FREELY AND HONESTLY, WHICH CAN, IN TURN, REDUCE DISPARITIES IN HEALTHCARE AND IMPROVE PATIENT OUTCOMES. SEVERAL EMPLOYEES OF JENNERSVILLE HOSPITAL, PHOENIXVILLE HOSPITAL AND POTTSTOWN HOSPITAL ATTENDED A CULTURAL COMPETENCY TRAINING COURSE TO IMPROVE CULTURAL COMPETENCY SKILL IN THE WORKPLACE. CRISIS PREVENTION AND INTERVENTION STRATEGIES HAVE BEEN EFFECTIVE IN REDUCING STRESS, PROBLEM SOLVING AND KEEPING A PERSON FROM NEEDING HIGHER LEVELS OF CARE SUCH AS A TRIP TO THE EMERGENCY DEPARTMENT OR CRISIS CENTER OR INPATIENT HOSPITALIZATION. SEVERAL EMPLOYEES OF CHESTNUT HILL HOSPITAL PARTICIPATED IN A CRISIS PREVENTION INTERVENTION TRAINING COURSE TO HELP THEIR STAFF AND COMMUNITY PREPARE FOR AND HELP REDUCE CRISIS SITUATIONS. COALITION BUILDING: MILLIONS OF AMERICANS HAVE AN OPIOID USE DISORDER (OUD). OUD IS DEFINED AS A PROBLEMATIC PATTERN OF OPIOID USE LEADING TO CLINICALLY SIGNIFICANT IMPAIRMENT OR DISTRESS. IN RECENT YEARS, THERE HAS BEEN A SIGNIFICANT INCREASE IN DEATH DUE TO OUD. JENNERSVILLE HOSPITAL HAD REPRESENTATION AT THE "FACILITATING A RECOVERY-FRIENDLY WORKPLACE" SEMINAR SPONSORED BY PENN STATE ABINGTON. A STAFF MEMBER SERVED AS A PANELIST AT THE MATERNAL &amp; CHILD HEALTH CONSORTIUM AND ALSO ATTENDED THE HAP OPIOID CONFERENCE. BRANDYWINE HOSPITAL HAD REPRESENTATION AT THE CHESTER COUNTY OVERDOSE PREVENTION TASK FORCE MEETINGS AND THE CHESTER COUNTY SUICIDE PREVENTION TASK FORCE MEETINGS. POTTSTOWN HOSPITAL HAD REPRESENTATION AT THE TRI COUNTY HEALTH COUNCIL MEETINGS TO INCREASE ACCESS TO HEALTH SERVICES IN THE POTTSTOWN AREA. COMMUNITY HEALTH IMPROVEMENT ADVOCACY: HEALTH CARE CONNECT (HCC) IS AN INITIATIVE OF THE CHESTER COUNTY ECONOMIC DEVELOPMENT COUNCIL (CCEDC). IN COLLABORATION WITH EMPLOYERS FROM PUBLIC AND PRIVATE HEALTHCARE SETTINGS, IT WAS IDENTIFIED THAT THE PRIMARY CHALLENGE CONFRONTING THE INDUSTRY REMAINS INSUFFICIENT ACCESS TO BEHAVIORAL HEALTH SERVICES (MENTAL HEALTH AND ADDICTION) INCLUDING ADDRESSING THE OPIOID CRISIS. JENNERSVILLE HOSPITAL PARTICIPATES IN THE HCC PROGRAM. IN AN EFFORT TO SUPPORT PROGRAMS O IMPROVE PUBLIC HEALTH, A PHYSICIAN FROM BRANDYWINE HOSPITAL SERVED ON THE CHESTER COUNTY CHILDREN'S NEEDS ASSESSMENT ADVISORY BOARD AND THE CHESTER COUNTY CI ADVISORY COMMITTEE. WORKFORCE DEVELOPMENT: BRANDYWINE HOSPITAL PROVIDES OPPORTUNITIES FOR STUDENTS WHO ARE INTERESTED IN CAREERS IN HEALTHCARE TO ENGAGE WITH HOSPITAL LEADERSHIP. 29 STUDENTS PARTICIPATED IN LEADERSHIP DAY WHERE THEY WERE INTRODUCED TO WHAT LEADERSHIP IS WITHIN THE HEALTHCARE SETTING. POTTSTOWN HOSPITAL PROVIDES OPPORTUNITIES FOR STUDENTS WHO ARE INTERESTED IN CAREERS IN HEALTHCARE TO ENGAGE WITH HOSPITAL LEADERSHIP. THE HOSPITAL PARTICIPATED IN A HEALTH EXP HOSTED BY MONTGOMERY COUNTY COMMUNITY COLLEGE (MCCC) FOR MIDDLE SCHOOL AND HIGH SCHOOL STUDENTS IN GRADES 8 - 12. IN PARTNERSHIP WITH OUR HUMAN RESOURCE DEPARTMENT, WE PROVIDED INFORMATION ON BUILDING A RESUME, GAINING HANDS-ON JOB OR VOLUNTEER EXPERIENCE, GETTING THE RIGHT EDUCATION FOR A JOB, MOCK INTERVIEW QUESTIONS &amp; ANSWERED QUESTIONS ABOUT CAREERS IN HEALTHCARE. 325 STUDENTS PARTICIPATED.</p>
<p>SCHEDULE H, PART III, LINE 2</p>	<p>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.</p>

**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 CARE. 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 GROSS REIMBURSEMENT PAYMENTS. A RATIO OF COST TO CHARGES IS APPLIED TO THE GROSS PATIENT CHARGES TO CALCULATE THE COMMUNITY BENEFIT EXPENSE. IN ADDITION TO THE COMMUNITY BENEFIT EXPENSE REFLECTED IN PART I, LINE 7, THE MEDICARE SHORTFALL IS SUBSTANTIALLY LARGER IN FY20 THAN IN THE FY19. TOWER HEALTH ATTRIBUTES THIS SHORTFALL TO PROVIDING CHARITY CARE OUTSIDE OF THE COMMUNITY BENEFIT PERCENTAGE CALCULATION.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	PATIENTS ARE INFORMED OF OPTIONS OF FINANCIAL ASSISTANCE THROUGHOUT THE REVENUE CYCLE, FROM REGISTRATION THROUGH COLLECTION; THEREFORE, THE 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	IN ADDITION TO THE CHNA REPORT, POTTSTOWN HOSPITAL, CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL ASSESS HEALTH CARE NEEDS OF THE COMMUNITIES THROUGH SECONDARY DATA ANALYSIS FROM A COMMUNITY COMMONS DATABASE AND DEATH TRENDS RELATED TO SUBSTANCE ABUSE AND SUICIDE. EACH HOSPITAL PARTNERS WITH COMMUNITY ORGANIZATIONS TO DEPLOY SURVEYS TO IDENTIFY AND ADDRESS HEALTH ISSUES RELATING TO FOOD INSECURITY, LOW RESIDENT ENGAGEMENT, FREQUENT ED USAGE AND ABSENCE OF PRIMARY CARE. THE HOSPITALS FREQUENTLY LOOK AT HIGH ED UTILIZERS AND THEN MAP THEIR LOCATION TO ANALYZE THEIR BUILT ENVIRONMENT BY LOOKING FOR AVAILABILITY OF FRESH GROCERY MARKETS, PUBLIC TRANSPORTATION ACCESS, OPEN SPACE AND CRIME. COMMUNITY INTERVIEWS ARE CONDUCTED BY THE HOSPITAL TO GATHER FIRSTHAND FEEDBACK FROM THE COMMUNITY REGARDING HEALTHCARE MESSAGING AND PROPOSED INTERVENTIONS. EACH HOSPITAL ALSO CONDUCTS FOCUS GROUPS TO GAIN MORE INSIGHT INTO PATIENTS' HEALTH BEHAVIORS AND ACCESS BARRIERS.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 3</p>	<p>POTTSTOWN HOSPITAL'S, CHESTNUT HILL HOSPITAL'S, PHOENIXVILLE HOSPITAL'S, BRANDYWINE HOSPITAL'S AND JENNERSVILLE HOSPITAL'S COMMITMENT TO PROVIDING AFFORDABLE CARE IS DEMONSTRATED THROUGH THE PATIENT FINANCIAL ASSISTANCE PROGRAM WHICH PROVIDES ASSISTANCE TO QUALIFIED PATIENTS. PATIENTS ARE ENCOURAGED TO SEEK FINANCIAL ASSISTANCE AS EARLY IN THE TREATMENT PROCESS AS POSSIBLE. THEY WILL BE OFFERED THE OPPORTUNITY TO MEET WITH FINANCIAL COUNSELORS AND RESOURCE ELIGIBILITY SPECIALISTS TRAINED TO PROVIDE APPLICATION ASSISTANCE FOR PROGRAMS SUCH AS MEDICAL ASSISTANCE, DISABILITY, COBRA, PATIENT FINANCIAL ASSISTANCE AND OTHER COMMUNITY PROGRAMS. THE HOSPITAL'S COMMITMENT TO PROVIDING AFFORDABLE CARE INCLUDES URGENT, NON- ELECTIVE, EMERGENT, AND OTHER PRE-APPROVED/PRE-SCREENED SERVICES. IMPLANTABLES, HIGH COST DRUGS, DME AND CONTRACTED SERVICES ARE PROVIDED TO QUALIFIED PATIENTS AT HOSPITAL COST.</p>
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>THE MISSION OF POTTSTOWN HOSPITAL, CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL IS TO PROVIDE COMPASSIONATE, ACCESSIBLE, HIGH QUALITY, COST EFFECTIVE HEALTHCARE TO THE COMMUNITIES; TO PROMOTE HEALTH; TO EDUCATE HEALTHCARE PROFESSIONALS; AND TO PARTICIPATE IN APPROPRIATE CLINICAL RESEARCH. POTTSTOWN HOSPITAL, CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL ARE COMMITTED TO SERVING THE NEEDS OF THE COMMUNITY, EVEN WHEN THE NEEDED SERVICES CAUSE A DRAIN ON CAPITAL RESOURCES. POTTSTOWN HOSPITAL LLC PRIMARILY SERVES MONTGOMERY COUNTY. MONTGOMERY COUNTY PROFILE: MONTGOMERY COUNTY POPULATION IS 141,130. THE RACIAL MIX INCLUDES 86.6% WHITE, 3.8% HISPANIC/LATINO, 7.4% AFRICAN AMERICAN/BLACK AND 2.3% ASIAN. 16.5% OF MONTGOMERY COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION; WHEREAS 8.2% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN MONTGOMERY COUNTY IS 76,914. 5.1% PERCENT OF MONTGOMERY COUNTY FAMILIES LIVE IN POVERTY. THE RATE OF 7.8% OF CHILDREN LIVING IN POVERTY IN MONTGOMERY COUNTY HAS FLUCTUATED IN RECENT YEARS. 20.8% OF CHILDREN LIVE IN SINGLE PARENT HOMES. CHESTNUT HILL HOSPITAL LLC PRIMARILY SERVES PHILADELPHIA COUNTY. PHILADELPHIA COUNTY PROFILE: PHILADELPHIA COUNTY POPULATION IS 234,767. THE RACIAL MIX INCLUDES 45.4% WHITE, 3.7% HISPANIC/LATINO, 47.7% AFRICAN AMERICAN/BLACK AND 2.1% ASIAN. 35.7% OF PHILADELPHIA COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION; WHEREAS 26.6% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN PHILADELPHIA COUNTY IS 60,644. 11.0% PERCENT OF PHILADELPHIA COUNTY FAMILIES LIVE IN POVERTY. THE RATE OF 37.2% OF CHILDREN LIVING IN POVERTY IN PHILADELPHIA COUNTY HAS FLUCTUATED IN RECENT YEARS. 59.8% OF CHILDREN LIVE IN SINGLE PARENT HOMES. PHOENIXVILLE HOSPITAL LLC PRIMARILY SERVES CHESTER COUNTY. CHESTER COUNTY PROFILE: CHESTER COUNTY POPULATION IS 519,514. THE RACIAL MIX INCLUDES 82.5% WHITE, 4.1% HISPANIC/LATINO, 7.9% AFRICAN AMERICAN/BLACK AND 5.8% ASIAN. 16.7% OF CHESTER COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION; WHEREAS 8.7% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN CHESTER COUNTY IS 87,268. 4.3% PERCENT OF CHESTER COUNTY FAMILIES LIVE IN POVERTY. THE RATE OF 7.5% OF CHILDREN LIVING IN POVERTY IN CHESTER COUNTY HAS FLUCTUATED IN RECENT YEARS. 19.3% OF CHILDREN LIVE IN SINGLE PARENT HOMES. BRANDYWINE HOSPITAL LLC AND JENNERSVILLE HOSPITAL LLC PRIMARILY SERVE CHESTER COUNTY. CHESTER COUNTY PROFILE: CHESTER COUNTY POPULATION IS 519,514. THE RACIAL MIX INCLUDES 83.1% WHITE, 7.7% HISPANIC/LATINO, 6.1% AFRICAN AMERICAN/BLACK AND 5.2% ASIAN. 16.7% OF CHESTER COUNTY RESIDENTS AGE 25+ HAVE LESS THAN A HIGH SCHOOL EDUCATION; WHEREAS 8.7% HOLD A COLLEGE BACHELOR'S DEGREE OR HIGHER. THE MEDIAN HOUSEHOLD INCOME IN CHESTER COUNTY IS 97,715. 4.0% PERCENT OF CHESTER COUNTY FAMILIES LIVE IN POVERTY. THE RATE OF 7.5% OF CHILDREN LIVING IN POVERTY IN CHESTER COUNTY HAS FLUCTUATED IN RECENT YEARS. 19.3% OF CHILDREN LIVE IN SINGLE PARENT HOMES.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH: DESCRIPTION OF ACHIEVEMENTS IN FISCAL 2020 RELATING TO EXEMPT PURPOSE STATS PROVIDED ARE FOR POTTSTOWN HOSPITAL, CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL COLLECTIVELY. PROVIDING HEALTH CARE: INPATIENT DISCHARGES 31,171 INPATIENT DAYS 147,264 BIRTHS 1,184 EMERGENCY VISITS 130,229 HEALTH OUTREACH: PROVIDE CHARITY SERVICES IN THE SERVICE AREA THROUGH THE HEALTHY BABY PROGRAM TO FAMILIES WHO MEET THE CHARITY POLICY GUIDELINES. OVER 800 BABIES ARE DELIVERED EACH YEAR UNDER THIS PROGRAM. LACTATION SERVICES, FAMILY PREP CLASSES AND POST-PARTUM SUPPORT IS PROVIDED. OPERATE A 24/7 EMERGENCY DEPARTMENT. MAINTAIN 24/7 INTERPRETING SERVICES. TOWER HEALTH JOINED THE HOSPITAL &amp; HEALTH SYSTEM ASSOCIATION OF PENNSYLVANIA (HAP) AND GIFT OF LIFE DONOR PROGRAM TO ENCOURAGE INDIVIDUALS TO REGISTER TO BECOME ORGAN, TISSUE AND CORNEA DONORS. ALL TOWER HEALTH HOSPITALS IN BERKS, CHESTER, MONTGOMERY AND PHILADELPHIA COUNTIES PARTICIPATE IN THIS PROGRAM. PROVIDE CHAPLAINCY SERVICES TO PROVIDE PATIENTS AND STAFF WITH SUPPORT FOR SPIRITUAL CONCERNS. OPERATE OUTPATIENT SPECIALTY CLINICS PROVIDING PRIMARY &amp; SUBSPECIALTY CARE TO MEDICALLY UNDERSERVED PATIENTS. OFFER INFORMATION ON HOSPITAL WEBSITE RELATING TO HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, AND /OR LOCAL SUPPORT GROUPS. A CALL CENTER PROVIDES FREE INFORMATION ON HOSPITAL SERVICES, PHYSICIANS, HEALTH TOPICS, LOCAL SUPPORT GROUPS AND EVENTS AND ACTIVITIES OFFERED TO MEMBERS OF THE COMMUNITY. ONGOING EDUCATION/RESEARCH OPPORTUNITIES FOR CURRENT HEALTHCARE PROFESSIONALS: (1) PROVIDES ONGOING EDUCATION FOR STAFF IN ALL CLINICAL DEPARTMENTS. (2) PROVIDES ONGOING EDUCATION FOR STAFF IN ALL DEPARTMENTS ON SAFETY, COMPLIANCE, AND RELATED REGULATORY AND PROFESSIONAL ISSUES. INVESTED IN THE FUTURE HEALTH AND WELL-BEING OF THE COMMUNITY THROUGH EDUCATION AND RESEARCH ACTIVITIES.</p>
SCHEDULE H, PART VI, LINE 6	<p>TOWER HEALTH MEDICAL GROUP (THMG) IS A GROUP WITHIN THE HOSPITALS' AFFILIATED HEALTH CARE SYSTEM THAT PROVIDES GENERAL AND SPECIALIZED PRACTICE ASSISTANCE TO EACH OF THE ACUTE CARE HOSPITALS' UNDER TOWER HEALTH. PHYSICIANS CAN REFER PATIENTS TO THE ACUTE CARE HOSPITALS' FOR FURTHER TREATMENT.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	PENNSYLVANIA

Additional Data

Software ID:  
Software Version:  
EIN: 23-2201344  
Name: TOWER HEALTH

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? 5		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	POTTSTOWN HOSPITAL 1600 EAST HIGH STREET POTTSTOWN, PA 19464 "SEE SUPPLEMENTAL DISCLOSURE" 163201	X	X					X			A
2	CHESTNUT HILL HOSPITAL 8835 GERMANTOWN AVENUE PHILADELPHIA, PA 19118 "SEE SUPPLEMENTAL DISCLOSURE" 036101	X	X		X			X			A
3	PHOENIXVILLE HOSPITAL 140 NUTT ROAD PHOENIXVILLE, PA 19460 "SEE SUPPLEMENTAL DISCLOSURE" 420901	X	X					X			A
4	BRANDYWINE HOSPITAL 201 REECEVILLE ROAD COATESVILLE, PA 19320 "SEE SUPPLEMENTAL DISCLOSURE" 025801	X	X					X			A
5	JENNERSVILLE HOSPITAL 1015 WEST BALTIMORE PIKE WEST GROVE, PA 19390 "SEE SUPPLEMENTAL DISCLOSURE" 291501	X	X					X			A

**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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 5	PART V FACILITY INFORMATION, SECTION A SUPPLEMENTAL DISCLOSURE: WEBSITE ADDRESS <a href="https://www.towerhealth.org/locations/pottstown-hospital">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/POTTSTOWN-HOSPITAL</a> <a href="https://www.towerhealth.org/locations/chestnut-hill-hospital">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/CHESTNUT-HILL-HOSPITAL</a> <a href="https://www.towerhealth.org/locations/phoenixville-hospital">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/PHOENIXVILLE-HOSPITAL</a> <a href="https://www.towerhealth.org/locations/brandywine-hospital">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/BRANDYWINE-HOSPITAL</a> <a href="https://www.towerhealth.org/locations/jennersville-hospital">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/JENNERSVILLE-HOSPITAL</a> PART V, LINE 5 THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL 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 SURVEYS

**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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 7D	THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL LINK TO THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE CHESTER/MONTGOMERY/PHILADELPHIA HOSPITALS: <a href="https://www.towerhealth.org/locations/pottstown-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/POTTSTOWN-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/chestnut-hill-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/CHESTNUT-HILL-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/phoenixville-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/PHOENIXVILLE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/brandywine-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/BRANDYWINE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/jennersville-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/JENNERSVILLE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> THE IMPLEMENTATION STRATEGY FOR THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED IN NOVEMBER 2019 AND CAN BE FOUND AT: <a href="https://www.towerhealth.org/locations/pottstown-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/POTTSTOWN-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/chestnut-hill-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/CHESTNUT-HILL-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/phoenixville-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/PHOENIXVILLE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/brandywine-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/BRANDYWINE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> <a href="https://www.towerhealth.org/locations/jennersville-hospital/about/community/community-health-needs-assessment">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/JENNERSVILLE-HOSPITAL/ABOUT/ COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 11	THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL THE CHESTER/MONTGOMERY/PHILADELPHIA HOSPITALS (POTTSTOWN, CHESTNUT HILL, PHOENIXVILLE, BRANDYWINE AND JENNERSVILLE) EACH DEVELOPED A COMMUNITY HEALTH IMPLEM ENTATION 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 IN CLUDING INPUT FROM EXPERT PROVIDERS, COMMUNITY OUTREACH, AND COLLABORATIONS AND PARTNERSHI PS WITH COMMUNITY ORGANIZATIONS. AN OVERVIEW OF EACH PRIORITY FOLLOWS: ACCESS TO HEALTH CA RE: POTTSTOWN HOSPITAL: THE GOAL IS TO INCREASE THE COMMUNITY'S ACCESS TO HEALTH CARE SERV ICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNERABLE AND/OR LIVING IN UNDERSER VED AREAS. POTTSTOWN HOSPITAL WILL WORK TO IMPROVE CULTURAL SENSITIVITY OF STAFF BY ATTEND ING CULTURAL AWARENESS TRAININGS. THE HOSPITAL WILL PARTNER WITH CREATIVE HEALTH SERVICES TO INCREASE ACCESS TO PRIMARY CARE FOR BEHAVIORAL HEALTH PATIENTS. POTTSTOWN HOSPITAL WILL STREAMLINE THE ACCESS TO CARE FACILITIES THROUGH THE TOWER ACCESS PROJECT (TAP) TO PROVID E EASE OF ACCESS FOR COMMUNITY MEMBERS SEEKING TO SCHEDULE APPOINTMENTS WITH AMBULATORY AN D SPECIALTY CARE SERVICE LINES. THE HOSPITAL WILL PARTNER WITH COMMUNITY HEALTH AND DENTAL CARE TO PROVIDE IMMEDIATE FOLLOW-UP APPOINTMENTS POST DISCHARGE. CHESTNUT HILL HOSPITAL: THE GOAL IS TO INCREASE THE COMMUNITY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNERABLE AND/OR LIVING IN UNDERSERVED AREAS. CHESTNUT HILL HOSPITAL WILL WORK TO IMPROVE CULTURAL SENSITIVITY OF STAFF BY ATTENDING CULTURAL AWARENE SS TRAININGS. THE HOSPITAL WILL STREAMLINE THE ACCESS TO CARE FACILITIES THROUGH THE TOWER ACCESS PROJECT (TAP) TO PROVIDE EASE OF ACCESS FOR COMMUNITY MEMBERS SEEKING TO SCHEDULE APPOINTMENTS WITH AMBULATORY AND SPECIALTY CARE SERVICE LINES. CHESTNUT HILL HOSPITAL WILL IMPLEMENT A PATIENT PORTAL FOR FASTER ACCESS TO TEST RESULTS, REQUEST MED REFILLS, AND TO COMMUNICATE DIRECTLY WITH PROVIDERS. PHOENIXVILLE HOSPITAL: THE GOAL IS TO INCREASE THE C OMMUNITY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNERABLE AND/OR LIVING IN UNDERSERVED AREAS. PHOENIXVILLE HOSPITAL WILL ENHANCE THE TEL EMEDICINE OPPORTUNITIES FOR ADDITIONAL TELEHEALTH SERVICES. THE HOSPITAL WILL STREAMLINE T HE ACCESS TO CARE FACILITIES THROUGH THE TOWER ACCESS PROJECT (TAP) TO PROVIDE EASE OF ACC ESS FOR COMMUNITY MEMBERS SEEKING TO SCHEDULE APPOINTMENTS WITH AMBULATORY AND SPECIALTY C ARE SERVICE LINES. PHOENIXVILLE HOSPITAL WILL WORK TO IMPROVE CULTURAL SENSITIVITY OF STAF F BY ATTENDING CULTURAL AWARENESS TRAININGS. THE HOSPITAL WILL UTILIZE OUTREACH SITES TO C ONNECT VULNERABLE POPULATIONS WITH RESOURCES TO ADDRESS UNMET HEALTH CARE NEEDS. PHOENIXVI LLE HOSPITAL WILL HOST BRIDGING THE GAP MEDICAL INTERPRETER CERTIFICATION TO INCREASE THE NUMBER OF QUALIFIED MEDICAL IN



**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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 11	<p>TERPRETERS IN THE COMMUNITY. BRANDYWINE HOSPITAL: THE GOAL IS TO INCREASE THE COMMUNITY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNERABLE AND/OR LIVING IN UNDERSERVED AREAS. BRANDYWINE HOSPITAL WORK TO IMPROVE CULTURAL SENSITIV ITY OF STAFF BY ATTENDING CULTURAL AWARENESS TRAININGS. THE HOSPITAL WILL DEVELOP, ENHANCE AND EXPAND TELEMEDICINE OPPORTUNITIES AND WILL ENHANCE THE USE OF REMOTE PATIENT MONITORI NG TO INCLUDE OBESE, DIABETIC AND CHF PATIENTS. JENNERSVILLE HOSPITAL: THE GOAL IS TO INCR EASE THE COMMUNITY'S ACCESS TO HEALTH CARE SERVICES, PARTICULARLY THOSE COMMUNITY MEMBERS CONSIDERED VULNERABLE AND/OR LIVING IN UNDERSERVED AREAS. JENNERSVILLE HOSPITAL WILL ENHAN CE THEIR SPECIALIST OFFERING BY RECRUITING ADDITIONAL SPECIALISTS. THE HOSPITAL WILL EXPLO RE A TELEMEDICINE PARTNERSHIP WITH CAREPORT M.D. THROUGH WORKFORCE DEVELOPMENT, THE HOSPIT AL WILL PROVIDE OPPORTUNITIES FOR YOUNG ADULTS TO EXPERIENCE CAREERS IN HEALTH CARE AS A W AY OF CULTIVATING THE FUTURE WORKFORCE. JENNERSVILLE HOSPITAL WILL IMPLEMENT AND ENGAGE PA TIENTS THROUGH MY TOWER HEALTH AND WILL STREAMLINE THE ACCESS TO CARE FACILITIES THROUGH T HE TOWER ACCESS PROJECT (TAP) TO PROVIDE EASE OF ACCESS FOR COMMUNITY MEMBERS SEEKING TO S CHEDULE APPOINTMENTS WITH AMBULATORY AND SPECIALTY CARE SERVICE LINES. SOCIAL DETERMINANTS OF HEALTH: POTTSTOWN HOSPITAL: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH). POTTSTOWN HOSPITAL WILL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONM ENT BY SCREENING MEDICARE AND MEDICAID PATIENTS IN IDENTIFIED CLINICAL AREAS, IDENTIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMUNITY RESOURCES, AND PROVIDING NAVIGATION SE RVICES TO PATIENTS IDENTIFIED AS HIGH-RISK. TO HELP REDUCE TRANSPORTATION BARRIERS, THE HO SPITAL WILL IMPLEMENT THE RIDE HEALTH PROGRAM. CHESTNUT HILL HOSPITAL: THE GOAL IS TO IDEN TIFY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH). CHESTNUT HILL HOSPITAL WILL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONMENT BY SCREENING MEDICARE AND MEDICAID PATIENTS IN IDENTIFIED CLINICAL AREAS, IDENTIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMU NITY RESOURCES, AND PROVIDING NAVIGATION SERVICES TO PATIENTS IDENTIFIED AS HIGH-RISK. THE HOSPITAL WILL ADDRESS TRANSPORTATION BARRIERS BY DEVELOPING A WORKFLOW, IMPLEMENTATION PL AN AND GUIDELINES FOR TRANSPORTATION PROGRAM FOR PATIENTS. PHOENIXVILLE HOSPITAL: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH). PHOENIXVILLE HOSPITAL WI LL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONMENT BY SCREENING MEDICARE AND MEDICA I D PATIENTS IN IDENTIFIED CLINICAL AREAS, IDENTIFYING NEEDS, CONNECTING PATIENTS TO APPROPR IATE COMMUNITY RESOURCES, AND PROVIDING NAVIGATION SERVICES TO PATIENTS IDENTIFIED AS HIGH -RISK. TO HELP REDUCE TRANSPORTATION BARRIERS, THE HOSPITAL WILL IMPLEMENT THE RIDE HEALTH PROGRAM. BRANDYWINE HOSPITAL: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH). BRANDYWINE HOSP</p>

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 11	<p>ITAL WILL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONMENT BY SCREENING MEDICARE AND MEDICAID PATIENTS IN IDENTIFIED CLINICAL AREAS, IDENTIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMUNITY RESOURCES, AND PROVIDING NAVIGATION SERVICES TO PATIENTS IDENTIFIED AS HIGH-RISK. TO HELP REDUCE TRANSPORTATION BARRIERS, THE HOSPITAL WILL IMPLEMENT THE RIDE HEALTH PROGRAM. JENNERSVILLE HOSPITAL: THE GOAL IS TO IDENTIFY AND ADDRESS SOCIAL DETERMINANTS OF HEALTH (SDOH). JENNERSVILLE HOSPITAL WILL SEEK TO ACHIEVE THIS GOAL IN THE CLINICAL ENVIRONMENT BY SCREENING MEDICARE AND MEDICAID PATIENTS IN IDENTIFIED CLINICAL AREAS, IDENTIFYING NEEDS, CONNECTING PATIENTS TO APPROPRIATE COMMUNITY RESOURCES, AND PROVIDING NAVIGATION SERVICES TO PATIENTS IDENTIFIED AS HIGH-RISK. THE HOSPITAL WILL PARTNER WITH COMMUNITY ORGANIZATIONS TO ADDRESS TRANSPORTATION BARRIERS AND PARTNER WITH THE COMMUNITY FOOD BANK TO REDUCE FOOD SCARCITY ISSUES FOR VULNERABLE POPULATIONS. DISEASE PREVENTION &amp; MANAGEMENT: POTTSTOWN HOSPITAL: THIS GOAL IS TO IMPLEMENT CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS IN THE PRIMARY SERVICE AREA, SPECIFICALLY TARGETING VULNERABLE POPULATIONS. POTTSTOWN HOSPITAL WILL INCREASE DIABETES AND HYPERTENSION SCREENINGS AND WILL CONDUCT MULTIPLE CANCER EDUCATION AND SCREENING EVENTS FOR THE COMMUNITY, INCLUDING LUNG CANCER, BREAST CANCER AND SKIN CANCER SCREENINGS. THE HOSPITAL WILL IMPLEMENT SHORT AND LONG-TERM WELLNESS INITIATIVES THROUGH TOWER WELLNESS PROGRAMS AND BUILD RELATIONSHIPS WITH LOCAL SCHOOL DISTRICTS AND ATTEND THEIR WELLNESS COMMITTEE MEETINGS AND PARTICIPATE IN SCHOOL WELLNESS ACTIVITIES FOR THE YOUTH. A COMMUNITY GARDEN WILL BE DEVELOPED TO PLANT AND HARVEST FRUITS AND VEGETABLES. NUTRITION EDUCATION WILL BE PROVIDED TO THE COMMUNITY ALONG WITH FOOD DEMONSTRATIONS, AND FREE FRUITS AND VEGETABLES. CHESTNUT HILL HOSPITAL: THIS GOAL IS TO IMPLEMENT CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS IN THE PRIMARY SERVICE AREA, SPECIFICALLY TARGETING VULNERABLE POPULATIONS. CHESTNUT HILL HOSPITAL WILL PROVIDE SCREENING (HYPERTENSION, RISK ASSESSMENTS FOR HEART AND STROKE, MAMMOGRAMS SCREENINGS) AND EDUCATION (DIABETES) TO THE PRIMARY SERVICE AREAS, PARTICULARLY FOCUSING ON VULNERABLE POPULATIONS. THE HOSPITAL WILL PARTICIPATE IN THE STATE HEALTHY WOMEN PROGRAM PROVIDING MAMMOGRAMS AND PAPs TO UNINSURED WOMEN. CHESTNUT HILL HOSPITAL WILL IMPLEMENT SHORT AND LONG-TERM WELLNESS INITIATIVES THROUGH TOWER WELLNESS PROGRAMS FOR THE COMMUNITY AND PARTNER WITH THE COMMUNITY TO MAKE AED'S AVAILABLE TO FIRST RESPONDERS. PHOENIXVILLE HOSPITAL: THIS GOAL IS TO IMPLEMENT CHRONIC DISEASE PREVENTION AND MANAGEMENT PROGRAMS IN THE PRIMARY SERVICE AREA, SPECIFICALLY TARGETING VULNERABLE POPULATIONS. PHOENIXVILLE HOSPITAL WILL PROVIDE PROGRAMS THAT EDUCATE THE COMMUNITY ABOUT DIABETES BY PROMOTING DIABETES SUPPORT GROUP MEETINGS AND PROVIDE DIABETES PROGRAMS TO THE AT-RISK POPULATION. THE HOSPITAL WILL RAISE AWARENESS OF AVAILABLE ASSISTANCE TO FOOD</p>

**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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 13H	THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL. 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-EMERGENCY 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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 15E	THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL. 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 INFORMATION WILL BE MADE. A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT DESCRIBING THE OUTCOME OF THE DECISION. 4. WHEN FINANCIAL ASSISTANCE IS APPROVED, A CONFIRMATION LETTER IN ENGLISH AND SPANISH WILL BE SENT TO THE PATIENT. THE LETTER WILL SERVE AS A MEANS OF SPECIFYING TIME FRAME COVERED BY THE FINANCIAL ASSISTANCE DETERMINATION. THE CONFIRMATION LETTER WILL CONTAIN A CONTACT NAME FOR THE PATIENT TO RETAIN AS A REFERENCE AND RESOURCE FOR ADDITIONAL QUESTIONS. 5. IF FINANCIAL ASSISTANCE IS NOT APPROVED, LETTERS IN ENGLISH AND SPANISH WILL BE SENT DESCRIBING THE REASONS FOR THE DECISION, AS WELL AS INFORMATION ON OTHER PAYMENT OPTIONS. SHOULD PATIENTS WISH TO APPEAL THE DECISION MADE, DIRECTIONS ON THE APPEALS PROCESS WILL ALSO BE PROVIDED. 6. PATIENTS OR GUARANTORS WHO DISAGREE WITH THE OUTCOME OF THE FINANCIAL ASSISTANCE ELIGIBILITY DECISION WILL HAVE THE OPPORTUNITY TO APPEAL THE DECISION. 7. THE FINANCIAL ASSISTANCE SCALE PROVIDES 100% CHARITY CARE TO BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 200% OF THE FEDERAL POVERTY LEVEL (FPL). THE FINANCIAL ASSISTANCE SCALE PROVIDES DISCOUNTED CARE ON A SLIDING SCALE FOR BOTH INSURED AND UNINSURED PATIENTS WHOSE HOUSEHOLD INCOME IS UP TO 400% OF THE FEDERAL POVERTY LEVEL (FPL). 8. THE MCR FFS (MEDICARE FEE FOR SERVICE) IS USED TO DETERMINE THE FINANCIAL ASSISTANCE ADJUSTMENT. PATIENTS ARE ENCOURAGED TO BEGIN APPLYING FOR FINANCIAL ASSISTANCE AS EARLY AS POSSIBLE IN THE PROCESS OF ACCESSING MEDICAL CARE. THE SOONER THE HOSPITAL BECOMES AWARE OF THE FINANCIAL NEED, THE GREATER OPPORTUNITY EXISTS TO SUCCESSFULLY CONNECT THE PATIENT WITH POTENTIAL RESOURCES SUCH AS MEDICIAD OR OTHER ASSISTANCE OF INSURANCE PROGRAMS. WHILE IT IS IDEAL TO INITIATE THE PROCESS AS SOON AS POSSIBLE, PATIENTS ARE ELIGIBLE TO REQUEST CONSIDERATION OF FINANCIAL ASSISTANCE AT ANY POINT IN THE BILLING AND COLLECTION CYCLE. IF THE FINANCIAL ASSISTANCE APPLICATION IS INITIATED WHILE THE ACCOUNT IS IN THE COLLECTION 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
GROUP A, FACILITY 1, POTTSTOWN HOSPITAL - PART V, LINE 16j	<p>THE BELOW NARRATIVE COVERS LINE 16A-C AND J THIS ALSO APPLIES TO CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL. THE CURRENT FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE POLICY AND APPLICATIONS FOR FINANCIAL ASSISTANCE, IN ENGLISH AND SPANISH, ARE ACCESSIBLE AT: <a href="https://www.towerhealth.org/locations/pottstown-hospital/billing/financial-assistance">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/POTTSTOWN-HOSPITAL/BILLING/FINANCIAL-ASSISTANCE</a> <a href="https://www.towerhealth.org/locations/chestnut-hill-hospital/billing/financial-assistance">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/CHESTNUT-HILL-HOSPITAL/BILLING/FINANCIAL-ASSISTANCE</a> <a href="https://www.towerhealth.org/locations/phoenixville-hospital/billing/financial-assistance">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/PHOENIXVILLE-HOSPITAL/BILLING/FINANCIAL-ASSISTANCE</a> <a href="https://www.towerhealth.org/locations/brandywine-hospital/billing/financial-assistance">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/BRANDYWINE-HOSPITAL/BILLING/FINANCIAL-ASSISTANCE</a> <a href="https://www.towerhealth.org/locations/jennersville-hospital/billing/financial-assistance">HTTPS://WWW.TOWERHEALTH.ORG/LOCATIONS/JENNERSVILLE-HOSPITAL/BILLING/FINANCIAL-ASSISTANCE</a> 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 POTTSTOWN HOSPITAL, CHESTNUT HILL HOSPITAL, PHOENIXVILLE HOSPITAL, BRANDYWINE HOSPITAL AND JENNERSVILLE HOSPITAL SPECIFYING WHICH PROVIDERS ARE AND ARE NOT COVERED BY THE PATIENT FINANCIAL ASSISTANCE POLICY. THIS PROVIDER LIST IS AVAILABLE ONLINE AT: <a href="https://www.towerhealth.org/providers/">HTTPS://WWW.TOWERHEALTH.ORG/PROVIDERS/</a>. IN ADDITION, 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 POTTSTOWN, CHESUTNUT HILL, PHOENIXVILLE, BRANDYWINE AND JENNERSVILLE HOSPITALS 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 &amp; 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 THE HOSPITAL. THESE PAMPHLETS PROVIDE AN EASY-TO-READ SUMMARY OF THE FINANCIAL ASSISTANCE PROGRAM, WITH CONTACT INFORMATION OF HOSPITAL EMPLOYEES WHO WILL ASSIST THE PATIENTS WITH THE APPLICATION PROCESS. THESE PAMPHLETS ARE ALSO DISTIBUTED TO PATIENTS AT THE POINTS OF REGISTRATION THROUGHOUT THE 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 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. THE HOSPITAL WORKS CLOSELY WITH ADVOCACY PROGRAMS IN THE COMMUNITY. THE AVAILABILITY OF THE HOPSITAL FINANCIAL ASSISTANCE POLICY IS SHARED WITH THOSE AGENCIES.</p>

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization TOWER HEALTH		Employer identification number 23-2201344

Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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		<b>1b</b>	
<b>2</b> 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?		<b>2</b>	
<b>3</b> 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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b>	Yes
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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:			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.			
<b>6</b> 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:			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.			
<b>7</b> 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.		<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

**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.

**Schedule J (Form 990) 2019**

**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 0 412,360 0 THERESE SUCHER 0 206,256 0 GARY F. CONNER 0 151,353 0 GREGORY SORENSEN, MD 0 178,414 0 DAN AHERN 0 121,542 0 GEORGE A. JENCKES, MD 0 54,681 0 STEPHEN TULLMAN 0 59,224 0 TERESA PEIRCE 237,087 0 0 PATRICIA SCHERELE 111,309 0 0
SCHEDULE J, PART III	PART I, 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: JOHN CACCIAMANI, RICHARD NEWELL JR. AND CLAIRE MOONEY PARTICIPATED IN THE 457(F) DEFERRED COMPENSATION PLAN DURING CALENDAR YEAR 2019 BUT DID NOT RECEIVE DISTRIBUTIONS. COMPENSATION DISCLOSURE: THE COMPENSATION OF EXECUTIVES IS DETERMINED BY TOWER HEALTH'S BOARD OF DIRECTORS, WHICH 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.





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

[illegible]

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
TOWER HEALTH

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Employer identification number

23-2201344

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A BERKS COUNTY MUNICIPAL AUTHORITY SERIES 2012-ABCD		23-6647630	084538GX9	06-28-2012	479,354,940	SEE PART VI	X			X		X
B BERKS COUNTY IND DEV AUTHORITY SERIES 2017		23-7418629	08451PAY7	10-31-2017	646,650,683	SEE PART VI		X		X		X
C THE BERKS COUNTY MUNICIPAL AUTHORITY SERIES 2020		23-6647630	084538JC2	02-11-2020	321,190,756	SEE PART VI		X		X		X
Part II Proceeds												
					A	B	C		D			
1	Amount of bonds retired . . . . .				313,210,000							
2	Amount of bonds legally defeased . . . . .											
3	Total proceeds of issue . . . . .				479,394,377	648,112,763	321,190,756					
4	Gross proceeds in reserve funds . . . . .											
5	Capitalized interest from proceeds . . . . .											
6	Proceeds in refunding escrows . . . . .											
7	Issuance costs from proceeds . . . . .				3,523,736	4,343,979	121,916					
8	Credit enhancement from proceeds . . . . .											
9	Working capital expenditures from proceeds . . . . .				24,697							
10	Capital expenditures from proceeds . . . . .					200,000,000						
11	Other spent proceeds . . . . .				475,845,944	443,768,784	321,068,840					
12	Other unspent proceeds . . . . .											
13	Year of substantial completion . . . . .				2005	2017	2010					
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .				X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .				X		X			X		
16	Has the final allocation of proceeds been made? . . . . .				X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .				X		X		X			
Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X	X			
<b>b</b>	Exception to rebate? . . . . .	X			X	X			
<b>c</b>	No rebate due? . . . . .	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X			X	X			
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b>	Name of provider . . . . .								
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	BERKS COUNTY MUNICIPAL AUTHORITY SEE PART VI

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	BERKS COUNTY IND DEV AUTHORITY SEE PART VI

Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION	THE BERKS COUNTY MUNICIPAL AUTHORITY SEE PART VI

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	BERKS COUNTY MUNICIPAL AUTHORITY 12/28/12



Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	BERKS COUNTY IND DEV AUTHORITY 04/30/18

Return Reference	Explanation
ADDITIONAL INFORMATION	<p>BERKS COUNTY MUNICIPAL AUTHORITY (A) ISSUER NAME: THE BERKS COUNTY MUNICIPAL AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 12/28/2012 (A) ISSURE NAME: BERKS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/30/2018 NOTE REGARDING THE REBATE COMPUTATIONS ON 12/28/12: SINCE THE BOND PROCEEDS HAVE BEEN SPENT, A SPENDING EXCEPTION WAS MET, AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE NECESSARY. NOTE REGARDING THE REBATE COMPUTATION ON 4/30/18: AS NO REBATABLE ARBITRAGE WAS EARNED ON THE ADVANCE REFUNDING ESCROW AND THE DEBT SERVICE FUND WAS OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE ANALYSIS IS NECESSARY. PART I, ROW A, COLUMN (F) - REFUND PRIOR ISSUES (5/26/1994, 9/10/1988, 12/4/2008, 7/15/2009 &amp; 2/2/2010) PART I, ROW B, COLUMN (F) - PURCHASE FACILITY AND REFUND PRIOR ISSUES (7/15/2009 &amp; 9/29/2017) PART I, ROW C, COLUMN (F) - REFUND PRIOR ISSUES (7/15/2009, 6/28/2012, 5/16/2016 &amp; 12/27/2017) PART II, COLUMN C, LINE 3 - THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO INVESTMENT EARNINGS.</p>

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
TOWER HEALTH

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**Employer identification number**

23-2201344

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF TOWER HEALTH 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. TOWER HEALTH (PARENT) IS A NON-PROFIT HEALTHCARE SYSTEM THAT PROVIDES CHARITABLE COMMUNITY-BASED HEALTHCARE SERVICES AND PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE AND THE COMMUNITIES IT SERVES IN THE GREATER BERKS, MONTGOMERY AND CHESTER AREAS THROUGH ITS SUBSIDIARIES (SEE FORM 990, SCHEDULE R). SUBSIDIARIES INCLUDE BUT ARE NOT LIMITED TO BRANDYWINE HOSPITAL, CHESTNUT HILL HOSPITAL, JENNERSVILLE, HOSPITAL, PHOENIXVILLE HOSPITAL, AND POTTSTOWN HOSPITAL, THE FIVE OF WHICH ARE HELD IN SINGLE MEMBER LLCs THAT TOWER HEALTH IS THE SOLE MEMBER OF. AS A RESULT, THESE ARE TREATED AS DISREGARDED ENTITIES AND ALL OF THEIR INCOME AND ACTIVITIES ARE REPORTED ON TOWER HEALTH'S FORM 990.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	BOARD MEMBERS WITHOUT COMPENSATION ARE VOLUNTEERS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	<p>OPERATING ROOM: CHESTNUT HILL HOSPITAL SURGICAL DEPARTMENT PROVIDES SURGICAL SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. THESE SERVICES INCLUDE BARIATRICS, ENT, GASTROENTEROLOGY, GYNECOLOGY, ORTHOPEDICS, PAIN MANAGEMENT, PLASTICS, PODIATRY, PULMONOLOGY, THORACIC, UROLOGY, VASCULAR AND GENERAL SURGERY. TOTAL SURGERIES FOR FY20 WERE 3,602.</p> <p>JENNERVILLE HOSPITAL PROVIDES SURGICAL SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. SURGICAL PROCEDURES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING SPECIALTIES: ENT, GENERAL SURGERY, GASTROENTEROLOGIC, GYNECOLOGICAL, OPHTHALMOLOGY, UROLOGIC AND VASCULAR SURGICAL PROCEDURES. TOTAL SURGERIES FOR FY20 WERE 2,017. POTTSTOWN HOSPITAL SURGICAL SERVICES DEPARTMENT PROVIDES EMERGENCY, URGENT AND ELECTIVE SURGERIES TO THE COMMUNITY ON AN INPATIENT AND OUTPATIENT BASIS. EMERGENCY CASES CAN BE DONE 24 HOURS A DAY, 365 DAYS A YEAR - PATIENTS NEEDING A HIGHER LEVEL OF CARE CAN BE TRANSFERRED TO TERTIARY CENTERS IN THE AREA. POTTSTOWN HOSPITAL OFFERS GENERAL, ORTHOPEDIC, VASCULAR, SPINE, ENT, MAXILLOFACIAL, PLASTIC, OB/GYN, OPHTHALMOLOGIC, UROLOGIC AND PODIATRIC SURGERY. TOTAL SURGERIES FOR FY20 WERE 5,586.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	<p>RADIOLOGY/ONCOLOGY: CHESTNUT HILL HOSPITAL RADIOLOGY DEPARTMENT PROVIDES IMAGING SERVICES TO THE COMMUNITY IN BOTH AN INPATIENT AND OUTPATIENT SETTING. THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO PET SCANS, ULTRASOUNDS, CAT SCANS, MRIS, NUCLEAR MEDICINE, INTERVENTIONAL RADIOLOGY, AND MAMMOGRAMS. CHESTNUT HILL HOSPITAL PROVIDES FREE SCREENINGS THROUGHOUT THE COMMUNITY AND OFFERS FINANCIAL ASSISTANCE FOR MAMMOGRAMS VIA FUNDS RECEIVED AT LOCAL CHARITABLE EVENTS HOSTED/SPONSORED BY CHH. TOTAL IMAGING PROCEDURES/SCANS FOR FY20 WERE 79,904. PHOENIXVILLE HOSPITAL ONCOLOGY SERVICES DEPARTMENT PROVIDES MEDICAL ONCOLOGY AND RADIATION THERAPY SERVICES TO THE COMMUNITY. PHOENIXVILLE HOSPITAL PROVIDES CHARITY SERVICES TO THEIR SERVICE AREA WHO MEET THEIR CHARITY POLICY GUIDELINES. TARGETED THERAPIES IN THEIR RECENTLY RENOVATED INFUSION SUITE SELECTIVELY AFFECT ONLY THE CELLS RELATED TO A PARTICULAR CANCER, CAUSING LESS DAMAGE AND FEWER SIDE EFFECTS TO SURROUNDING NON- CANCEROUS CELLS AND BODY SYSTEMS THAN TRADITIONAL CHEMOTHERAPY DRUGS. PHOENIXVILLE HOSPITAL ACTIVELY PARTICIPATES IN A NUMBER OF PREVENTIVE AND TREATMENT CLINICAL TRIALS THROUGH THE CANCER TRIALS SUPPORT UNIT (CTSU). TOTAL PROCEDURES FOR FY20 WERE 12,838. POTTSTOWN HOSPITAL CANCER CENTER PROVIDES INPATIENT, OUTPATIENT AND INFUSION SERVICES TO ONCOLOGY PATIENTS IN THE COMMUNITY. THE POTTSTOWN HOSPITAL CANCER CENTER OFFERS A ROBUST SERVICE LINE INCLUSIVE OF MEDICAL AND RADIATION ONCOLOGY WITH RAPID ARC TECHNOLOGY WITH THEIR LINEAR ACCELERATOR AND CYBERKNIFE CAPABILITIES. THE POTTSTOWN HOSPITAL CANCER CENTER IS A FIVE TIME RECIPIENT OF THE AMERICAN COLLEGE OF SURGEONS COUNCIL ON CANCER OUTSTANDING ACHIEVEMENT AWARD. THERE ARE ONLY 4 CANCER CENTERS IN THE COUNTRY WHO HAVE ACHIEVED THIS DISTINCTION. TOTAL PROCEDURES FOR FY20 WERE 8,040.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	<p>EMERGENCY CARE: BRANDYWINE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. BRANDWINE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES. EMERGENCY ROOM VISITS FOR FY20 WERE 23,973. CHESTNUT HILL HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. CHH PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY AREAS. CHH REMAINS COMMITTED TO THEIR GOAL OF SEEING PATIENTS IN 30 MINUTES OR LESS. EMERGENCY ROOM VISITS FOR FY20 WERE 35,927. JENNERSVILLE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365", REGARDLESS OF ABILITY TO PAY. JENNERSVILLE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES. EMERGENCY ROOM VISITS FOR FY20 WERE 13,960. PHOENIXVILLE HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY "24/7/365" REGARDLESS OF ABILITY TO PAY. PHOENIXVILLE HOSPITAL ALSO PROVIDES IMMEDIATE ACCESS THROUGH ITS EMERGENCY DEPARTMENT TO ALL SPECIALTY SERVICES, FROM SURGEONS TO ALL AREAS OF SPECIALTY CARE. PHOENIXVILLE HOSPITAL HAD "24/7/365" ON-CALL CONSULTANTS FOR PEDIATRIC EMERGENCY CASES THROUGH NEMOURS WHICH ENDED 2/9/20. THIS SERVICE NOW TRANSITIONED TO TWO AFFILIATED HOSPITALS. LOCAL EMS PROVIDERS RELY ON PHOENIXVILLE HOSPITAL FOR ON-GOING MEDICAL EDUCATION. EMERGENCY ROOM VISITS FOR FY20 WERE 20,239. POTTSTOWN HOSPITAL EMERGENCY DEPARTMENT PROVIDES EMERGENCY, URGENT AND PRIMARY CARE SERVICES TO THE COMMUNITY. THE EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 365 DAYS A YEAR AND SERVES PATIENTS FROM BERKS, MONTGOMERY AND CHESTER COUNTIES. THE POTTSTOWN HOSPITAL EMERGENCY DEPARTMENT IS THE SECOND BUSIEST EMERGENCY DEPARTMENT IN MONTGOMERY COUNTY. THERE IS A FULL COMPLEMENT OF SPECIALTY SERVICES PROVIDED AT THE LOCAL AND/OR TERTIARY LEVEL WITH OUR SYSTEM HOSPITAL IN READING. EMERGENCY ROOM VISITS FOR FY20 WERE 36,130.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>EXPENSES INCURRED IN PROVIDING VARIOUS OTHER MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, OR ABILITY TO PAY. SERVICES INCLUDE BUT ARE NOT LIMITED TO: BRANDYWINE HOSPITAL INPATIENT BEHAVIORAL HEALTH PROVIDES 24-HOUR SUPERVISION, TREATMENT, STABILIZATION AND PLACEMENT FOR ADULTS AND OLDER ADULTS COPING WITH A VARIETY OF ISSUES, FOCUSING ON RETURNING THE INDIVIDUAL TO THE HIGHEST LEVEL OF FUNCTIONING POSSIBLE. THE INPATIENT EATING DISORDERS PROGRAM PROVIDES AN INDIVIDUALIZED TREATMENT PLAN, GROUP AND INDIVIDUAL THERAPY AND PSYCHIATRIC CARE FOR INDIVIDUALS AGES 13 AND OLDER. TOTAL PATIENT VISITS FOR FY20 WERE 15,562. BRANDYWINE HOSPITAL INPATIENT AND OUTPATIENT UNITS INCLUDE: MEDICAL SURGICAL, TELEMETRY AND INTENSIVE CARE UNITS THAT PROVIDE ACUTE INPATIENT SERVICES INCLUDING SUPPORT SERVICES SUCH AS LABORATORY, PHARMACY, PHYSICAL THERAPY, RESPIRATORY THERAPY AND RADIOLOGY. TOTAL PATIENT DAYS FOR FY20 WERE 18,642 JENNEERSVILLE HOSPITAL INPATIENT AND OUTPATIENT UNITS INCLUDE: MEDICAL SURGICAL, TELEMETRY AND INTENSIVE CARE THAT PROVIDES ACUTE INPATIENT SERVICES INCLUDING SUPPORT SERVICES SUCH AS LABORATORY, PHARMACY, PHYSICAL THERAPY, RESPIRATORY THERAPY, AND RADIOLOGY. TOTAL PATIENT DAYS FOR FY20 WERE 8,015 PHOENIXVILLE HOSPITAL OB/GYN WOMEN'S HEALTH SERVICES DEPARTMENT PROVIDES OB/GYN CARE AND MATERNITY SERVICES TO THE COMMUNITY "24/7/365". PHOENIXVILLE HOSPITAL PROVIDES CHARITY SERVICES TO THE SERVICE AREA THROUGH THEIR HEALTHY BABY PROGRAM TO FAMILIES WHO MEET THEIR CHARITY POLICY GUIDELINES. SIX BOARD-CERTIFIED OB/GYNs DELIVER OVER 700 BABIES EACH YEAR AND ARE BACKED BY A LEVEL II NICU AND NEMOURS DUPONT PEDIATRICS BOARD-CERTIFIED NEONATOLOGISTS PROVIDING "24/7/365" COVERAGE THROUGH 2/9/20 AND THEN TRANSITIONING TO TWO AFFILIATED HOSPITALS. PRIVATE ROOMS WITH ROOM-SERVICE ARE PROVIDED. LACTATION SERVICES, FAMILY PREP CLASSES AND POST-PARTUM SUPPORT IS ALSO PROVIDED. TOTAL NEW BORN FOR FY20 WERE 739. TOWER HEALTH URGENT CARE CONSISTS OF 23 LOCATIONS. WE SPECIALIZE IN TREATING NON-LIFE-THREATENING ILLNESSES AND INJURIES. WE PROVIDE COORDINATED AND COMPREHENSIVE EXAMS FOR SCHOOL, CAMP, SPORTS, AND PRE-EMPLOYMENT, AS WELL AS PROFESSIONAL DRIVER EXAMS FROM OUR LICENSED, CERTIFIED MEDICAL EXAMINERS WITH THE DEPARTMENT OF TRANSPORTATION. AS A PREFERRED PROVIDER FOR MANY EMPLOYERS, WE ARE EQUIPPED TO HANDLE OCCUPATIONAL HEALTH NEEDS INCLUDING IMMUNIZATIONS, SCREENINGS, DOT AND CDL PHYSICALS. TELEMEDICINE HAS BECOME WIDELY ACCEPTED WITH THE ADVANCES IN REMOTE MEDICAL TECHNOLOGIES. TOWER HEALTH URGENT CARE IS ON THE FOREFRONT OF PATIENT CARE WITH OUR TELEBURN NETWORK. SELECT TOWER HEALTH URGENT CARE LOCATIONS HAVE PARTNERED WITH THE LEHIGH VALLEY TELEBURN NETWORK TO TREAT BURN PATIENTS BASED ON CONSULTS WITH SPECIALISTS AT THE LEHIGH VALLEY REGIONAL BURN CENTER. TELEBURN ENABLES OUR MEDICAL STAFF TO OBTAIN IMMEDIATE CONSULTS FROM THE BURN CENTER USING DIGI</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>TAL IMAGERY. TELEBURN ASSESSMENTS MEET ALL APPLICABLE PRIVACY AND SECURITY REGULATIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AND THE HEALTH INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH). ADDITIONALLY, COVID-19 ANTIBODY TESTING IS AVAILABLE AT SELECT TOWER HEALTH URGENT CARE LOCATIONS. TOWER HEALTH PARTNERS (THP) WAS FORMED TO DEVELOP A PHYSICIAN NETWORK TO WORK IN CONJUNCTION WITH TOWER HEALTH T O IMPLEMENT A CLINICAL INTEGRATION PROGRAM. CLINICAL INTEGRATION IS THE IMPLEMENTATION OF AN ACTIVE AND ONGOING PROGRAM TO EVALUATE AND MODIFY PRACTICE PATTERNS BY THE NETWORK'S PH YSICIAN PARTICIPANTS AND CREATE A HIGH DEGREE OF INTERDEPENDENCE AND COOPERATION AMONG THE PHYSICIANS TO CONTROL COSTS AND IMPROVE THE QUALITY AND EFFICIENCY OF HEALTH CARE FOR THE NETWORK'S PHYSICIAN PARTICIPANTS AND THE ENTIRE HEALTH CARE COMMUNITY SERVED. TOWER HEALT H 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 PRACTIC ES WERE CLOSED CAUSING A DECREASE IN PATIENT VISITS. OPERATING EXPENSES INCREASED DUE TO T HE HIGH DEMAND FOR PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR STAFF AND PATIENTS AND OTHER CO VID RELEATED 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 N EEDS PLACES AN INDIVIDUAL'S HEALTH AT RISK. TOWER HEALTH INVESTED IN EXPANDING DIGITAL, VI RTUAL AND TELEHEALTH SERVICES TO STAY CONNECTED WITH THEIR PATIENTS.</p>

## 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 WEBSITE FOR BOARD MEMBERS PRIOR TO FILING. MEMBERS ARE ALERTED TO INFORMATION AND NOTICES. A COPY OF THE 990 IS MAILED TO ANY BOARD MEMBER UNABLE TO VIEW THIS SITE.

**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 DESCENDANT, OR A SPOUCE 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 FOR UPDATING AND RESUBMISSION AND BY WHICH THE BOARD MEMBER, OFFICER AND KEY EMPLOYEE SHALL CONFIRM HIS OR HER AWARENESS OF THIS POLICY.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SAME RESPONSE AS LINE 15A.

# 990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OUTSIDE SERV/OTHER FEES 52,097,144 0 0 OUTSIDE SERV/OTHER FEES 0 103,960,331 0 PHYSICIAN FEES/OTHER 3,893,007 0 0 PHYSICIAN FEES/OTHER 4,783,839 0 0 PHYSICIAN FEES/OTHER 7,156,890 0 0 PHYSICIAN FEES/OTHER 21,477,645 0 0 TOTAL 89,408,525 103,960,331 0

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ASSETS RELEASED FROM RESTRICTION & OTHER -152,249 INTERCOMPANY ASSET TRANSFER -124,966,689 INCOME TAX EXPENSE 351,765 ASSET IMPAIRMENT -146,874 BUILDING IMPAIRMENT -23,578,000 CHANGE IN FAIR VALUE OF SWAPS -5,466,666 TOTAL -153,958,713



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
TOWER HEALTH

Employer identification number  
23-2201344

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> SOUTHERN CHESTER CNTY MED BLDG 1  1015 WEST BALTIMORE PIKE WEST GROVE, PA 19390 23-2200841	HEALTHCARE	PA	TOWER HLTH	EXCLUDED	-30,984	-72,319		No		Yes		54.660 %
<b>(2)</b> READING-UPMC JOINT VENTURE LLC  600 GRANT STREET PITTSBURGH, PA 15219 81-4566751	HEALTHCARE	PA	N/A	RELATED	2,840,781	11,658,926		No		Yes		50.000 %
<b>(3)</b> TOWERUSP SURGERY CENTERS LLC  15305 DALLAS PARKWAY-SUITE 1600LB28 SUITE 1600-LB-28 ADDISON, TX 75001 36-4911103	HEALTHCARE	PA	N/A	RELATED				No			No	50.100 %
<b>(4)</b> MEDICAL SCHOOL VENTURE LLC  ELLIS PRES 3843 WEST CHESTER PIKE NEWTOWN SQUARE, PA 19073 84-2638593	HEALTHCARE	PA	TOWER HLTH	RELATED		10,379,882		No			No	61.750 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> TOWER HEALTH PPO FKA BHP  PO BOX 14744 READING, PA 19612 23-2430798	PPO	PA	NA	C CORP					No
<b>(2)</b> MEDICUS RESOURCE MANAGEMENT  PO BOX 14744 READING, PA 19612 23-2565297	CM REVIEW	PA	NA	C CORP					No
<b>(3)</b> TOWER HEALTH RECIPROCAL RISK  151 MEETING STREET SUITE 301 CHARLESTON, SC 29401 82-2758845	INSURANCE	SC	TOWER HLTH	C CORP	9,610,452	23,167,731	100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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	D	25,924,229	GL TRANSACTIONS

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

[illegible]

**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 23-2201344  
Name: TOWER HEALTH

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
TOWER HEALTH PARTNERS LLC PO BOX 16053 READING, PA 196126052 46-3459501	HEALTHCARE	PA	4,071,296	-598,590	TOWER HLTH
BRANDYWINE HOSPITAL LLC 201 REECEVILLE ROAD COATESVILLE, PA 19320 82-2086906	HOSPITAL	PA	72,532,733	51,966,855	TOWER HLTH
CHESTNUT HILL HOSPITAL LLC 8835 GERMANTOWN AVE PHILADELPHIA, PA 19118 82-2108660	HOSPITAL	PA	114,022,388	157,949,613	TOWER HLTH
JENNERSVILLE HOSPITAL LLC 1015 W BALTIMORE PIKE WEST GROVE, PA 19390 82-2116582	HOSPITAL	PA	31,135,833	16,425,738	TOWER HLTH
PHOENIXVILLE HOSPITAL LLC 140 NUTT ROAD PHOENIXVILLE, PA 19460 82-2062413	HOSPITAL	PA	139,063,919	105,197,442	TOWER HLTH
POTTSTOWN HOSPITAL LLC 1600 EAST HIGH STREET POTTSTOWN, PA 19464 82-2132538	HOSPITAL	PA	116,729,120	106,083,360	TOWER HLTH
TOWER HEALTH ENTERPRISES LLC 420 SOUTH 5TH AVENUE WEST READING, PA 19611 82-2203526	HEALTHCARE	PA	23,695,926	39,368,205	TOWER HLTH
BRANDYWINE HOSPITAL MED TRANS LLC 201 REESEVILLE ROAD COATESVILLE, PA 19320 82-2571017	MED SERV	PA	1,322,924	-1,092,543	BRAND HOSP
CHESTNUT HILL DEVELOPMENT 8835 GERMANTOWN AVE PHILADELPHIA, PA 19118 82-2585433	MED SERV	PA	666,928	508,730	CNH HOSP
POTTSTOWN MEM AMBULANCE CO LLC 1600 EAST HIGH STREET POTTSTOWN, PA 19464 45-5349097	MED SERV	PA	709,595	-1,605,720	POTTS HOSP
TOWER HEALTH URGENT CARE LLC 420 SOUTH 5TH AVENUE WEST READING, PA 19611 61-1903284	MED SERV	PA	23,444,849	35,128,970	TH ENTERPR
TOWER HEALTH CVO LLC 420 SOUTH 5TH AVENUE WEST READING, PA 19611 83-1423785	MED CRED	PA			TH ENTERPR

**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 23-1352204	HEALTHCARE	PA	501 C3	3	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-6026108	FUNDRAISE	PA	501 C3	10	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2087514	TRUST FUND	PA	501 C3	12B	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 23-2266054	HEALTHCARE	PA	501 C3	3	TH	Yes	
420 SOUTH 5TH AVENUE WEST READING, PA 19611 47-3054125	SUPPORTING	PA	501C3	12B	TH	Yes	
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-2469321	SUPPORTING	PA	501C3	12B	TOWER HLTH	Yes	
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-2469319	HEALTHCARE	PA	501C3	3	THAH	Yes	
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1466250	HEALTHCARE	PA	501C3	3	THAH	Yes	
1170 BERKSHIRE BLVD WYOMISSING, PA 19610 23-1352574	HEALTHCARE	PA	501C3	3	THAH	Yes	