

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ 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.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b> Doing business as <b>THE WRIGHT CENTER FOR COMMUNITY</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>501 S. WASHINGTON AVE, SUITE 1000</b> City or town, state or province, country, and ZIP or foreign postal code <b>SCRANTON, PA 18505</b> <b>F</b> Name and address of principal officer: <b>LINDA THOMAS-HEMAK MD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>23-2772504</b> <b>E</b> Telephone number <b>570-343-2383</b> <b>G</b> Gross receipts \$ <b>20,570,646.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.THEWRIGHTCENTER.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1994</b> <b>M</b> State of legal domicile: <b>PA</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>DELIVER QUALITY, COMPREHENSIVE, NONDISCRIMINATORY PATIENT-CENTERED PRIMARY HEALTH SERVICES</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>20</b>
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b> <b>182</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>20</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
<b>7 b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b> <b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>2,044,877.</b> <b>3,016,314.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>16,298,289.</b> <b>17,363,071.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>7,646.</b> <b>1,157.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>120,492.</b> <b>187,792.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>18,471,304.</b> <b>20,568,334.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>461,789.</b> <b>1,003,425.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>9,196,029.</b> <b>10,581,684.</b>
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
<b>16 b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,228,402.</b> <b>8,487,831.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>17,886,220.</b> <b>20,072,940.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>585,084.</b> <b>495,394.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>12,113,696.</b> <b>14,661,385.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>4,444,895.</b> <b>6,497,190.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>7,668,801.</b> <b>8,164,195.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>LINDA THOMAS-HEMAK MD, CEO/PHYSICIAN</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00760402</b>
	Firm's name ▶ <b>BAKER TILLY VIRCHOW KRAUSE, LLP</b> Firm's address ▶ <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>	Firm's EIN ▶ <b>39-0859910</b> Phone no. <b>717.740.4863</b>

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE WRIGHT CENTER MEDICAL GROUP (WCMG) IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 13,847,605. including grants of \$ 1,897. ) (Revenue \$ 9,411,341. ) CLINICAL SERVICES: THE WRIGHT CENTER MEDICAL GROUP (WCMG) PROVIDES SAFETY-NET HIGH QUALITY, PATIENT-CENTERED, COMPREHENSIVE HEALTH SERVICES THROUGHOUT ITS NETWORK OF OUTPATIENT CLINICS AND IN LOCAL HOSPITALS AND INCLUDE PRIMARY CARE, COMPREHENSIVE HIV MEDICAL MANAGEMENT SERVICES, PRIMARY AND SECONDARY PREVENTION OF HIV SERVICES, NUTRITION COUNSELING, MENTAL/BEHAVIORAL HEALTH, DENTAL, MAT AND ADDICTION SERVICES. THE ORGANIZATION IS A PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE AND COORDINATING CENTER FOR MEDICATION ASSISTED THERAPY. WCMG PHYSICIANS SERVE AS GRADUATE MEDICAL EDUCATION LEADERS AND FACULTY FOR THE TRAINING OF RESIDENTS AND FELLOWS OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (WCGME), A NON-PROFIT COMMUNITY CONSORTIUM AFFILIATE OF THE ORGANIZATION THAT FOCUSES ON

4b (Code: ) (Expenses \$ 3,446,003. including grants of \$ 228. ) (Revenue \$ 3,755,018. ) 340B DRUG PRICING PROGRAM: AS A RYAN WHITE FEDERAL GRANTEE AND SERVICE PROVIDER AND THROUGH THE TITLE X PROGRAM, THE ORGANIZATION PARTICIPATES IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 340B DRUG PRICING PROGRAM. UNDER SECTION 340B OF THE PUBLIC HEALTH SERVICE ACT, THIS PROGRAM HAS BEEN ESTABLISHED TO LIMIT THE COST OF COVERED OUTPATIENT MEDICATIONS AND ENHANCE CARE FOR HIV PATIENTS AND ALSO HIV PATIENTS CO-INFECTED WITH HEPATITIS C. REVENUES UNDER THIS PROGRAM ARE RECOGNIZED BASED ON DISCOUNTED PRICING FOR OUTPATIENT MEDICATION PROVIDED TO HIV PATIENTS. THESE REVENUES ARE INVESTED IN MISSION BASED EXPANSION AND ENHANCEMENT OF SAFETY NET PRIMARY HEALTH & PREVENTION SERVICES WITH PARTICULAR FOCUS ON HIGH RISK AND HIV INFECTED PATIENTS.

4c (Code: ) (Expenses \$ 1,214,203. including grants of \$ 1,001,300. ) (Revenue \$ ) PRIMARY CARE EXPANSION - ALLONE FOUNDATION AWARDED WCMG A THREE-YEAR GRANT IN 2016 TO SPECIFICALLY EXPAND ACCESS TO PRIMARY HEALTH SERVICES AND TO DEVELOP AND LAUNCH A PATIENT ENGAGEMENT INITIATIVE. WITH A FOCUS ON WOMEN AND CHILDREN, THE PROJECT IS INTENDED TO INCREASE PATIENT ENGAGEMENT AND EMPOWER PATIENTS TO BE ACTIVE PARTICIPANTS IN THEIR HEALTH CARE. FUNDS ARE USED TO STREAMLINE PATIENT FEEDBACK AND SATISFACTION TO IMPROVE EFFICACY OF CARE MANAGEMENT AND COORDINATION, TO FULLY INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE, AND TO INCREASE SOCIAL SUPPORTS THAT REMOVE BARRIERS TO CARE.

EFFECTIVE APRIL 1, 2015, WCMG BECAME THE DIRECT GRANTEE AND RECIPIENT OF FEDERAL FUNDING FOR HIV PREVENTION AND CONTROL THROUGH A RYAN WHITE

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,507,811.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**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> .....	<b>22</b> X	
<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> .....	<b>23</b> X	
<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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</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? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<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> .....	<b>32</b>	X
<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> .....	<b>33</b>	X
<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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 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> .....	<b>36</b>	X
<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> .....	<b>37</b>	X
<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 .....	<b>38</b> X	

**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>1a</b> 43	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		182
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 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>1a</b> 21		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 20		
<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?		X
<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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<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?	X	
<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?		X
<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?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<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	X	

**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?		X
<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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<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	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<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	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<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	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<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?		X
<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?		

**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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **▶**  
**SANDRA YASTREMSKI, CPA, AVP CONTROLLER - 570-343-2383**  
**501 S. WASHINGTON AVE, SUITE 1000, SCRANTON, PA 18505**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) JOSEPH FERRARIO DIRECTOR RESIGNED JULY 2019	5.00 5.00	X		X				0.	0.	0.
(2) CARLON PREATE CHAIRMAN (AS OF OCT. 18)	5.00 5.00	X		X				0.	0.	0.
(3) GERARD GEOFFROY VICE CHAIR (AS OF OCT. 18)	5.00 5.00	X		X				0.	0.	0.
(4) JOHN KEARNEY TREASURER (AS OF OCT. 18)	5.00 5.00	X		X				0.	0.	0.
(5) MARY MARRARA SECRETARY (AS OF OCT. 18)	5.00 5.00	X		X				0.	0.	0.
(6) JAMES GAVIN DIRECTOR	5.00 5.00	X						0.	0.	0.
(7) SUSAN DUCKWORTH DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) JEFFREY METZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) HON. ED STABACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) MARY ANN CHINDEMI DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) PATRICIA DESOUZA DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LEE ANN ESCHBACH, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) WILLIAM WATERS, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) FRANCIS STEVENS DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MELISSA SIMRELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) KEN POWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) JODY CORDARO DIRECTOR	1.00 0.00	X						0.	0.	0.

**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 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			
(18) SANDRA BROWDER DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) LUCI KURA DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) KIM HERITSCKO DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) LEWIS MARCUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) DR. JIGNESH SHETH SECRETARY(TO SEPT18)/SVP CLINICAL OP	53.00 2.00	X		X				0.	320,886.	51,986.
(23) DR. JUMEE BAROOAH VP (TO SEPT18)/PHYSICIAN	55.00 0.00	X		X				0.	223,387.	47,985.
(24) DR. TIMOTHY BURKE TREASURER (TO SEPT18)/PROGRAM DIRECT	35.00 20.00	X		X				0.	246,156.	39,208.
(25) ALLYSON FAVUZZA DIR (TO SEPT18)/FACULTY/NP	45.00 0.00	X						0.	130,016.	29,510.
(26) DR. WILLIAM DEMPSEY DIR (TO SEPT18)/PROGRAM DIR/PHYSIC	19.00 36.00	X						0.	280,158.	48,532.
<b>1b Sub-total</b>								0.	1,200,603.	217,221.
<b>c Total from continuation sheets to Part VII, Section A</b>								106,413.	2,748,004.	384,272.
<b>d Total (add lines 1b and 1c)</b>								106,413.	3,948,607.	601,493.

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 **1**

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

**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
THE PRESCRIPTION CENTER, INC 310 ADAMS AVENUE, SCRANTON, PA 18503	340B PHARMACY SERVICES	232,940.
COASTAL CALLNET, 1908 EASTWOOD RD, STE 330, WILMINGTON, NC 28403	CALL CENTER SERVICES FOR CLINICS	152,264.
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE STREET, SCRANTON, PA 18509	INFECTIOUS DISEASE PHYSICIAN SERVICES	146,762.
SIXTA CONSULTING INC 2615 PINEBEND DR, PEARLAND, TX 77584	CONSULTING SERVICES	120,000.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 544,743.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,766,892.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 704,679.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		3,016,314.				
	<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICES REVENUE .....	<b>Business Code</b> 621400	9,411,341.	9,411,341.		
<b>b</b> TEACHING REVENUE .....		621400	3,967,050.	3,967,050.			
<b>c</b> 340B DRUG PRICING PROGRAM .....		621400	3,755,018.	3,755,018.			
<b>d</b> PROJECT SUPPORT .....		621400	229,662.	229,662.			
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			17,363,071.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,469.			3,469.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	130,204.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	130,204.				
	<b>d</b> Net rental income or (loss) .....		130,204.			130,204.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....			2,312.		
		<b>c</b> Gain or (loss) .....			-2,312.		
	<b>d</b> Net gain or (loss) .....		-2,312.			-2,312.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	6,344.					
	<b>b</b> Less: direct expenses .....	<b>b</b>	0.				
	<b>c</b> Net income or (loss) from gaming activities .....		6,344.	6,344.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> HEALTH SERVICES .....		900099	30,810.			30,810.	
	<b>b</b> STERICYCLE CLASS ACTION SETTLEMEN .....		900099	16,699.		16,699.	
	<b>c</b> EMPLOYEE ASSOCIATION FUND .....		900099	2,675.		2,675.	
	<b>d</b> All other revenue .....		621400	1,060.		1,060.	
	<b>e Total.</b> Add lines 11a-11d .....			51,244.			
<b>12 Total revenue.</b> See instructions .....			20,568,334.	17,369,415.	0.	182,605.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	250,701.	250,701.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....	752,724.	752,724.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,495,681.	1,950,078.	545,603.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	6,515,650.	6,317,679.	197,971.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	348,300.	295,118.	53,182.	
9 Other employee benefits .....	619,433.	604,108.	15,325.	
10 Payroll taxes .....	602,620.	530,191.	72,429.	
11 Fees for services (non-employees):				
a Management .....	317,721.	317,721.		
b Legal .....	195,224.	1,557.	193,667.	
c Accounting .....	30,565.		30,565.	
d Lobbying .....	22,862.		22,862.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,286,995.	1,107,847.	179,148.	
12 Advertising and promotion .....				
13 Office expenses .....	560,544.	510,421.	50,123.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	622,326.	502,505.	119,821.	
17 Travel .....	58,662.	56,091.	2,571.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	27,534.	24,642.	2,892.	
20 Interest .....	80,966.	56,081.	24,885.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	593,561.	583,722.	9,839.	
23 Insurance .....	177,244.	160,210.	17,034.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICATION EXPENSE</b>	1,986,123.	1,986,123.		
b <b>ADMINISTRATION &amp; SUPPOR</b>	1,103,363.	1,103,363.		
c <b>DIRECT MEDICAL EXPENSE</b>	663,246.	663,246.		
d <b>REPAIRS &amp; MAINTENANCE</b>	300,116.	286,700.	13,416.	
e All other expenses	460,779.	446,983.	13,796.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>20,072,940.</b>	<b>18,507,811.</b>	<b>1,565,129.</b>	<b>0.</b>
<b>26 Joint costs.</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,200.	<b>1</b>	1,900.
	<b>2</b> Savings and temporary cash investments .....	4,575,007.	<b>2</b>	4,479,869.
	<b>3</b> Pledges and grants receivable, net .....	77,460.	<b>3</b>	407,598.
	<b>4</b> Accounts receivable, net .....	710,470.	<b>4</b>	1,340,697.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	188,342.	<b>8</b>	194,659.
	<b>9</b> Prepaid expenses and deferred charges .....	83,218.	<b>9</b>	118,741.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,850,517.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,732,596.	<b>10c</b>	8,117,921.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<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 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,113,696.	<b>16</b>	14,661,385.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	778,490.	<b>17</b>	1,296,795.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	914,400.	<b>19</b>	917,011.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,619,559.	<b>23</b>	2,475,490.
	<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 .....	132,446.	<b>25</b>	1,807,894.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,444,895.	<b>26</b>	6,497,190.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	7,668,801.	<b>27</b>	8,164,195.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	7,668,801.	<b>33</b>	8,164,195.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,113,696.	<b>34</b>	14,661,385.	

**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>	20,568,334.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,072,940.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	495,394.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,668,801.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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>	0.
<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>	8,164,195.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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"/>
<b>17a 10% -facts-and-circumstances test - 2018.</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 - 2017.</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"/>
<b>18 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5621491.	1328671.	1614090.	2044877.	3016314.	13625443.
<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 .....	9395299.	13629994.	16415737.	16298289.	17363071.	73102390.
<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 .....	15016790.	14958665.	18029827.	18343166.	20379385.	86727833.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<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 .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						86727833.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....	15016790.	14958665.	18029827.	18343166.	20379385.	86727833.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	26,768.	67,600.	86,350.	94,591.	133,673.	408,982.
<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 .....	26,768.	67,600.	86,350.	94,591.	133,673.	408,982.
<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.) .....	16,045.	24,189.	25,604.	27,714.	51,244.	144,796.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	15059603.	15050454.	18141781.	18465471.	20564302.	87281611.

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

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	15	99.37 %
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	16	99.49 %

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17	.47 %
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18	.37 %

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

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

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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 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 Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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 Part VI.</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 Part VI.</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 Part VI.</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 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 Part VI.</i>		

**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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**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>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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<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 Part VI the role the organization's supported organizations played in this regard.</i>		

**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 (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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 Part VI.</i>		
<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 Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

**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.)

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**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

---

**HEALTH FAIR DONATIONS**

---

2014 AMOUNT: \$ 9,716.

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**PURCHASE DISCOUNTS**

---

2014 AMOUNT: \$ 3,779.

---

2015 AMOUNT: \$ 5,830.

---

2016 AMOUNT: \$ 9,044.

---

2017 AMOUNT: \$ 8,753.

---

2018 AMOUNT: \$ 1,060.

---

**DEPOSITION FEES**

---

2014 AMOUNT: \$ 2,550.

---

**EMPLOYEE ASSOC FUND**

---

2015 AMOUNT: \$ 7,576.

---

2016 AMOUNT: \$ 985.

---

2018 AMOUNT: \$ 2,675.

---

**HEALTH SERVICES**

---

2015 AMOUNT: \$ 10,783.

---

2016 AMOUNT: \$ 15,575.

---

2017 AMOUNT: \$ 18,961.

---

2018 AMOUNT: \$ 30,810.

---

**STERICYCLE CLASS ACTION SETTLEMENT**

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2018 AMOUNT: \$ 16,699.

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**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALLONE FOUNDATION  70 N MAIN ST  WILKES-BARRE, PA 18711	\$ 473,748.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  5600 FISHERS LANE  ROCKVILLE, MD 20857	\$ 322,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF WYOMING VALLEY  100 N PENNSYLVANIA AVE, 2ND FL  WILKES-BARRE, PA 18701	\$ 544,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OPIOID USE DISORDER CENTER OF EXCELLENCE, PA DEPT OF HUMAN SERVICES COMMONWEALTH TOWER, 11TH FLOOR, PO BOX 2675  HARRISBURG, PA 17105	\$ 458,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PARKER HILL CHURCH  933 SCRANTON CARBONDALE HWY  SCRANTON, PA 18508	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AMERICAN LUNG ASSOCIATION IN PENNSYLVANIA  2200 HAMILTON ST  ALLENTOWN, PA 18104	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MOSES TAYLOR FOUNDATION 125 N WASHINGTON AVE, SUITE 205 SCRANTON, PA 18503	\$ 32,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	NEPA HEALTHCARE FOUNDATION 615 JEFFERSON AVENUE, SUITE 102 SCRANTON, PA 18510	\$ 12,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE HARRY & JEANETTE WEINBERG FOUNDATION 7 PARK CENTER COURT OWING MILLS, MO 21117	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ROCKEFELLER PHILANTHROPY ADVISORS, INC 6 WEST 48TH STREET, 10TH FLOOR NEW YORK, NY 10036	\$ 19,007.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	COMMONWEALTH OF PENNSYLVANIA HEALTH & WELFARE BUILDING 8TH FLOOR WEST, 625 FORSTER STREET HARRISBURG, PA 17120	\$ 481,202.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	LACKAWANNA/SUSQUEHANNA OFFICE OF DRUG & ALCOHOL PROGRAMS SCRANTON ELECTRIC BUILDING 5TH FLOOR, 507 LINDEN ST SCRANTON, PA 18503	\$ 418,459.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number  <b>23-2772504</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	COMMONWEALTH OF PENNSYLVANIA OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES, 303 WALNUT ST, 11TH FL  HARRISBURG, PA 17101	\$ 87,011.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number  <b>23-2772504</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number  <b>23-2772504</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.**

**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 organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

**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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<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"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		7,562.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....	X		15,300.
<b>j</b> Total. Add lines 1c through 1i .....			22,862.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<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 .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<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? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

WCMG ENGAGED THE FIRM OF COZEN O'CONNOR ON APRIL 23, 2019 TO ASSIST

WCMG (A FQHC LOOK-ALIKE) IN ADVOCATING FOR LEGISLATION SUPPORTING THE

FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS AND THE NATIONAL HEALTH

SERVICE CORPS LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH

PROGRAMS"). WCMG PAID COZEN O'CONNOR \$7500 PER MONTH FOR SERVICES IN

**Part IV** Supplemental Information (continued)

MAY AND JUNE, 2019. COZEN O'CONNOR ALSO ASSUMED LOBBYING ACTIVITIES TO ADVOCATE FOR TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION FOR THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION, WHICH WILL BE REFLECTED ON ITS FORM 990. IN ADDITION TO COZEN O'CONNOR'S SERVICES, VOLUNTEER DIRECTORS OF WCMG ALONG WITH TWO PAID STAFF MEMBERS PARTICIPATED IN HAVING DIRECT CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR PUBLIC HEALTH PROGRAMS. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PUBLIC HEALTH PROGRAMS. PAID STAFF ALSO ATTENDED THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS ADVOCACY FLY-IN DAYS IN WASHINGTON, D.C. ON SEPTEMBER 18-19, 2018, VISITING VARIOUS SENATORS AND CONGRESSIONAL LEADERS REGARDING PUBLIC HEALTH PROGRAMS. VOLUNTEER DIRECTORS AND TWO PAID STAFF ALSO ATTENDED THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS ADVOCACY DAYS AT THE POLICY AND ISSUES FORUM ON MARCH 27-30, 2019 IN WASHINGTON, D.C.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization THE WRIGHT CENTER MEDICAL GROUP Employer identification number 23-2772504

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for lines 2a-2d, and yes/no questions about monitoring and reporting.

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.

Form with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including dollar amounts for revenue and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		172,800.		172,800.
b Buildings		6,366,502.	1,135,639.	5,230,863.
c Leasehold improvements		339,083.	126,816.	212,267.
d Equipment		1,671,178.	1,160,742.	510,436.
e Other		2,300,954.	309,399.	1,991,555.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>8,117,921.</b>

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	1,807,894.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,807,894.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	20,286,568.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-281,766.	
e	Add lines 2a through 2d	2e		-281,766.
3	Subtract line 2e from line 1		3	20,568,334.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,568,334.

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

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

1	Total expenses and losses per audited financial statements		1	19,791,174.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	19,791,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	281,766.	
c	Add lines 4a and 4b	4c		281,766.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	20,072,940.

**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.

**PART X, LINE 2:**

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2019 AND 2018.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

BAD DEBT EXPENSE -281,766.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **THE WRIGHT CENTER MEDICAL GROUP** Employer identification number **23-2772504**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
GREENTOWN MEDICAL CENTER 1405 MULBERRY STREET SCRANTON, PA 18510	23-2804767		15,000.	0.			PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE
JULIA A. RAMOS RHEUMATOLOGY, PC 824 MCALPINE STREET AVOCA, PA 18641	46-3499981		15,000.	0.			PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE
MEDICUS URGENT CARE 1208 HARRY P. O'NEILL HIGHWAY DUNMORE, PA 18512	20-2160446		15,000.	0.			PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE
UPPER DELAWARE VALLEY INFECTIOUS DISEASE - 427 BROADWAY #1 - MONTICELLO, NY 12701			15,000.	0.			PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE
OUTREACH - CENTER FOR COMMUNITY RESOURCES - 431 N 7TH AVE - SCRANTON, PA 18503	25-1562285	501(C)(3)	31,216.	0.			PERSONNEL AND SUPPORT OF HEALTHY MOMS PROGRAM
UNITED WAY 100 N PENNSYLVANIA AVE WILKES-BARRE, PA 18701	23-0831490	501(C)(3)	16,243.	0.			PROVIDES HOUSING UNDER PILOT PROGRAM SERVING CLIENTS BEING TREATED FOR OPIOID USE DISORDER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **3.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **4.**

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) (2018)



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE PROVIDED UNDER PASS-THRU GRANT RECEIVED FROM UNITED WAY; WITH FUNDING UNDER RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT, AND AIDS HOUSING OPPORTUNITY ACT (HOPWA).	216	693,680.	0.		
DENTAL SERVICES PROVIDED UNDER NEPA HEALTH NAVIGATION PROJECT	84	8,403.	0.		
RYAN WHITE PART C EARLY INTERVENTION GRANT - DENTAL SERVICES DIRECTLY PROVIDED TO QUALIFIED UNINSURED OR UNDER INSURED PATIENTS	14	33,797.	0.		
TRANSPORTATION SERVICES PROVIDED TO CLIENTS PARTICIPATING IN HEALTHY MOMS PROGRAM	28	16,844.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PART III GRANTS: THE ORGANIZATION HAS A GRANT DEPARTMENT WHICH MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPLIANCE PROGRAM. THE ORGANIZATION PROVIDES MONTHLY, QUARTERLY, AND YEARLY REPORTS TO THE UNITED WAY AND OTHER GRANTORS BASED ON REQUIRED REPORTING MEASURES WITHIN ITS TRACKING SOFTWARE. THE UNITED WAY CONDUCTS AN ANNUAL ON-SITE MONITORING VISIT TO REVIEW PATIENT FILES FOR ACCURACY AND GRANT COMPLIANCE. APPROPRIATE MONITORING IS IN PLACE TO TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF THE RESPECTIVE GRANT.



**Part IV** Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: GREENTOWN MEDICAL CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE DISORDER TO MEDICATION-ASSISTED TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: JULIA A. RAMOS RHEUMATOLOGY, PC

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE DISORDER TO MEDICATION-ASSISTED TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT: MEDICUS URGENT CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE DISORDER TO MEDICATION-ASSISTED TREATMENT

NAME OF ORGANIZATION OR GOVERNMENT:

UPPER DELAWARE VALLEY INFECTIOUS DISEASE

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTICIPATE IN NE PA NETWORK OF PROVIDERS PROVIDING ACCESS TO PATIENTS WITH OPIATE USE DISORDER TO MEDICATION-ASSISTED TREATMENT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization: **THE WRIGHT CENTER MEDICAL GROUP**  
 Employer identification number: **23-2772504**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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 indemnification 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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. JIGNESH SHETH SECRETARY (TO SEPT18)/SVP CLINICAL OP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	299,936.	20,950.	0.	36,375.	15,611.	372,872.	0.
(2) DR. JUMEE BAROOAH VP (TO SEPT18)/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	214,487.	8,900.	0.	32,700.	15,285.	271,372.	0.
(3) DR. TIMOTHY BURKE TREASURER (TO SEPT18)/PROGRAM DIRECT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	233,936.	9,700.	2,520.	23,563.	15,645.	285,364.	0.
(4) ALLYSON FAVUZZA DIR (TO SEPT18)/FACULTY/NP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	118,836.	11,180.	0.	14,014.	15,496.	159,526.	0.
(5) DR. WILLIAM DEMPSEY DIR (TO SEPT18)/PROGRAM DIR/PHYSIC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	265,644.	6,264.	8,250.	30,875.	17,657.	328,690.	0.
(6) DR. BOJANA MILEKIC DIR (TO SEPT18)/FACULTY/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,849.	9,413.	7,080.	25,624.	5,564.	269,530.	0.
(7) DR. RAJIV BANSAL DIR (TO SEPT18)/PROGRAM DIR/PHYSIC	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	249,811.	10,675.	7,120.	35,034.	15,200.	317,840.	0.
(8) DR. LINDA THOMAS-HEMAK, MD PRESIDENT (TO SEPT. 2018)/CEO/PHYSIC	(i)	106,413.	0.	0.	0.	1,840.	108,253.	0.
	(ii)	477,627.	104,330.	0.	42,375.	18,931.	643,263.	0.
(9) SUZANNE M. FLETCHER CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,432.	13,563.	0.	28,548.	11,115.	224,658.	0.
(10) DR. SUSAN BAROODY MEDICAL DIRECTOR/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,206.	8,328.	0.	12,721.	6,273.	221,528.	0.
(11) JENNIFER WALSH, ESQ SVP GENERAL COUNSEL (TO SEPT18)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	178,117.	14,500.	0.	17,100.	5,546.	215,263.	0.
(12) DR. MIN JUNG KANG FACULTY/PHYSICIAN RESIGNED 6/17/19	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,107.	4,894.	0.	5,192.	5,883.	195,076.	0.
(13) DR. JOSEPH ANISTRANSKI FACULTY/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	177,280.	2,537.	0.	18,500.	9,158.	207,475.	0.
(14) DR. TONY ABDELMASEEH FACULTY/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	179,034.	0.	0.	0.	5,552.	184,586.	0.
(15) DR. QI SHI FACULTY/PHYSICIAN RESIGNED 12/31/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	150,000.	0.	2,760.	33,750.	2,348.	188,858.	0.
(16) MARIA EDWARDS VP FOR STRATEGIC INITIATIVES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	134,767.	10,356.	0.	23,320.	15,516.	183,959.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) DR. JULIO RAMOS DIR/DIO/VP ACAD AFFAIRS/PHY 5/19/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	139,759.	0.	0.	9,225.	7,486.	156,470.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

**PART I, LINE 3:**

COMPENSATION DETERMINATIONS FOR WCMG'S CHIEF EXECUTIVE OFFICER ARE LED BY THE EXECUTIVE COMMITTEE OF WCMG WITH THE SUPPORT OF THE PERSONNEL COMMITTEE. PER THE EXECUTIVE EMPLOYMENT AGREEMENT, THE EXECUTIVE TEAM AND COMPENSATION COMMITTEE OF WCMG OBTAIN AN ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD PARTY VENDOR, WHICH IS GENERALLY UPDATED EVERY THREE YEARS. THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS A DETAILED ANNUAL PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE OFFICER. ULTIMATELY, COMPENSATION IS DETERMINED BASED ON THE PERFORMANCE ASSESSMENT OF THE CHIEF EXECUTIVE OFFICER, THE OVERALL PERFORMANCE OF THE ORGANIZATION, AFFORDABILITY, AND CONSIDERATION OF THE THIRD PARTY COMPENSATION STUDY. COMPENSATION OF KEY EXECUTIVE EMPLOYEES IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCES DEPARTMENT. DATA FROM THE ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY THE OBJECTIVE COMPENSATION CONSULTANT WHO IS RESPONSIBLE TO THE PERSONNEL COMMITTEE OF THE BOARD, THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) AND OTHER NATIONAL AND REGIONAL SOURCES ARE USED TO PROVIDE COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN

**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.

THE ORGANIZATION WHEN NECESSARY OR APPROPRIATE.

PART I, LINE 7:

ALL EMPLOYEES OF THE WCMG ARE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON BOARD APPROVAL AND SUCCESSFUL PERFORMANCE EVALUATIONS AND AFFORDABILITY. HOWEVER, THERE ARE SEVERAL THRESHOLD REQUIREMENTS TO BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO ACTIVE PARTICIPATION IN ORGANIZATION'S PLAN.DO.STUDY.ACT (PDSA) QUALITY IMPROVEMENT AND EVENT REPORTING PROGRAMS. THE PAYOUT AMOUNT OF EMPLOYEES' BONUSES DIRECTLY CORRELATES TO INDIVIDUAL PERFORMANCE SCORES. EMPLOYEES IN A PROBATIONARY STATUS OR INVOLVED IN A PERFORMANCE IMPROVEMENT PLAN (PIP) ARE INELIGIBLE. THE 2018 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0-5.0% OF BASE SALARY, PLUS, BASED ON EXCEPTIONAL INDIVIDUAL PERFORMANCE ACHIEVEMENT, A POTENTIAL ADDITIONAL BONUS OF UP TO \$5,500. THE TOTAL BONUS PROGRAM AMOUNTED TO APPROXIMATELY 5% OF TOTAL BASE SALARIES OF THE ORGANIZATION.



**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOSEPH FERRARIO	BOARD MEMBER	320,273.	PAYMENT TO		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSEPH FERRARIO

(D) DESCRIPTION OF TRANSACTION: PAYMENT TO WYOMING AVENUE DEVELOPMENT LLC TO REIMBURSE FOR INFORMATION TECHNOLOGY AND OTHER RENOVATION COSTS WHICH WERE THE FINANCIAL RESPONSIBILITY OF WCGME BUT WERE PAID BY WYOMING AVENUE DEVELOPMENT LLC IN CONNECTION WITH BUILDING RENOVATIONS INCLUDED IN THE LEASE TRANSACTION DISCUSSED IN PART IV, LINE 28C SCHEDULE O.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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THE WRIGHT CENTER MEDICAL GROUP

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FORM 990, PART I, DOING BUSINESS AS:

THE WRIGHT CENTER FOR COMMUNITY HEALTH

FORM 990, PART I LINE 4

THROUGH OCTOBER 1, 2018, THE WRIGHT CENTER MEDICAL GROUP, PC (WCMG) WAS  
A PROFESSIONAL CORPORATION, WHICH REQUIRES IN ITS BYLAWS THAT ITS BOARD  
CONSIST OF LICENSED PROFESSIONALS. DURING 2017-2018 ALL DIRECTORS OF  
THE BOARD WERE INDIVIDUALS EMPLOYED BY WCGME/WCMG WHO WERE LICENSED  
PROVIDERS. THEREFORE, THE DIRECTORS WERE COMPENSATED AND WERE  
NON-INDEPENDENT BY DEFINITION. AS NOTED IN SCHEDULE O, FORM 990, PART  
VI, SECTION A, LINE 6, ON OCTOBER 1, 2018 THE CORPORATION WAS CONVERTED  
TO A NON-PROFIT CORPORATION AND REVISIONS WERE MADE TO THE ARTICLES OF  
INCORPORATION AND BY-LAWS REQUIRING CHANGES TO BOARD COMPOSITION  
COMPLIANT WITH PUBLIC HEALTH SERVICE ACT 330 TO HONOR THE  
ORGANIZATIONAL COMMITMENT TO PURSUE FEDERALLY QUALIFIED LOOK ALIKE AND  
OR FULL FEDERALLY QUALIFIED HEALTH CENTER DESIGNATION BY HRSA.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS DESCRIBED MORE FULLY IN THE RESPONSE TO 990, PART III, LINE 4C, WCMG  
EXPANDED PROGRAM SERVICES TO INCREASE ACCESS TO MEDICATION-ASSISTED  
TREATMENT AND ADD A PILOT HOUSING PROGRAM TO SUPPORT THE RECOVERY OF  
INDIVIDUALS WITH OPIOID USE DISORDER WITH THE ASSISTANCE OF TWO  
SEPARATE GRANTS FROM THE COMMONWEALTH OF PENNSYLVANIA. IN ADDITION THE  
HEALTHY MATERNAL OPIOID MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM WAS  
LAUNCHED WITH THE SUPPORT OF A LACKAWANNA/SUSQUEHANNA OFFICE OF DRUG

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AND ALCOHOL PROGRAMS GRANT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TRAINING PRIMARY CARE AND PSYCHIATRY RESIDENTS AND CARDIOLOGY AND

GASTROENTEROLOGY FELLOWS. WCMG'S PRACTICE LOCATIONS SERVE AS

NONDISCRIMINATORY TEACHING HEALTH CENTER CLINICAL LEARNING ENVIRONMENTS

FOR THE RESIDENTS AND FELLOWS AND DIVERSE INTER-PROFESSIONAL STUDENTS

IN TRAINING FROM A MULTITUDE OF ACADEMIC INSTITUTIONAL AFFILIATES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PART C GRANT. THIS GRANT AWARD WAS TRANSFERRED FROM LONGSTANDING

RECIPIENT THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION, A FORMALLY

AFFILIATED NON-PROFIT CORPORATION TO WCMG, BECAUSE WCMG PROVIDES THE

ACTUAL CLINICAL SERVICES TO HIV PATIENTS.

CASE MANAGEMENT: THE ORGANIZATION IS A SUB-GRANTEE SERVICE PROVIDER

THROUGH THE UNITED WAY OF WYOMING VALLEY UNDER A SEVEN COUNTY RYAN

WHITE HIV/AIDS CASE MANAGEMENT PROGRAM PURSUANT TO THE RYAN WHITE

OUTPATIENT EARLY INTERVENTION SERVICES PROGRAM AND THE AIDS HOUSING

OPPORTUNITY ACT RELATING TO THE FEDERAL HOUSING OPPORTUNITIES FOR

PERSONS WITH AIDS (HOPWA) PROGRAM. THE ORGANIZATION PROVIDES A

MULTI-COUNTY (LACKAWANNA, LUZERNE, PIKE, SUSQUEHANNA, WAYNE, MONROE AND

WYOMING) PROGRAM WHICH INCLUDES MEDICAL, MENTAL AND SOCIAL CASE

MANAGEMENT PATIENT SERVICES AND HOPWA SUPPORT. THESE SERVICES ARE

DESIGNED TO PREVENT HOMELESSNESS AND HELP PROVIDE A CONTINUUM OF

HOUSING SERVICES TO MEET THE CHANGING NEEDS OF HIV INFECTED INDIVIDUALS

AND THEIR FAMILIES. THE ORGANIZATION'S SERVICES INCLUDE HIV

COUNSELING, TESTING, AND REFERRAL; MEDICAL EVALUATION AND

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NONDISCRIMINATORY RYAN WHITE RELATED OR PRIMARY CLINICAL CARE; OTHER  
PRIMARY HEALTH SERVICES (ORAL HEALTH, ADHERENCE COUNSELING, OUTPATIENT  
MENTAL HEALTH, SUBSTANCE ABUSE TREATMENT AND NUTRITIONAL SERVICES); AND  
REFERRAL TO OTHER HEALTH SERVICES AND REFERRAL COORDINATION.

ADDICTION/RECOVERY SERVICES - BEGINNING IN 2016, WCMG WAS NAMED A  
PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (OUD-COE) BY THE  
PA DEPARTMENT OF HUMAN SERVICES. IN THIS CAPACITY, WCMG IS ADDRESSING  
THE OPIOID MISUSE AND OVERDOSE EPIDEMIC AND SERVING ITS PATIENTS  
THROUGH EXPANSION OF MEDICATION-ASSISTED TREATMENT (MAT), INTEGRATION  
OF BEHAVIORAL AND MENTAL HEALTH CARE, RECOVERY-ORIENTED SERVICE  
PLANNING AND TREATMENT, ATTENTION TO SOCIOECONOMIC DETERMINANTS OF  
HEALTH, PATIENT ENGAGEMENT AND SELF-MANAGEMENT, AND PROFESSIONAL  
COORDINATION OF CARE, SO PATIENTS CAN BE LINKED TO RECOVERY-ORIENTED  
SERVICES AND BARRIERS TO CARE CAN BE MITIGATED.

PARKER HILL CHURCH MADE A DONATION TO THE WRIGHT CENTER MEDICAL GROUP'S  
HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM, A  
COMMUNITY-BASED OPIOID PREGNANCY RECOVERY PROGRAM THAT OFFERS PRENATAL,  
PERINATAL, AND POSTPARTUM CARE INCLUDING MEDICATION-ASSISTED TREATMENT  
TO PREGNANT WOMEN WITH SUBSTANCE USE DISORDER. THE PARKER HILL CHURCH  
DONATED FUNDS TO BE USED FOR SHORT-TERM AND SECURE HOUSING ASSISTANCE  
REQUIRED IN EMERGENCY SITUATIONS.

THE AMERICAN LUNG ASSOCIATION AWARDED FUNDS TO THE WRIGHT CENTER  
MEDICAL GROUP TO ADMINISTER THE DIABETES PREVENTION PROGRAM, WHICH WAS  
DEVELOPED BY THE CDC AS A COMPREHENSIVE APPROACH TO DELIVERING  
EDUCATION PROGRAMS TO A PRE-DIABETIC POPULATION THROUGH HEALTH

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## EDUCATION.

MOSES TAYLOR FOUNDATION AWARDED THE WRIGHT CENTER MEDICAL GROUP FUNDING TO DEVELOP A GERIATRIC SERVICE LINE. FUNDS WERE AWARDED FOR THE CREATION OF A MEDICAL HOME VISIT PROGRAM AND COMPREHENSIVE REFERRAL NETWORK FOR OLDER ADULT PATIENTS IN LACKAWANNA COUNTY, WHICH WILL BE EXTENDED EVENTUALLY TO WCMG'S ENTIRE SERVICE AREA. FUNDS ALSO SUPPORTED THE DEVELOPMENT OF A COMPREHENSIVE GERIATRICS CARE DELIVERY TRAINING CURRICULUM FOR ALL STAFF AND RESIDENTS TO ADDRESS THE NEEDS OF AN AGING ADULT POPULATION.

THE NORTHEASTERN PENNSYLVANIA HEALTH CARE FOUNDATION AWARDED A GRANT TO THE WRIGHT CENTER MEDICAL GROUP FOR A SERIES OF FREE, DAYLONG ORAL HEALTHCARE CLINICS FOR ADULTS IN LACKAWANNA COUNTY WHO LACK HEALTH INSURANCE OR HAVE ISSUES ACCESSING DENTAL CARE. THE PRIMARY FOCUS OF THESE CLINICS WAS TO CONDUCT A DENTAL CARE NEEDS ASSESSMENT FOR EACH PATIENT AND TO DEVELOP AN INDIVIDUAL DENTAL CARE PLAN THAT PRIORITIZED HIS OR HER MOST SERIOUS NEEDS. AN EXPANDED FUNCTION DENTAL HYGIENIST MAPPED OUT EACH PLAN OF CARE, AND A PATIENT ENGAGEMENT SPECIALIST SERVING AS ORAL HEALTHCARE NAVIGATOR WORKED WITH INDIVIDUAL PATIENTS TO CONNECT THEM TO FREE OR REDUCED-COST DENTAL SERVICES AT WCMG OR WITHIN THE COMMUNITY FOR NEXT STEPS IN CARE.

THE HARRY AND JEANETTE WEINBERG FOUNDATION AWARDED A GRANT TO THE WRIGHT CENTER MEDICAL GROUP TO HIRE A CONSULTANT TO REVIEW THE WRIGHT CENTER'S FQHC LOOK ALIKE APPLICATION AS SUBMITTED; TO ASSESS FOR STRENGTHS AND WEAKNESSES, NEEDS SCORE, AND FINANCIAL MODEL; AND TO MAKE A RECOMMENDATION FOR NEXT STEPS IN PURSUIT OF BOTH FQHC LOOK ALIKE OR

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FULL FQHC STATUS. THE CONSULTANT GAVE A PRESENTATION ABOUT THE ASSESSMENT AND RECOMMENDATION TO THE WRIGHT CENTER EXECUTIVE TEAM AND GOVERNING BOARD AND PROVIDED PLANNING AND GUIDANCE THROUGHOUT THE FQHC LOOK ALIKE AND NEW ACCESS POINT APPLICATION DEVELOPMENT PROCESS.

THROUGH THE FUND FOR SHARED INSIGHT, ROCKEFELLER PHILANTHROPY ADVISORS AWARDED THE WRIGHT CENTER MEDICAL GROUP GRANT FUNDING TO CLOSE THE FEEDBACK LOOP WITHIN THE TOGETHER IN HEALTH SCHOOL-BASED HEALTH CENTER SERVICE LINE. FUNDS WERE USED TO ADMINISTER SURVEYS TO SCHOOL-BASED HEALTH CENTER PATIENTS AND PARENTS. THE FUND FOR SHARED INSIGHT'S LISTEN FOR GOOD INITIATIVE PROVIDED BENCHMARKS AND INFRASTRUCTURE ENABLING PROJECT PERSONNEL TO COMPARE WRIGHT CENTER RESPONSES TO THOSE OF PEER ORGANIZATIONS.

THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH, THE COMMONWEALTH OF PENNSYLVANIA AWARDED A PENNSYLVANIA COORDINATED MEDICATION ASSISTED TREATMENT GRANT TO THE WRIGHT CENTER MEDICAL GROUP FOR ACTIVITIES THAT INCREASE ACCESS TO MEDICATION-ASSISTED TREATMENT THROUGHOUT NORTHEASTERN PENNSYLVANIA. PARTNERING INTERNAL AND EXTERNAL PRIMARY CARE PRACTICES AND ALSO A PARTNERING URGENT CARE CENTER IMPLEMENTED THE ORGANIZATION'S MEDICATION ASSISTED THERAPY WORKFLOW AND MODEL TO ADDRESS UNMET TREATMENT NEEDS OF INDIVIDUALS WITH OPIOID USE DISORDER. THE REFERRAL NETWORK WAS SUPPORTED AND CONNECTED TO WCMG'S PA OUD-COE HUB AND HEALTHY MOMS PROGRAM BELOW.

THE LACKAWANNA/SUSQUEHANNA OFFICE OF DRUG AND ALCOHOL PROGRAMS PROVIDED FUNDING TO THE WRIGHT CENTER MEDICAL GROUP IN SUPPORT OF THE LAUNCH OF THE HEALTHY MATERNAL OPIOID MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM.

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FUNDS WERE USED TO PROVIDE COMPREHENSIVE MEDICATION-ASSISTED TREATMENT AND CARE TO PREGNANT AND POSTPARTUM WOMEN AND TO PROVIDE AND/OR COORDINATE THE CARE OF THEIR NEWBORN. THE WRIGHT CENTER MEDICAL GROUP COORDINATED WITH PARTNERS TO DEVELOP THE PROJECT, ESTABLISH PROTOCOLS, DEVELOP POLICIES AND PROCEDURES, LEAD DATA COLLECTION AND ANALYSIS, DEVELOP A MARKETING AND COMMUNICATION PLAN, SHARE INFORMATION, AND PARTICIPATE IN INTERDISCIPLINARY TEAM AND STEERING COMMITTEE MEETINGS.

THE COMMONWEALTH OF PENNSYLVANIA AWARDED THE WRIGHT CENTER MEDICAL GROUP A GRANT TO IMPLEMENT A PILOT HOUSING PROGRAM TO SUPPORT THE RECOVERY OF INDIVIDUALS WITH OPIOID USE DISORDER IN LACKAWANNA AND LUZERNE COUNTIES. THE FUNDING ALLOWS THE ORGANIZATION TO WORK IN CONCERT THE UNITED WAY OF WYOMING VALLEY TO MITIGATE THE IMPACTS OF UNSTABLE LIVING CONDITIONS FOR INDIVIDUALS WITH OPIOID USE DISORDER AND TO CONNECT HIGH-QUALITY HEALTHCARE SERVICES TO THIS POPULATION.

FORM 990, PART IV LINE 28C

IN THE FOURTH QUARTER OF 2017 WCMG AND ITS AFFILIATED ORGANIZATION WCGME EXECUTED A LEASE AGREEMENT FOR A 36,500 SQ FT FLAGSHIP MEDICAL FACILITY AND ADMINISTRATIVE OFFICES WITH WYOMING AVENUE DEVELOPMENT, LLC, A COMPANY OWNED BY COMMON BOARD MEMBER JOSEPH FERRARIO. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION AS TO BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST WAS OBTAINED FROM LEGAL COUNSEL. JOSEPH FERRARIO SUBSEQUENTLY RESIGNED FROM BOTH THE WCMG AND WCGME BOARDS ON JULY 12, 2019. AN AMENDED LEASE AGREEMENT THAT CLARIFIED WCGME AS THE PRIMARY LESSEE WAS SIGNED IN LATE JULY 2019. RENOVATIONS OF THE BUILDING PURSUANT TO THE LEASE AGREEMENT OCCURRED BETWEEN EARLY

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2018 AND DECEMBER OF 2019. THE LEASE WAS OPERATIONALIZED ON NOVEMBER 26, 2019.

FORM 990, PART V, LINE 2

THE WRIGHT CENTER MEDICAL GROUP (WCMG) IS AN AFFILIATE OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION ("WCGME", EIN: 23-2007832). WCGME IS A COMMON PAY AGENT FOR W-2 REPORTING FOR BOTH ENTITIES, WITH THE EXCEPTION OF THE SEPARATE PAYROLL MAINTAINED BY WCMG, BEGINNING IN OCTOBER 2018, TO COMPENSATE THREE KEY EMPLOYEES OF WCMG, THE CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER. WCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EMPLOYEE FTE'S ARE ALLOCATED TO EACH ENTITY BASED ON TIME TRACKING OF SERVICES PROVIDED. PER IRS INSTRUCTIONS, EMPLOYEES INCLUDED ON PART V, LINE 2A, HAVE BEEN DEEMED TO BE THE FTE EQUIVALENT OF EMPLOYEES ALLOCATED TO THIS ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 4:

IN ORDER TO BE ELIGIBLE TO APPLY FOR FQHC AND FQHC LOOK-ALIKE STATUS, THE ORGANIZATION CONVERTED FROM A TAX-EXEMPT PENNSYLVANIA PROFESSIONAL CORPORATION WITH MEMBERS AND A BOARD OF DIRECTORS TO A PENNSYLVANIA NONPROFIT CORPORATION WITH A BOARD OF DIRECTORS BUT NO MEMBERS. IN 2018, WCMG ENGAGED A CONSULTANT TO CONSIDER AND PURSUE, IF APPROPRIATE, A DESIGNATION BY THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OR A FQHC LOOK-ALIKE. IN ORDER TO BE ELIGIBLE TO APPLY FOR EITHER DESIGNATION, WCMG WAS REQUIRED TO CONVERT FROM A TAX-EXEMPT PENNSYLVANIA PROFESSIONAL CORPORATION TO A

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NONPROFIT CORPORATION AND DRAMATICALLY CHANGE THE MAKE-UP OF ITS GOVERNING BODY TO MEET THE REQUIREMENTS OF THE PUBLIC HEALTH SERVICE ACT SECTION 330(K)(3)(H), 42 CFR 51C.304 AND 42 CFR 56.304. WCMG'S BOARD OF DIRECTORS CONSISTING OF LICENSED HEALTH PROFESSIONALS ACTIVELY PRACTICING IN PENNSYLVANIA COURAGEOUSLY AND UNANIMOUSLY APPROVED THIS CONVERSION, WHICH NECESSARILY REQUIRED THAT THE LICENSED PROFESSIONALS VOTE THEMSELVES OFF THE BOARD IN FAVOR OF A COMMUNITY-BASED PATIENT-MAJORITY LED BOARD OF DIRECTORS IN ACCORDANCE WITH PHSA REQUIREMENTS. ALL APPROPRIATE DOCUMENTATION WAS FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, INCLUDING ARTICLES OF CONVERSION, AMENDED AND RESTATED ARTICLES OF INCORPORATION AND AMENDED AND RESTATED BYLAWS. AS PART OF THE CONVERSION, WCMG ELIMINATED MEMBERS AND BECAME GOVERNED STRICTLY BY A BOARD OF DIRECTORS THAT MET THE REQUIREMENTS OF PHSA SECTION 330 REQUIREMENTS. THE CONVERSION WAS COMPLETE AND EFFECTIVE OCTOBER 1,2018. WCMG WAS DESIGNATED AS A FQHC LOOK-ALIKE EFFECTIVE JUNE 1,2019. IN ADDITION, A FICTITIOUS NAME APPLICATION WAS SUBMITTED REGISTERING "THE WRIGHT CENTER FOR COMMUNITY HEALTH" AS A FICTITIOUS NAME FOR WCMG.

FORM 990, PART VI, SECTION A, LINE 6:

IN ORDER TO BE ELIGIBLE TO APPLY FOR FQHC AND FQHC LOOK-ALIKE STATUS, THE ORGANIZATION CONVERTED FROM A TAX-EXEMPT PENNSYLVANIA PROFESSIONAL CORPORATION WITH MEMBERS AND A BOARD OF DIRECTORS TO A PENNSYLVANIA NONPROFIT CORPORATION WITH A BOARD OF DIRECTORS BUT NO MEMBERS. IN 2018, WCMG ENGAGED A CONSULTANT TO CONSIDER AND PURSUE, IF APPROPRIATE, A DESIGNATION BY THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OR A FQHC LOOK-ALIKE. IN ORDER TO BE ELIGIBLE TO APPLY FOR EITHER DESIGNATION, WCMG WAS REQUIRED TO CONVERT FROM A TAX-EXEMPT PENNSYLVANIA PROFESSIONAL CORPORATION TO A



Name of the organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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NONPROFIT CORPORATION AND DRAMATICALLY CHANGE THE MAKE-UP OF ITS GOVERNING BODY TO MEET THE REQUIREMENTS OF THE PUBLIC HEALTH SERVICE ACT SECTION 330(K)(3)(H), 42 CFR 51C.304 AND 42 CFR 56.304. WCMG'S BOARD OF DIRECTORS CONSISTING OF LICENSED HEALTH PROFESSIONALS ACTIVELY PRACTICING IN PENNSYLVANIA COURAGEOUSLY AND UNANIMOUSLY APPROVED THIS CONVERSION, WHICH NECESSARILY REQUIRED THAT THE LICENSED PROFESSIONALS VOTE THEMSELVES OFF THE BOARD IN FAVOR OF A COMMUNITY-BASED PATIENT-MAJORITY LED BOARD OF DIRECTORS IN ACCORDANCE WITH PHSA REQUIREMENTS. ALL APPROPRIATE DOCUMENTATION WAS FILED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, INCLUDING ARTICLES OF CONVERSION, AMENDED AND RESTATED ARTICLES OF INCORPORATION AND AMENDED AND RESTATED BYLAWS. AS PART OF THE CONVERSION, WCMG ELIMINATED MEMBERS AND BECAME GOVERNED STRICTLY BY A BOARD OF DIRECTORS THAT MET THE REQUIREMENTS OF PHSA SECTION 330 REQUIREMENTS. THE CONVERSION WAS COMPLETE AND EFFECTIVE OCTOBER 1, 2018. WCMG WAS DESIGNATED AS A FQHC LOOK-ALIKE EFFECTIVE JUNE 1, 2019. IN ADDITION, A FICTITIOUS NAME APPLICATION WAS SUBMITTED REGISTERING "THE WRIGHT CENTER FOR COMMUNITY HEALTH" AS A FICTITIOUS NAME FOR WCMG.

FORM 990, PART VI, SECTION A, LINE 7A:

BETWEEN JULY 1, 2018 AND SEPTEMBER 30, 2018, WCMG'S BYLAWS PROVIDED THAT THE MEMBERS OF THE CORPORATION HAD THE POWER TO ELECT INDIVIDUALS TO THE BOARD OF DIRECTORS AT THE ANNUAL MEETING. EFFECTIVE OCTOBER 1, 2018, IN ORDER TO ACHIEVE ELIGIBILITY TO APPLY FOR FQHC STATUS, WCMG CONVERTED FROM A TAX-EXEMPT PENNSYLVANIA PROFESSIONAL CORPORATION TO A PENNSYLVANIA NONPROFIT CORPORATION GOVERNED BY A PATIENT-MAJORITY LED BOARD OF DIRECTORS WITH NO MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

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FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND AN OUTSIDE CPA FIRM. A COPY IS PROVIDED TO THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND EXECUTIVES FOR REVIEW, CONSTRUCTIVE INPUT, AND APPROVAL. COPIES OF THE FORM 990 ARE THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD. THE 990 IS THEN PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR REVIEW AND APPROVAL. UPON COMPLETION OF THIS REVIEW, THE FORM 990 IS SIGNED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED AND UPDATED BY THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE CORPORATION, AND AS MORE FREQUENTLY AS NECESSARY SHOULD A CONFLICT OR POTENTIAL CONFLICT ARISE DURING THE YEAR. POTENTIAL CONFLICTS, IF ANY ARE FULLY DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING REVIEW AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER.

FORM 990, PART VI, SECTION B, LINE 15:

THE WCMG EXECUTIVE COMMITTEE WITH SUPPORT FROM THE PERSONNEL COMMITTEE PERFORMS AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE, EMPLOYMENT AND COMPENSATION PACKAGE WITH FULL DISCLOSURE TO THE FULL WRIGHT CENTER MEDICAL GROUP BOARD. MULTI-SOURCE INDEPENDENT COMPARABLE EMPLOYMENT COMPENSATION SURVEY DATA IS OBTAINED. THE DELIBERATION AND DECISION IS CONTEMPORANEOUSLY SUBSTANTIATED AND NOTED IN THE COMMITTEE MINUTES. COMPENSATION OF KEY EXECUTIVE EMPLOYEES IS DETERMINED BY THE ORGANIZATION'S

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CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCE DEPARTMENT. A FORMAL, EXTERNAL, COMPREHENSIVE, ORGANIZATIONAL-WIDE COMPENSATION ANALYSIS BY A CONTRACTED VENDOR RESPONSIBLE TO THE PERSONNEL COMMITTEE OF THE BOARD IS DONE ON A PERIODIC BASIS, GENERALLY EVERY THREE YEARS. MOREOVER, DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING ALL EXECUTIVES.

FORM 990, PART VI, SECTION C, LINE 19:

WCMG'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, AS WELL AS FORM 990, ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S OFFICES. COPIES WILL BE PROVIDED UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

JOSEPH FERRARIO - 530-2 SHERWOOD AVE, DUNMORE, PA 18512

CARLON PREATE - 715 GLENBURN RD, CLARKS SUMMIT, PA 18411

KEN POWELL - 1 HIGHLANDS BLVD, SUITE 207, ARCHBALD, PA 18403

SANDRA BROWDER - 8 WALSH PLAZA, OLYPHANT, PA 18447

LUCI KURA - 438 FRONT STREET, JESSUP, PA 18434

ALLYSON FAVUZZA - 303 CHAMPION CIRCLE, THROOP, PA 18512

DR. MIN JUNG KANG - 3900 CITY AVE, APT. A304, PHILADELPHIA, PA 19131

DR. QI SHI - 103 LAKE SCRANTON ROAD, SCRANTON, PA 18505

DR. JULIO RAMOS - 397 DRINKER TURNPIKE, COVINGTON TWP., PA 18424

**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

**2018**

Open to Public Inspection

Name of the organization **THE WRIGHT CENTER MEDICAL GROUP** Employer identification number **23-2772504**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - 23-2007832, 501 S WASHINGTON AVE, SUITE 1000, SCRANTON, PA 18505	PROVIDES GRADUATE MEDICAL EDUCATION IN PRIMARY CARE & SUBSPECIALTY RESIDENCY	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
COMMUNITY HEALTH HUB - 27-3582779 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	ENSURES ACCESS TO HIGH QUALITY PRIMARY HEALTHCARE FOR THE NE PA COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
THE WRIGHT CENTER ALLIANCE - 81-2982874 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	CREATED TO ALIGN AFFILIATES IN OPTIMIZING MISSION ACHIEVEMENT	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A		X
PATIENT ENGAGEMENT COUNCIL - 81-3053323 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	PROMOTES PATIENT ENGAGEMENT AND EMPOWERMENT FOR MEANINGFUL	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

**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	

**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

**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 (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**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)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

**NAME OF RELATED ORGANIZATION:**

PATIENT ENGAGEMENT COUNCIL

PRIMARY ACTIVITY: PROMOTES PATIENT ENGAGEMENT AND EMPOWERMENT FOR  
MEANINGFUL CONTRIBUTIONS