

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)

2017
Open to Public Inspection

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 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable: <input 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	C Name of organization THE WRIGHT CENTER MEDICAL GROUP Doing business as THE WRIGHT CENTER FOR COMMUNITY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 N. WASHINGTON AVE, 1ST FLOOR City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18503	D Employer identification number 23-2772504 E Telephone number 570-343-2383 G Gross receipts \$ 18,472,971. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.THEWRIGHTCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1994		M State of legal domicile: PA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO DELIVER HIGH QUALITY, PATIENT-CENTERED MEDICAL CARE TO NORTHEASTERN PENNSYLVANIA.																			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 9																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 0																		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 162																		
	6 Total number of volunteers (estimate if necessary)	6 0																		
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																		
	b Net unrelated business taxable income from Form 990-T, line 34	7b 70.																		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,614,090.</td> <td style="text-align: right;">2,044,877.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">16,415,737.</td> <td style="text-align: right;">16,298,289.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">2,864.</td> <td style="text-align: right;">7,646.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">109,090.</td> <td style="text-align: right;">120,492.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">18,141,781.</td> <td style="text-align: right;">18,471,304.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,614,090.	2,044,877.	9 Program service revenue (Part VIII, line 2g)	16,415,737.	16,298,289.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,864.	7,646.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,090.	120,492.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,141,781.
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	478,860.	461,789.																	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,651,039.	9,196,029.																	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.																	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,220,479.	8,228,402.																	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,350,378.	17,886,220.																		
19 Revenue less expenses. Subtract line 18 from line 12	791,403.	585,084.																		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">11,743,593.</td> <td style="text-align: right;">12,113,696.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">4,659,876.</td> <td style="text-align: right;">4,444,895.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">7,083,717.</td> <td style="text-align: right;">7,668,801.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	11,743,593.	12,113,696.	21 Total liabilities (Part X, line 26)	4,659,876.	4,444,895.	22 Net assets or fund balances. Subtract line 21 from line 20	7,083,717.	7,668,801.						
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Part II Signature Block

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

Sign Here	Signature of officer LINDA THOMAS-HEMAK MD, PRESIDENT/PHYSICIAN Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name JULIUS C. GREEN, CPA	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00350393
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's address ▶ 1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103-7341	Firm's EIN ▶ 39-0859910	Phone no. 215.972.0701	

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 \$ 11,540,388. including grants of \$) (Revenue \$ 9,347,469.) CLINICAL SERVICES: THE WRIGHT CENTER MEDICAL GROUP (WCMG) PROVIDES SAFETY-NET CLINICAL SERVICES THROUGHOUT ITS NETWORK OF OUTPATIENT CLINICS AND IN LOCAL HOSPITALS INCLUDING PRIMARY CARE, COMPREHENSIVE HIV MEDICAL MANAGEMENT SERVICES, PRIMARY AND SECONDARY PREVENTION OF HIV SERVICES, NUTRITION COUNSELING, MENTAL/BEHAVIORAL HEALTH, DENTAL, MAT AND ADDICTION SERVICES AND IS AN OPIOID USE DISORDER CENTER OF EXCELLENCE. WCMG PHYSICIANS SERVE AS 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 FOCUSED ON TRAINING PRIMARY CARE AND PSYCHIATRY RESIDENTS AND CARDIOLOGY FELLOWS. WCMG'S PRACTICE LOCATIONS SERVE AS NONDISCRIMINATORY TEACHING VENUES FOR THE RESIDENTS, FELLOWS AND

4b (Code:) (Expenses \$ 3,296,919. including grants of \$) (Revenue \$ 3,409,007.) 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 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 \$ 505,286. including grants of \$) (Revenue \$) PRIMARY CARE EXPANSION - ALLONE FOUNDATION AWARDED A THREE-YEAR GRANT IN 2016 TO SPECIFICALLY 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 RESPONSE AND IMPROVE EFFICACY OF CARE MANAGEMENT, FULLY INTEGRATE BEHAVIORAL HEALTH INTO PRIMARY CARE, AND INCREASE SOCIAL SUPPORTS THAT REMOVE BARRIERS TO CARE.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,343,153. including grants of \$ 461,789.) (Revenue \$)

4e Total program service expenses 16,685,746.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

X

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 52, 0, 162). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (or 1024 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: **SUZANNE M. FLETCHER, CPA, CHIEF FINANCIAL OFFICER - 570-343-2383**
111 N. WASHINGTON AVE, 1ST FLOOR, SCRANTON, PA 18503

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) DR. LINDA THOMAS-HEMAK PRESIDENT/CEO/PHYSICIAN	27.00 28.00	X		X				0.	594,696.	54,881.
(2) DR. MLADIN JECMENICA VP, PHYS/ASSOC PROG DIR TO 3/27/18	46.00 9.00	X		X				0.	235,844.	18,669.
(3) DR JUMEE BAROOAH VICE PRESIDENT/PHYSICIAN	55.00 0.00	X		X				0.	206,958.	30,269.
(4) DR. JIGNESH SHETH SECRETARY,SVP CLINICAL OPS/PHYSICIAN	53.00 2.00	X		X				0.	338,095.	47,955.
(5) DR. TIMOTHY BURKE TREASURER, PHYSICIAN/PROGRAM DIRECTO	35.00 20.00	X		X				0.	250,223.	36,434.
(6) ALLYSON FAVUZZA, DIRECTOR DIRECTOR OF CRNP & PA-C SERVICES	45.00 0.00	X						0.	129,387.	23,223.
(7) ALYCIA COAR DIRECTOR TO 6/26/18	45.00 0.00	X						0.	100,913.	10,910.
(8) DR. WILLIAM DEMPSEY DIR/PHYSICIAN/PROGRAM DIRECTOR	19.00 36.00	X						0.	280,500.	43,431.
(9) DR. JULIO RAMOS DIR/DIO/VP ACAD AFFAIRS/PHY 5/19/18	32.00 23.00	X						0.	319,203.	21,985.
(10) DR. BOJANA MILEKIC DIRECTOR/ASSOC PROGRAM DIRECTOR	45.00 10.00	X						0.	222,496.	28,780.
(11) DR. RAJIV BANSAL DIRECTOR/PROGRAM DIR/PHYSICIAN	27.00 28.00	X						0.	230,723.	44,977.
(12) JOSH BRADDELL DIRECTOR	45.00 0.00	X						0.	59,850.	10,847.
(13) SUZANNE M. FLETCHER SVP FINANCE	20.00 35.00			X				0.	65,152.	21,869.
(14) JENNIFER WALSH, ESQ SVP, GENERAL COUNSEL	39.00 16.00				X			0.	200,716.	13,561.
(15) BRIAN EBERSOLE SVP MISSION DELIVERY	21.00 34.00				X			0.	171,658.	21,739.
(16) DR. SUSAN BAROODY FACULTY/PHYSICIAN	55.00 0.00					X		0.	200,479.	17,286.
(17) DR SELEENA RASHID FACULTY/PHYSICIAN TO 9/26/17	55.00 0.00					X		0.	173,030.	1,849.

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) DR. QI SHI FACULTY/PHYSICIAN	55.00 0.00					X		0.	148,065.	22,478.
(19) MARIA MONTORO EDWARDS VP STRATEGIC INITIATIVES & GRANTS	43.00 12.00					X		0.	141,445.	34,808.
(20) KELLIE KNESIS VP HUMAN RESOURCES	23.00 32.00					X		0.	136,432.	13,191.
1b Sub-total								0.	4,205,865.	519,142.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	4,205,865.	519,142.

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 **0**

	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
A.J. GUZZI GENERAL CONTRACTORS, INC, 9 SKYLINE DR, UNIT 1, CLARKS SUMMIT, PA 18411	CONSTRUCTION SERVICES	219,708.
THE PRESCRIPTION CENTER, INC 310 ADAMS AVENUE, SCRANTON, PA 18503	PHARMACY SERVICES	211,276.
SIXTA CONSULTING INC 2615 PINEBEND DR, PEARLAND, TX 77584	CONSULTING SERVICES	146,091.
COASTAL CALLNET, 1908 EASTWOOD RD, STE 330, WILMINGTON, NC 28403	CALL CENTER SERVICES FOR CLINICS	138,674.
GRIMM CONSTRUCTION, INC PO BOX X, WAYMART, PA 18472	CONSTRUCTION SERVICES	127,676.

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 **5**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	643,013.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,401,864.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2,044,877.				
Program Service Revenue	2 a NET PATIENT SERVICES REVENUE	Business Code 621400	9,347,469.	9,347,469.			
	b 340B DRUG PRICING PROGRAM	621400	3,409,007.	3,409,007.			
	c TEACHING REVENUE	621400	3,344,554.	3,344,554.			
	d PROJECT SUPPORT	621400	197,259.	197,259.			
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		16,298,289.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,813.			1,813.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	92,778.				
		(ii) Personal	0.				
		b Less: rental expenses					
	c Rental income or (loss)		92,778.				
	d Net rental income or (loss)		92,778.			92,778.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	7,500.				
		b Less: cost or other basis and sales expenses		1,667.			
	c Gain or (loss)		5,833.				
d Net gain or (loss)		5,833.			5,833.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
b Less: direct expenses	b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a HEALTH SERVICES		900099	18,961.			18,961.	
b PURCHASE DISCOUNTS		621400	8,753.			8,753.	
c							
d All other revenue							
e Total. Add lines 11a-11d			27,714.				
12 Total revenue. See instructions.			18,471,304.	16,298,289.	0.	128,138.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	461,789.	461,789.		
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	2,338,873.	2,074,603.	264,270.	
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	5,504,341.	5,181,363.	322,978.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	221,440.	206,755.	14,685.	
9 Other employee benefits	595,719.	552,957.	42,762.	
10 Payroll taxes	535,656.	471,920.	63,736.	
11 Fees for services (non-employees):				
a Management				
b Legal	21,182.		21,182.	
c Accounting	34,400.		34,400.	
d Lobbying				
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.)	1,114,821.	1,018,145.	96,676.	
12 Advertising and promotion	46,796.	46,708.	88.	
13 Office expenses	371,202.	359,508.	11,694.	
14 Information technology	45,248.	45,248.		
15 Royalties				
16 Occupancy	491,071.	364,030.	127,041.	
17 Travel	27,444.	25,278.	2,166.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,181.	28,575.	7,606.	
20 Interest	95,567.	61,144.	34,423.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	523,161.	501,534.	21,627.	
23 Insurance	209,789.	145,758.	64,031.	
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 MEDICATION EXPENSE	3,051,915.	3,051,915.		
b DIRECT MEDICAL EXPENSE	1,874,589.	1,820,525.	54,064.	
c BAD DEBT EXPENSE	214,668.	214,668.		
d TRAINING EXPENSE	31,645.	30,912.	733.	
e All other expenses	38,723.	22,411.	16,312.	
25 Total functional expenses. Add lines 1 through 24e	17,886,220.	16,685,746.	1,200,474.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,200.	1	1,200.
	2 Savings and temporary cash investments	2,271,974.	2	4,575,007.
	3 Pledges and grants receivable, net	334,805.	3	77,460.
	4 Accounts receivable, net	564,227.	4	710,470.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	185,114.	8	188,342.
	9 Prepaid expenses and deferred charges	42,590.	9	83,218.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,621,830.		
	b Less: accumulated depreciation	10b 2,143,831.	10c	6,477,999.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,226,927.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,743,593.	16	12,113,696.	
Liabilities	17 Accounts payable and accrued expenses	1,178,755.	17	778,490.
	18 Grants payable		18	
	19 Deferred revenue	617,073.	19	914,400.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,864,048.	23	2,619,559.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	132,446.
	26 Total liabilities. Add lines 17 through 25	4,659,876.	26	4,444,895.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,083,717.	27	7,668,801.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,083,717.	33	7,668,801.	
34 Total liabilities and net assets/fund balances	11,743,593.	34	12,113,696.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,471,304.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,886,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	585,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,083,717.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,668,801.

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
2a		X
2b	X	
2c	X	
3a		X
3b		

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2193618.	5621491.	1328671.	1614090.	2044877.	12802747.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10937573.	9395299.	13629994.	16415737.	16298289.	66676892.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	13131191.	15016790.	14958665.	18029827.	18343166.	79479639.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						79479639.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	13131191.	15016790.	14958665.	18029827.	18343166.	79479639.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	22,204.	26,768.	67,600.	86,350.	94,591.	297,513.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	22,204.	26,768.	67,600.	86,350.	94,591.	297,513.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	19,469.	16,045.	24,189.	25,604.	27,714.	113,021.
13 Total support. (Add lines 9, 10c, 11, and 12.)	13172864.	15059603.	15050454.	18141781.	18465471.	79890173.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.49 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.37 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.29 %

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

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

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.)

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

2013 AMOUNT: \$ 13,248.

2014 AMOUNT: \$ 9,716.

PURCHASE DISCOUNTS

2013 AMOUNT: \$ 6,221.

2014 AMOUNT: \$ 3,779.

2015 AMOUNT: \$ 5,830.

2016 AMOUNT: \$ 9,044.

2017 AMOUNT: \$ 8,753.

DEPOSITION FEES

2014 AMOUNT: \$ 2,550.

EMPLOYEE ASSOC FUND

2015 AMOUNT: \$ 7,576.

2016 AMOUNT: \$ 985.

HEALTH SERVICES

2015 AMOUNT: \$ 10,783.

2016 AMOUNT: \$ 15,575.

2017 AMOUNT: \$ 18,961.

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 for the latest information.

OMB No. 1545-0047

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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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	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 253,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNITED WAY OF WYOMING VALLEY 100 N. PENNSYLVANIA AVE., 2ND FLOOR WILKES-BARRE, PA 18701	\$ 388,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	AMERICAN LUNG ASSOCIATION IN PENNSYLVANIA 2200 HAMILTON ST ALLENTOWN, PA 18104	\$ 23,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ALLONE FOUNDATION 70 N. MAIN STREET WILKES-BARRE, PA 18711	\$ 367,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OPIOID USE DISORDER CENTER OF EXCELLENCE, PA DEPT OF HUMAN SERVICES COMMONWEALTH TOWER, 11TH FLOOR, PO BOX 2675 HARRISBURG, PA 17105	\$ 389,643.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MOSES TAYLOR FOUNDATION 125 N. WASHINGTON AVE, SUITE 205 SCRANTON, PA 18503	\$ 280,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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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	NEPA HEALTHCARE FOUNDATION 615 JEFFERSON AVENUE SUITE 102 SCRANTON, PA 18510	\$ 33,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MATHEMATICA POLICY RESEARCH PO BOX 2393 PRINCETON, NJ 08543-2393	\$ 11,323.	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	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	WEINBERG FQHC & FQLA CONSULTING AGREEMENT, THE HARRY AND JEANETTE WEIN 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.)
	_____ _____ _____	\$ _____	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 THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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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 THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2017

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 tracking easements (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, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

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.	887,234.	5,479,268.
c Leasehold improvements		161,994.	88,801.	73,193.
d Equipment		1,391,608.	894,823.	496,785.
e Other		528,926.	272,973.	255,953.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,477,999.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	132,446.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	132,446.

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	18,256,636.
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	-214,668.
e	Add lines 2a through 2d	2e	-214,668.
3	Subtract line 2e from line 1	3	18,471,304.
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	18,471,304.

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	17,671,552.
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	17,671,552.
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	214,668.
c	Add lines 4a and 4b	4c	214,668.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,886,220.

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 2018 AND 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE -214,668.

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 for the latest information.**

OMB No. 1545-0047

2017

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2017)

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	461,789.	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 BASED ON ALL 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2017

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2017

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. LINDA THOMAS-HEMAK PRESIDENT/CEO/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	506,342.	88,354.	0.	35,550.	19,331.	649,577.	0.
(2) DR. MLADIN JECMENICA VP, PHYS/ASSOC PROG DIR TO 3/27/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,673.	8,571.	7,600.	14,060.	4,609.	254,513.	0.
(3) DR JUMEE BAROOAH VICE PRESIDENT/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	200,476.	6,482.	0.	30,269.	0.	237,227.	0.
(4) DR. JIGNESH SHETH SECRETARY,SVP CLINICAL OPS/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	315,690.	22,405.	0.	35,050.	12,905.	386,050.	0.
(5) DR. TIMOTHY BURKE TREASURER, PHYSICIAN/PROGRAM DIRECTO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	238,855.	9,488.	1,880.	23,609.	12,825.	286,657.	0.
(6) ALLYSON FAVUZZA, DIRECTOR DIRECTOR OF CRNP & PA-C SERVICES	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	122,432.	4,955.	2,000.	13,212.	10,011.	152,610.	0.
(7) DR. WILLIAM DEMPSEY DIR/PHYSICIAN/PROGRAM DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,899.	6,251.	7,350.	30,550.	12,881.	323,931.	0.
(8) DR. JULIO RAMOS DIR/DIO/VP ACAD AFFAIRS/PHY 5/19/18	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	308,578.	10,625.	0.	9,000.	12,985.	341,188.	0.
(9) DR. BOJANA MILEKIC DIRECTOR/ASSOC PROGRAM DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	209,625.	10,351.	2,520.	24,219.	4,561.	251,276.	0.
(10) DR. RAJIV BANSAL DIRECTOR/PROGRAM DIR/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	214,274.	6,489.	9,960.	32,183.	12,794.	275,700.	0.
(11) JENNIFER WALSH, ESQ SVP, GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	185,137.	15,579.	0.	9,000.	4,561.	214,277.	0.
(12) BRIAN EBERSOLE SVP MISSION DELIVERY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	171,658.	0.	0.	11,051.	10,688.	193,397.	0.
(13) DR. SUSAN BAROODY FACULTY/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,913.	5,566.	0.	12,721.	4,565.	217,765.	0.
(14) DR SELEENA RASHID FACULTY/PHYSICIAN TO 9/26/17	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	169,615.	3,415.	0.	1,575.	274.	174,879.	0.
(15) DR. QI SHI FACULTY/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	136,755.	3,750.	7,560.	22,285.	193.	170,543.	0.
(16) MARIA MONTORO EDWARDS VP STRATEGIC INITIATIVES & GRANTS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	129,419.	12,026.	0.	22,094.	12,714.	176,253.	0.

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 WCGM'S CHIEF PRESIDENT/CHIEF EXECUTIVE ARE LED BY THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (WCGME), A RELATED AND FORMALLY AFFILIATED ORGANIZATION WHICH ACTS AS THE COMMON PAYMASTER FOR WCGM. PER THE EXECUTIVE EMPLOYMENT AGREEMENT, THE EXECUTIVE AND COMPENSATION COMMITTEES OF WCGME OBTAIN AN ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD PARTY VENDOR, WHICH IS GENERALLY UPDATED EVERY THREE YEARS. ADDITIONALLY, THEY PERFORM AN ANNUAL EVALUATION OF THE PRESIDENT/CHIEF EXECUTIVE. ULTIMATELY, COMPENSATION IS DETERMINED BASED UPON THE PERFORMANCE ASSESSMENT OF THE PRESIDENT/CHIEF EXECUTIVE, IN DUAL ROLES OF PHYSICIAN AND CHIEF EXECUTIVE, AND THE PERFORMANCE OF THE ORGANIZATION. COMPENSATION OF KEY EXECUTIVE EMPLOYEES IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCES DEPARTMENT. DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) AND OTHER NATIONAL AND REGIONAL SOURCES MAY ALSO BE USED TO PROVIDE COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION IF NECESSARY OR APPROPRIATE.

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 4:

CERTAIN EXECUTIVES ARE COVERED BY A 457(B) NONQUALIFIED DEFERRED
COMPENSATION PLAN. AMOUNTS AWARDED TO ELIGIBLE EMPLOYEES ON SCHEDULE J ARE
INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

PART I, LINE 7:

EMPLOYEES OF WCMG ARE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE
BONUS CONTINGENT UPON SUCCESSFUL PERFORMANCE EVALUATIONS. HOWEVER, THERE
ARE SEVERAL THRESHOLD REQUIREMENTS TO BONUS ELIGIBILITY INCLUDING, BUT NOT
LIMITED TO ACTIVE PARTICIPATION WITHIN THE ORGANIZATION'S PLAN. DO. STUDY.
ACT. (PDSA) QUALITY IMPROVEMENT TRACKER TOOL TO BE ELIGIBLE TO RECEIVE A
BONUS. THE PAYOUT AMOUNT OF EMPLOYEES' BONUSES DIRECTLY CORRELATES TO
INDIVIDUAL PERFORMANCE EVALUATION SCORES. TWC EMPLOYEES IN A PROBATIONARY
STATUS OR INVOLVED IN A PERFORMANCE IMPROVEMENT PLAN (PIP) ARE INELIGIBLE.
THE 2017 INCENTIVE PLAN CONSISTED OF A \$1,000 BONUS FOR THE FILING OF A
LEGITIMATE NON-ANONYMOUS SAFE REPORT PLUS A PERFORMANCE BONUS RANGING
BETWEEN 0-4.5% OF BASE SALARY AND AMOUNTED TO AN OVERALL TOTAL OF 3% OF
TOTAL BASE SALARIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

FORM 990, PART I, DOING BUSINESS AS:

THE WRIGHT CENTER FOR COMMUNITY HEALTH

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

SCRANTON SCHOOL DISTRICT BASED HEALTH PLATFORM OPENED HEALTH SERVICES
TO THE COMMUNITY IN SEPTEMBER 2017.

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

DIVERSE INTER-PROFESSIONAL STUDENTS IN TRAINING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EFFECTIVE APRIL 1, 2015, WCMG BECAME THE DIRECT GRANTEE AND RECIPIENT
OF FEDERAL FUNDING FOR HIV PREVENTION AND CONTROL THROUGH A RYAN WHITE
PART C GRANT. THIS GRANT AWARD WAS TRANSFERRED FROM 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 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 CASE MANAGEMENT PATIENT SERVICES AND HOPWA SUPPORT.

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

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 NONDISCRIMINATORY 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.

DENTAL - IN 2016, THE HARRY AND JEANETTE WEINBERG FOUNDATION AND THE MOSES TAYLOR FOUNDATION INFUSED RESOURCES FOR WCMG'S ORAL HEALTH CLINIC EXPANSION WITHIN THE MID VALLEY PRACTICE. THE PROJECT WAS COMPLETE IN LATE OCTOBER 2017. THE NEW SPACE ACCOMODATES FOUR SPACIOUS EXAM ROOMS AND ON-SITE X-RAY CAPABILITIES. THE EXPANDED DENTAL CARE TEAM IS NOW ABLE TO PROVIDE ADDITIONAL SERVICES INCLUDING EXTRACTIONS AND EMERGENCY SERVICES. OF ALL PATIENTS SEEN AT THE ORAL CLINIC, 76% ARE ON MEDICAL ASSISTANCE.

ADDICTION/RECOVERY SERVICES - BEGINNING IN 2016, WCMG WAS NAMED AN OPIOID USE DISORDER CENTER FOR OPIOID EXCELLENCE (OUD-COE) BY THE PA DEPARTMENT OF HUMAN SERVICES. IN THIS CAPACITY, WCMG IS ADDRESSING THE OPIOID 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 SERVICES AND BARRIERS TO CARE CAN BE REMOVED.

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

THE HARRY AND JEANETTE WEINBERG FOUNDATION CONTINUES TO FUND VITAL RESOURCES IN THE SCHOOL BASED HEALTH CENTER (SBHC) PROGRAM, CONTRIBUTING TO ITS SUSTAINABILITY AND EXPANSION AS A RESOURCE FOR NOT ONLY STUDENTS, BUT FOR THEIR FAMILIES, SCHOOL FACULTY AND OTHER MEMBERS OF THE SCRANTON COMMUNITY.

EXPENSES \$ 1,343,153. INCLUDING GRANTS OF \$ 461,789. REVENUE \$ 0.

FORM 990, PART IV LINE 28C

IN THE FOURTH QUARTER OF 2017 WCGM AND ITS AFFILIATED ORGANIZATION WCGME EXECUTED A LEASE AGREEMENT FOR A 36,500 SQFT 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 WAS OBTAINED FROM LEGAL COUNSEL. RENOVATIONS OF THE BUILDING, INCLUDED IN THE LEASE, ARE TAKING PLACE IN PREPARATION FOR MOVE-IN. THE LEASE IS EXPECTED TO BE OPERATIONALIZED IN LATE JUNE 2019. THROUGH JUNE 30, 2018 NO FINANCIAL TRANSACTIONS HAVE TAKEN PLACE WITH RESPECT TO THE LEASE.

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. WCGME REPORTS ALL 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

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

ORGANIZATION.

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

PREVIOUS TO 10/1/18, WCMG WAS A NONPROFIT PROFESSIONAL MEMBERSHIP CORPORATION. ITS MEMBERS WERE REQUIRED TO BE PHYSICIANS LICENSED TO PRACTICE MEDICINE IN PENNSYLVANIA WITH ACTIVE MEDICAL STAFF PRIVILEGES AT AREA HOSPITALS. ALL WCMG BOARD MEMBERS WERE EMPLOYED PHYSICIANS, PROVIDERS AND FACULTY FOR THE AFFILIATED GRADUATE MEDICAL EDUCATION PROGRAMS.

WCMG APPLIED FOR FEDERALLY QUALIFIED HEALTH CENTER LOOK ALIKE STATUS IN OCTOBER 2018 UNDER THE PUBLIC HEALTH SERVICE ACT SECTION 330 WHICH IS PENDING APPROVAL. IN ORDER TO MEET ELIGIBILITY REQUIREMENTS FOR THIS STATUS, ON OCTOBER 1, 2018, WCMG CONVERTED FROM A TAX-EXEMPT PROFESSIONAL CORPORATION TO A NON-PROFIT CORPORATION AND APPROPRIATE REVISIONS WERE MADE TO THE ARTICLES OF INCORPORATION AND BYLAWS. 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 B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S PRESIDENT/CEO AND OTHER KEY ADMINISTRATORS FOR REVIEW, CONSTRUCTIVE INPUT, AND APPROVAL. COPIES OF THE FORM 990 ARE 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 PRESIDENT/CEO AND FILED WITH THE IRS.

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

Name of the organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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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 EMPLOYEES OF THE CORPORATION. POTENTIAL CONFLICTS, IF ANY ARE FULLY DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD AND AS MORE FREQUENTLY AS NECESSARY SHOULD A CONFLICT OR POTENTIAL CONFLICT ARISE DURING THE YEAR. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY. COMPLIANCE WITH THE POLICY IS MONITORED BY THE GOVERNANCE OFFICER.

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

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION EXECUTIVE AND FINANCE COMMITTEES PERFORM AN ANNUAL REVIEW OF THE PRESIDENT/CEO'S PERFORMANCE, EMPLOYMENT AND COMPENSATION PACKAGE WITH FULL DISCLOSURE TO THE WRIGHT CENTER MEDICAL GROUP BOARD. 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 PRESIDENT/CEO AND HUMAN RESOURCE DEPARTMENT. A FORMAL, EXTERNAL, COMPREHENSIVE ORGANIZATIONAL-WIDE COMPENSATION ANALYSIS BY A CONTRACTED VENDOR EXPERT 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

Name of the organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S OFFICES. COPIES WILL BE PROVIDED UPON REQUEST.

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 SECTION 330.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

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, 111 N. WASHINGTON AVE, 1ST FLOOR, SCRANTON, PA 18503	PROVIDES GRADUATE MEDICAL EDUCATION IN PRIMARY CARE & SUBSPECIALTY RESIDENCI	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
COMMUNITY HEALTH HUB - 27-3582779 111 N. WASHINGTON AVE, 1ST FLOOR SCRANTON, PA 18503	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 111 N. WASHINGTON AVE, 1ST FLOOR SCRANTON, PA 18503	SUPPORTING ORGANIZATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	N/A		X
PATIENT ENGAGEMENT COUNCIL - 81-3053323 111 N. WASHINGTON AVE, 1ST FLOOR SCRANTON, PA 18503	ENSURES ACCESS TO HIGH QUALITY PRIMARY HEALTHCARE FOR THE NE PA COMMUNITY	PENNSYLVANIA	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) 2017

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Number, street, and room or suite no. If a P.O. box, see instructions. 111 N. WASHINGTON AVE, 1ST FLOOR

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18503

C Book value of all assets at end of year 12,113,696.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. DISALLOWED FRINGE BENEFITS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of SUZANNE M. FLETCHER, CPA, CHIEF FI Telephone number 570-343-2383

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income (STATEMENT 1), 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses (Schedule I), 27 Excess readership costs (Schedule J), 28 Other deductions (attach schedule), 29 Total deductions. Add lines 14 through 28, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	15.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	15.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	15.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	15.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	1,500.
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	1,500.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	1,485.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 1,485. Refunded	50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title **PRESIDENT/PHYSICIAN**

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

Paid Preparer Use Only

Print/Type preparer's name **JULIUS C. GREEN, CPA** Preparer's signature _____ Date _____ Check if self-employed PTIN **P00350393**

Firm's name **BAKER TILLY VIRCHOW KRAUSE, LLP** Firm's EIN **39-0859910**

Firm's address **1650 MARKET STREET, SUITE 4500 PHILADELPHIA, PA 19103-7341** Phone no. **215.972.0701**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2			7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3	Cost of labor	3			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

DISALLOWED FRINGE BENEFITS

1,070.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

1,070.

The Wright Center Medical Group

6/30/2018

990T - Line 35c Disallowed Transportation Fringe Benefits Tax Calculation

EIN# 23-2772504

Jan-June 2018	1,070
less specific deduction	<u>(1,000)</u>
	70

Tax Rate 21%	15
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Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER MEDICAL GROUP PC	Employer identification number (EIN) or 23-2772504
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 111 N. WASHINGTON AVE, 1ST FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18503	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUZANNE M. FLETCHER, CPA, SENIOR VP OF FINANCE

- The books are in the care of ▶ **111 N. WASHINGTON AVE, 1ST FLOOR - SCRANTON, PA 18503**
Telephone No. ▶ **570-343-2383** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number (EIN) or 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 111 N. WASHINGTON AVE, 1ST FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18503	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUZANNE M. FLETCHER, CPA, SENIOR VP OF FINANCE

• The books are in the care of ▶ **111 N. WASHINGTON AVE, 1ST FLOOR - SCRANTON, PA 18503**
Telephone No. ▶ **570-343-2383** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	12,000.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	12,000.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.