

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury  
Internal Revenue ServiceDo not send to the IRS. Keep for your records.  
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Name and title of officer

LINDA THOMAS-HEMAK MD

CEO/PHYSICIAN

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	34,636,356.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BAKER TILLY US, LLP

ERO firm name

to enter my PIN 78654

Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature  Date May 14, 2021

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24354715283

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KERRI N. BOGDA, CPA

Date 05/13/21

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EXTENDED TO MAY 17, 2021

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>		D Employer identification number <b>** - ***2504</b>
	Doing business as <b>THE WRIGHT CENTER FOR COMMUNITY</b>		E Telephone number <b>570-343-2383</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>501 S. WASHINGTON AVE, SUITE 1000</b>	Room/suite	G Gross receipts \$ <b>34,636,356.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SCRANTON, PA 18505</b>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: <b>LINDA THOMAS-HEMAK MD</b> <b>SAME AS C ABOVE</b>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527			
J Website: <b>WWW.THEWRIGHTCENTER.ORG</b>			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: <b>1994</b> M State of legal domicile: <b>PA</b>

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>WE DELIVER COMPREHENSIVE NON-DISCRIMINATORY PRIMARY HEALTH SERVICES REGARDLESS OF ABILITY TO</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>20</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>20</b>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>255</b>
	6	Total number of volunteers (estimate if necessary)	<b>24</b>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 39	<b>0.</b>
Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>3,016,314.</b>
	9	Program service revenue (Part VIII, line 2g)	<b>17,363,071.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,157.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>187,792.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>20,568,334.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,003,425.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>10,581,684.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>8,487,831.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>20,072,940.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>495,394.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>14,661,385.</b>
	21	Total liabilities (Part X, line 26)	<b>6,497,190.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>8,164,195.</b>

## Part II Signature Block

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

Sign Here	Signature of officer	Date	<b>5-17-2021</b>
	LINDA THOMAS-HEMAK MD, CEO/PHYSICIAN Type or print name and title		
Paid	Print/Type preparer's name <b>KERRI N. BOGDA, CPA</b>	Preparer's signature <i>Kerri Bogda</i>	Date <b>5.17.2021</b>
Preparer	Firm's name <b>BAKER TILLY US, LLP</b>	Firm's EIN <b>** - ***9910</b>	PTIN <b>P00760402</b>
Use Only	Firm's address <b>1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601</b>	Phone no. <b>717.740.4863</b>	

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

**Part III** Statement of Program Service Accomplishments

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

☒ **X**

- 1**
- Briefly describe the organization's mission:

**SEE SCHEDULE O**

- 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 \$ 20,962,761. including grants of \$ 0.) (Revenue \$ 22,914,202.)

**TWCCH IS A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION-DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE THAT PROVIDES HIGH-QUALITY, PATIENT-CENTERED, FULLY-INTEGRATED COMPREHENSIVE NON-DISCRIMINATORY PRIMARY HEALTH SERVICES REGARDLESS OF ABILITY TO PAY. TWCCH DELIVERS CARE THROUGH AMBULATORY TEACHING HEALTH CENTER CLINICS AND IN LOCAL HOSPITALS. TWO OF THESE CLINICAL ENVIRONMENTS ARE CO-LOCATED WITH LOCAL MENTAL AND BEHAVIORAL HEALTH PROVIDERS AND ONE LOCATED IN A SCHOOL-BASED SETTING. SERVICES INCLUDE PRIMARY CARE, WOMEN'S HEALTH, HEPATITIS C AND INFECTIOUS DISEASE SERVICES, PRIMARY AND SECONDARY PREVENTION AND TREATMENT OF HIV, NUTRITION COUNSELING, CARE AND CASE MANAGEMENT, MENTAL/BEHAVIORAL HEALTH, DENTAL, AND ADDICTION AND RECOVERY SERVICES. TWCCH IS ALSO A PENNSYLVANIA OPIOID**

**4b** (Code: ) (Expenses \$ 6,614,787. including grants of \$ 1,682,267.) (Revenue \$ )

**GRANT PROGRAMS: TWCCH IS A NON-PROFIT, 501(C)3 THAT APPLIES FOR GRANT FUNDING AS NEEDED AND APPROPRIATE TO FURTHER OUR MISSION, WORKING TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES IN NORTHEAST PENNSYLVANIA. THROUGH ACTIVE PARTNERSHIPS WITH A WIDE VARIETY OF LOCAL, REGIONAL, STATE AND NATIONAL FUNDERS, WE FOSTER COLLECTIVE ACTION AND TRUST TO STEWARD PUBLIC RESOURCES IN RESPONSE TO IDENTIFIED COMMUNITY HEALTH NEEDS.**

**THE FOLLOWING DETAILED INFORMATION OF MATERIAL GRANT-FUNDED PROGRAMS SUPPORTS THOSE GRANTS LISTED ON SCHEDULE B:**

**UNITED WAY OF WYOMING VALLEY (TOTAL \$742,230)**

**PURPOSE OF GRANT ASSISTANCE:**

**4c** (Code: ) (Expenses \$ 3,406,971. including grants of \$ ) (Revenue \$ 3,510,212.)

**340B DRUG PRICING PROGRAM: AS A RYAN WHITE FEDERAL GRANTEE AND SERVICE PROVIDER THROUGH THE TITLE X PROGRAM, TWCCH HAS PARTICIPATED IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 340B DRUG PRICING PROGRAM FOR YEARS. HOWEVER, WITH THE JUNE 1, 2019, DESIGNATION OF TWCCH AS A FQHC-LOOK-ALIKE, THE 340B DRUG PRICING PROGRAM WAS EXPANDED ACROSS ALL PRIMARY HEALTH SERVICES AS WELL. THIS IMPORTANT FEDERAL PROGRAM PROVIDES OUTPATIENT DRUGS TO SAFETY-NET COMMUNITY PROVIDERS SUCH AS TWCCH AT SIGNIFICANTLY REDUCED PRICES FOR RE-INVESTMENT INTO TWCCH HEALTH AND SOCIAL SERVICE PROGRAMS AND ALSO FOR EXPANDING HEALTH AND SOCIAL NEEDS-RESPONSIVE SERVICES.**

**SOME OF THE SERVICES THAT HAVE BEEN MADE POSSIBLE BY 340B FUNDING**

- 4d**
- Other program services (Describe on Schedule O.)

(Expenses \$ 73,500. including grants of \$ 73,500.) (Revenue \$ )**4e** Total program service expenses **▶ 31,058,019.**



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	X
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

X

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 72	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	255
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

**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 on 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**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		20		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on 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 ►  
**RONALD DANIELS, CFO - 570-343-2383**  
**501 S. WASHINGTON AVE, SUITE 1000, SCRANTON, PA 18505**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) LINDA THOMAS-HEMAK, MD CEO/PHYSICIAN/NONVOTING DIRECTOR	27.00 28.00			X				745,211.	0.	51,350.
(2) JIGNESH SHETH, MD CHIEF MEDICAL OFFICER/PHYSICIAN	55.00 0.00			X				414,985.	0.	51,350.
(3) WILLIAM DEMPSEY, MD MEDICAL DIRECTOR/PHYSICIAN	19.00 36.00				X			106,692.	198,142.	53,100.
(4) JUMEE BAROOAH, MD MEDICAL DIR RESIGNED 1/20/PHYSICIAN	48.00 7.00				X			245,252.	33,444.	48,498.
(5) TIMOTHY BURKE, DO PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50					X		129,248.	129,248.	49,024.
(6) RAJIV BANSAL, MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50					X		131,870.	131,870.	30,818.
(7) ENRIQUE SAMONTE, MD ASS. PROGRAM DIR/PHYSICIAN	45.00 10.00					X		239,377.	32,642.	7,851.
(8) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50					X		124,467.	124,467.	24,206.
(9) JOSEPH ANISTRANSKI, MD MEDICAL DIR/PHYSICIAN TO 12/20	55.00 0.00				X			226,979.	0.	44,736.
(10) SUZANNE M. FLETCHER CFO - RESIGNED MAY 2020	27.50 27.50			X				112,138.	112,138.	42,574.
(11) BOJANA MILEKIC, MD ASS. PROGRAM DIR/PHYSICIAN	46.75 8.25					X		202,539.	35,743.	19,534.
(12) SUSAN BAROODY, DO MEDICAL DIRECTOR/PHYSICIAN	55.00 0.00				X			224,764.	0.	19,649.
(13) GERARD GEOFFROY CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(14) WILLIAM WATERS, PHD VICE CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(15) JOHN KEARNEY TREASURER	5.00 5.00	X		X				0.	0.	0.
(16) MARY MARRARA SECRETARY	5.00 1.00	X		X				0.	0.	0.
(17) CARLON PREATE IMMEDIATE PAST CHAIR - RESIGNED 4/20	5.00 1.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH FERRARIO DIRECTOR - RESIGNED 7/19	1.00 5.00	X						0.	0.	0.
(19) JAMES GAVIN DIRECTOR	1.00 5.00	X						0.	0.	0.
(20) SUSAN DUCKWORTH DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JEFFREY METZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) HON. ED STABACK DIRECTOR - RESIGNED 7/20	1.00 0.00	X						0.	0.	0.
(23) MARY ANN CHINDEMI DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PATRICIA DESOUZA DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) LEEANN ESCHBACH, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) FRANCIS STEVENS DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,903,522.	797,694.	442,690.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,903,522.	797,694.	442,690.

**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 **21**

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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

**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

**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
UNITED WAY WYOMING VALLEY, 100 N PENNSYLVANIA AVE, 2ND FL, WILKES-BARRE, PA	PROFESSIONAL FEES, CONTRACTED SERVICES	615,619.
KEYHIE, INC., 100 NORTH ACADEMY AVENUE, DANVILLE, PA 17822	PROFESSIONAL FEES, CONTRACTED SERVICES	558,640.
GEISINGER COMMONWEALTH SCHOOL OF MEDICINE 525 PINE STREET, SCRANTON, PA 18509	PROFESSIONAL FEES, CONTRACTED SERVICES	181,506.
COASTAL CALLNET, 1908 EASTWOOD ROAD STE 330, WILMINGTON, NC 28403	PROFESSIONAL FEES, CONTRACTED SERVICES	163,807.
MATERNAL & FAMILY HEALTH SERVICES, 15 PUBLIC SQ, STE 600, WILKES-BARRE, PA 18701	PROFESSIONAL FEES, CONTRACTED SERVICES	163,682.

**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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Total to Part VII, Section A, line 1c .....

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	742,230.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	1,128,290.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,500,518.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,645,679.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....		8,016,717.				
	<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICES REVENUE	<b>Business Code</b>	621400	18,925,069.	18,925,069.	
<b>b</b> TEACHING REVENUE			621400	3,989,133.	3,989,133.		
<b>c</b> 340B DRUG PRICING PROGRAM			621400	3,510,212.	3,510,212.		
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			26,424,414.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			59,531.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real 122,419.				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	122,419.				
	<b>d</b> Net rental income or (loss) .....			122,419.			122,419.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
	<b>b</b> Less: direct expenses .....	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> HEALTH SERVICES	<b>Business Code</b>	900099	8,653.			8,653.
	<b>b</b> OTHER		900099	2,943.			2,943.
	<b>c</b> EMPLOYEE ASSOC FUND		900099	1,475.			1,475.
	<b>d</b> All other revenue .....		621400	204.			204.
	<b>e Total.</b> Add lines 11a-11d .....			13,275.			
	<b>12 Total revenue.</b> See instructions .....			34,636,356.	26,424,414.	0.	195,225.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,142,146.	1,142,146.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	613,621.	613,621.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,324,193.	1,451,740.	872,453.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	15,328,431.	12,917,044.	2,411,387.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	672,981.	569,832.	103,149.	
<b>9</b> Other employee benefits .....	1,414,741.	1,184,948.	229,793.	
<b>10</b> Payroll taxes .....	1,199,785.	953,889.	245,896.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	399,949.	394,354.	5,595.	
<b>b</b> Legal .....	6,287.	6,287.		
<b>c</b> Accounting .....	29,459.		29,459.	
<b>d</b> Lobbying .....	68,750.	68,750.		
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	2,506,614.	1,935,612.	571,002.	
<b>12</b> Advertising and promotion .....	94,762.	92,983.	1,779.	
<b>13</b> Office expenses .....	1,430,752.	1,244,092.	186,660.	
<b>14</b> Information technology .....	295,865.	279,912.	15,953.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,197,919.	924,661.	273,258.	
<b>17</b> Travel .....	52,541.	46,855.	5,686.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	72,335.	50,839.	21,496.	
<b>20</b> Interest .....	332,844.	282,893.	49,951.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	620,897.	613,038.	7,859.	
<b>23</b> Insurance .....	292,674.	270,362.	22,312.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>MEDICATION EXPENSE</b> .....	2,236,214.	2,236,214.		
<b>b</b> <b>ADMINISTRATION &amp; SUPPOR</b> .....	1,724,128.	1,724,128.		
<b>c</b> <b>DIRECT MEDICAL EXPENSE</b> .....	1,442,245.	1,442,245.		
<b>d</b> <b>REPAIRS &amp; MAINTENANCE</b> .....	218,321.	141,041.	77,280.	
<b>e</b> All other expenses .....	482,842.	470,533.	12,309.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	36,201,296.	31,058,019.	5,143,277.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,900.	<b>1</b>	2,050.
	<b>2</b> Savings and temporary cash investments .....	4,479,869.	<b>2</b>	5,214,779.
	<b>3</b> Pledges and grants receivable, net .....	407,598.	<b>3</b>	1,141,955.
	<b>4</b> Accounts receivable, net .....	1,340,697.	<b>4</b>	4,867,802.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	0.	<b>7</b>	6,284,150.
	<b>8</b> Inventories for sale or use .....	194,659.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	118,741.	<b>9</b>	200,485.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 9,967,287.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,354,672.	<b>10c</b>	6,612,615.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	14,661,385.	<b>16</b>	24,323,836.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,296,795.	<b>17</b>	2,585,623.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	917,011.	<b>19</b>	777,378.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,475,490.	<b>23</b>	8,507,111.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,807,894.	<b>25</b>	5,854,469.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	6,497,190.	<b>26</b>	17,724,581.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	8,164,195.	<b>27</b>	6,599,255.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	8,164,195.	<b>32</b>	6,599,255.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	14,661,385.	<b>33</b>	24,323,836.



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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,636,356.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	36,201,296.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,564,940.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	8,164,195.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	6,599,255.

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

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

Form 990 (2019)



**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1328671.	1614090.	2044877.	3016314.	8016717.	16020669.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	13629994.	16415737.	16298289.	17363071.	26424414.	90131505.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	14958665.	18029827.	18343166.	20379385.	34441131.	106152174
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						106152174

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....	14958665.	18029827.	18343166.	20379385.	34441131.	106152174
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	67,600.	86,350.	94,591.	133,673.	181,950.	564,164.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	67,600.	86,350.	94,591.	133,673.	181,950.	564,164.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	24,189.	25,604.	27,714.	51,244.	13,275.	142,026.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	15050454.	18141781.	18465471.	20564302.	34636356.	106858364
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	15	99.34 %
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	16	99.37 %

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	17	.53 %
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	18	.47 %

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☒

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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

2015 AMOUNT: \$ 5,830.

2016 AMOUNT: \$ 9,044.

2017 AMOUNT: \$ 8,753.

2018 AMOUNT: \$ 1,060.

2019 AMOUNT: \$ 204.

**EMPLOYEE ASSOC FUND**

2015 AMOUNT: \$ 7,576.

2016 AMOUNT: \$ 985.

2018 AMOUNT: \$ 2,675.

2019 AMOUNT: \$ 1,475.

**HEALTH SERVICES**

2015 AMOUNT: \$ 10,783.

2016 AMOUNT: \$ 15,575.

2017 AMOUNT: \$ 18,961.

2018 AMOUNT: \$ 30,810.

2019 AMOUNT: \$ 8,653.

**STERICYCLE CLASS ACTION SETTLEMENT**

2018 AMOUNT: \$ 16,699.

**OTHER**

2019 AMOUNT: \$ 2,943.

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

**2019**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

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 foundationCheck 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).



Name of organization	Employer identification number
THE WRIGHT CENTER MEDICAL GROUP	** - ***2504

**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	UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE, SECOND FL WILKES-BARRE, PA 18701	\$ 742,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN SERVICES OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES, 303 WALNUT ST, 11TH FL HARRISBURG, PA 17101	\$ 1,320,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH HEALTH & WELFARE BUILDING 8TH FLOOR WEST, 625 FORSTER STREET HARRISBURG, PA 17120	\$ 963,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DEPARTMENT OF DRUGS AND ALCOHOL PROGRAMS, COMMONWEALTH OF PENNSYLVANIA 2601 N. 3RD STREET HARRISBURG, PA 17110	\$ 134,847.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US DEPARTMENT OF HEALTH AND HUMAN SERVICES (HRSA) 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 355,637.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FEDERAL COMMUNICATIONS COMMISSION 45 L STREET NE WASHINGTON, DC 20554	\$ 388,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE WRIGHT CENTER MEDICAL GROUP	** - ***2504

**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	HEALTH RESOURCES AND SERVICES ADMINISTRATION  5600 FISHERS LANE  ROCKVILLE, MD 20857	\$ 62,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION  5600 FISHERS LANE  ROCKVILLE, MD 20857	\$ 142,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	A.T. STILL UNIVERSITY HEALTH SERVICES SCHOOL OF OSTEOPATHIC MEDICINE IN AZ  5850 EAST STILL CIRCLE  MESA, AZ 85206	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	ALLONE FOUNDATION  70 N MAIN STREET  WILKES-BARRE, PA 18711	\$ 1,120,783.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NEPA HEALTHCARE FOUNDATION  615 JEFFERSON FOUNDATION SUITE 102  SCRANTON, PA 18510	\$ 23,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	ROCKEFELLAR PHILANTHROPY ADVISORS, INC  6 W 48TH STREET, 10TH FLOOR  NEW YORK, NY 10036	\$ 17,658.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE WRIGHT CENTER MEDICAL GROUP	** - ***2504

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	APPALACHAIN REGIONAL COMMISSION 1666 CONNECTICUT AVE. NW SUITE 700 WASHINGTON, DC 20009	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	MOSES TAYLOR FOUNDATION 125 N. WASHINGTON AVE. SCRANTON, PA 18503	\$ 340,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	WILLARY FOUNDATION PO BOX 283 SCRANTON, PA 18501	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HIGHMARK FOUNDATION P.O. BOX 890173 CAMP HILL, PA 17089-0173	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DIRECT RELIEF 6100 WALLACE BECKNELL RD. SANTA BARBARA, CA 93117	\$ 49,787.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	VILLAUME FOUNDATION 717 MAIN ST. HONESDALE, PA 18431	\$ 16,176.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE WRIGHT CENTER MEDICAL GROUP	** - ***2504

**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
19	THE HARRY AND JEANETTE WEINBURG FOUNDATION  7 PARK CENTER COURT  OWING MILLS, MO 21117	\$ 812,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NETWORK OF THE NATIONAL LIBRARY OF MEDICINE  8600 ROCKVILLE PIKE  BETHESDA, MD 20894	\$ 14,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	MARGARET BRIGGS FOUNDATION  PO BOX 231  SCRANTON, PA 18501	\$ 1,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SKYVIEW NEPA HEALTHCARE FOUNDATION  615 JEFFERSON AVE  SCRANTON, PA 18510	\$ 175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	US DEPARTMENT OF HEALTH AND HUMAN SERVICES (PROVIDER RELIEF FUND)  200 INDEPENDENCE AVE S.W.  WASHINGTON, DC 20201	\$ 132,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION  501 S WASHINGTON AVE, SUITE 1000  SCRANTON, PA 18505	\$ 1,128,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

**THE WRIGHT CENTER MEDICAL GROUP****\*\* - \*\*\* 2504****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 C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

**THE WRIGHT CENTER MEDICAL GROUP**

Employer identification number

**\*\*-\*\*\*2504**

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA



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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		68,750.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		68,750.													
<b>d</b> Other exempt purpose expenditures		36,132,546.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		36,201,296.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount				1,000,000.	1,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
<b>c</b> Total lobbying expenditures				68,750.	68,750.
<b>d</b> Grassroots nontaxable amount				250,000.	250,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
<b>f</b> Grassroots lobbying expenditures				0.	

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

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

**PART II-A, LINE 1B**

TWCCH ENGAGED THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) ON  
 APRIL 23, 2019, TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC  
 HEALTH POLICY AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING  
 OF FEDERALLY QUALIFIED HEALTH CENTERS AND LOOK-ALIKES AND THE NATIONAL  
 HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM COLLECTIVELY, "PUBLIC

**Part IV** Supplemental Information (continued)

HEALTH PROGRAMS''. TWCCH PAID COZEN \$67,500 THROUGH TWCGME, ITS AFFILIATED ENTITY AND COMMON PAYMASTER, FOR THESE SERVICES. IN ADDITION TO COZEN'S SERVICES, TWO PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR THE FEDERALLY-FUNDED PUBLIC HEALTH PROGRAMS. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PUBLIC HEALTH PROGRAMS. DUE TO COVID-19, THERE WAS NO IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2019-2020.

TWCGME ALSO ENGAGED THE COZEN FIRM ON APRIL 23, 2019, TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION AND OTHER FEDERAL PUBLIC HEALTH PROGRAMS. TWCGME PAID COZEN \$102,248 FOR THESE SERVICES IN FY 2019-2020, WHICH AMOUNTS ARE REFLECTED ON ITS OWN FORM 990.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Name of the organization**

THE WRIGHT CENTER MEDICAL GROUP

**Employer identification number**

\*\*-\*\*\*2504

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$ .....

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

▶ \$ .....

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

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

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

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

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

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		6,483,895.	1,398,312.	5,085,583.
c Leasehold improvements		341,063.	191,691.	149,372.
d Equipment		1,915,150.	1,435,037.	480,113.
e Other		1,054,379.	329,632.	724,747.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,612,615.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	5,854,469.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,854,469.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	34,423,407.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-212,949.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-212,949.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	34,636,356.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	34,636,356.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	35,988,347.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	35,988,347.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	212,949.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	212,949.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	36,201,296.

**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 2020 AND 2019.

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

BAD DEBT EXPENSE -212,949.

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

212,949.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**THE WRIGHT CENTER MEDICAL GROUP**

**Employer identification number**

**\*\*-\*\*\*2504**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
OUTREACH - CENTER FOR COMMUNITY RESOURCES - 431 N 7TH AVE - SCRANTON, PA 18503	●●*:***-502205(3)		34,502.	0.			SEE PART IV
UNITED WAY OF WYOMING VALLEY 100 N PENNSYLVANIA AVE WILKES-BARRE, PA 18701	●●*:***-501400(3)		865,673.	0.			SEE PART IV
MATERNAL AND FAMILY HEALTH SERVICES - 15 PUBLIC SQUARE, SUITE 600 - WILKES-BARRE, PA 18701	●●*:***-505765(3)		160,971.	0.			SEE PART IV
TREHAB 36 PUBLIC AVENUE, PO BOX 366 MONTROSE, PA 18801	●●*:***-509504(3)		7,500.	0.			SEE PART IV
THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - 501 S. WASHINGTON AVENUE, SUITE 1000 - SCRANTON, PA 18505	●●*:***-507602(3)		73,500.	0.			SEE PART IV

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **5.**

**3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) (2019)**

**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-THROUGH GRANT RECEIVED FROM UNITED WAY OF WYOMING VALLEY; WITH FUNDING UNDER RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT, AND AIDS HOUSING	220	598,575.	0.		
TRANSPORTATION SERVICES PROVIDED TO CLIENTS PARTICIPATING IN HEALTHY MOMS PROGRAM THROUGH ALL ONE PREGNANCY.	105	15,046.	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:**

THE ORGANIZATION HAS A GRANT DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPLIANCE PROGRAM. APPROPRIATE MONITORING IS IN PLACE TO TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF THE RESPECTIVE GRANT.

**PART III, COLUMN (A):**

(A) TYPE OF GRANT OR ASSISTANCE: ASSISTANCE PROVIDED UNDER PASS-THROUGH GRANT RECEIVED FROM UNITED WAY OF WYOMING VALLEY; WITH FUNDING UNDER RYAN

**Part IV** Supplemental Information

WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT, AND AIDS HOUSING  
OPPORTUNITY ACT (HOPWA).

PART II, LINE 1, COLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT: OUTREACH - CENTER FOR COMMUNITY  
RESOURCES

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONNEL AND SUPPORT OF HEALTHY  
MATERNAL OPIATE MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM THROUGH PA  
DEPARTMENT OF DRUG AND ALCOHOL PROGRAM (PA DDAP)

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF WYOMING VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HOUSING UNDER PILOT  
PROGRAM SERVING CLIENTS BEING TREATED FOR OPIOID USE DISORDER UNDER PA  
DEPARTMENT OF HUMAN SERVICES (PADHS) HOUSING GRANT.

NAME OF ORGANIZATION OR GOVERNMENT: MATERNAL AND FAMILY HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONNEL AND SUPPORT OF HEALTHY  
MOMS PROGRAM AND OPIOID SUPPORT UNDER PA DDAP AND RURAL COMMUNITY  
OPIOID RESPONSE PROGRAM IMPLEMENTATION (RCORP I) GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: TREHAB

(H) PURPOSE OF GRANT OR ASSISTANCE: PERSONNEL AND SUPPORT OF A  
HRSA-FUNDED RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (IMPLEMENTATION)

NAME OF ORGANIZATION OR GOVERNMENT: THE WRIGHT CENTER FOR GRADUATE  
MEDICAL EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE LEASEHOLD  
IMPROVEMENTS AT THE THE CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT

**Part IV** Supplemental Information

501 S. WASHINGTON AVENUE, SCRANTON, PA.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

**Part I Questions Regarding Compensation**

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

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

**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) LINDA THOMAS-HEMAK, MD CEO/PHYSICIAN/NONVOTING DIRECTOR	(i)	710,211.	35,000.	0.	37,200.	14,150.	796,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JIGNESH SHETH, MD CHIEF MEDICAL OFFICER/PHYSICIAN	(i)	402,985.	12,000.	0.	37,200.	14,150.	466,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM DEMPSEY, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	99,620.	3,922.	3,150.	12,980.	5,605.	125,277.	0.
	(ii)	185,009.	7,283.	5,850.	24,106.	10,409.	232,657.	0.
(4) JUMEE BAROOAH, MD MEDICAL DIR RESIGNED 1/20/PHYSICIAN	(i)	234,252.	11,000.	0.	31,020.	11,658.	287,930.	0.
	(ii)	31,944.	1,500.	0.	4,230.	1,590.	39,264.	0.
(5) TIMOTHY BURKE, DO PROGRAM DIRECTOR/PHYSICIAN	(i)	126,283.	2,425.	540.	17,381.	7,131.	153,760.	0.
	(ii)	126,283.	2,425.	540.	17,381.	7,131.	153,760.	0.
(6) RAJIV BANSAL, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	124,926.	2,544.	4,400.	8,267.	7,142.	147,279.	0.
	(ii)	124,926.	2,544.	4,400.	8,267.	7,142.	147,279.	0.
(7) ENRIQUE SAMONTE, MD ASS. PROGRAM DIR/PHYSICIAN	(i)	226,507.	8,250.	4,620.	2,750.	4,159.	246,286.	0.
	(ii)	30,887.	1,125.	630.	375.	567.	33,584.	0.
(8) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	121,242.	3,225.	0.	7,938.	4,165.	136,570.	0.
	(ii)	121,242.	3,225.	0.	7,938.	4,165.	136,570.	0.
(9) JOSEPH ANISTRANSKI, MD MEDICAL DIR/PHYSICIAN TO 12/20	(i)	222,779.	4,200.	0.	30,550.	14,186.	271,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SUZANNE M. FLETCHER CFO - RESIGNED MAY 2020	(i)	108,988.	3,150.	0.	16,250.	5,037.	133,425.	0.
	(ii)	108,988.	3,150.	0.	16,250.	5,037.	133,425.	0.
(11) BOJANA MILEKIC, MD ASS. PROGRAM DIR/PHYSICIAN	(i)	189,208.	5,681.	7,650.	12,311.	4,293.	219,143.	0.
	(ii)	33,390.	1,003.	1,350.	2,172.	758.	38,673.	0.
(12) SUSAN BAROODY, DO MEDICAL DIRECTOR/PHYSICIAN	(i)	213,185.	10,079.	1,500.	13,934.	5,715.	244,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 3:**

COMPENSATION DETERMINATIONS FOR TWCCH'S CHIEF EXECUTIVE OFFICER (CEO) ARE LED BY THE EXECUTIVE COMMITTEE OF THE BOARD WITH THE SUPPORT OF THE PERSONNEL COMMITTEE. PER THE EXECUTIVE EMPLOYMENT AGREEMENT, A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED TO PERFORM AN ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS EACH TIME AN EMPLOYMENT AGREEMENT IS NEGOTIATED AND RENEWED. ADDITIONALLY, THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS A DETAILED ANNUAL PERFORMANCE EVALUATION OF THE CEO. ULTIMATELY, COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT OF THE CEO, THE OVERALL PERFORMANCE OF THE ORGANIZATION, AFFORDABILITY, AND CONSIDERATION OF THE THIRD-PARTY COMPENSATION STUDY. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE COMPENSATION DECISION.

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVE EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND ALL STAFF, IS DETERMINED BY THE ORGANIZATION'S CEO AND HUMAN RESOURCES DEPARTMENT, WHO

**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.

RELY ON A PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN  
OBJECTIVE THIRD-PARTY VENDOR (TYPICALLY EVERY THREE TO FIVE YEARS).

**PART I, LINE 4B:**

TWCCH IS OPERATIONALLY AFFILIATED WITH TWCGME. TO INCREASE ORGANIZATIONAL  
EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR W-2 REPORTING OF BOTH  
ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH DIRECTLY EMPLOYS ITS CHIEF  
EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER.  
TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S  
RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT  
DUPLICATION BASED ON LEASE AGREEMENTS BETWEEN THE ORGANIZATIONS.

TWCCH AND TWCGME ESTABLISHED A NONGOVERNMENTAL TAX EXEMPT ENTITY  
NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE CEO AND A SEPARATE PLAN FOR  
ELIGIBLE EXECUTIVES, BOTH UNDER IRC 457(B). THE TERMS OF PARTICIPATION ARE  
REFLECTED IN EACH RESPECTIVE PLAN DOCUMENT. PARTICIPANTS IN THE PLAN VEST  
IMMEDIATELY. CONTRIBUTIONS TO THE PLAN AMOUNTED TO \$253,003.

**PART I, LINE 7:**



**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.

ALL EMPLOYEES OF TWCCH ARE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT AND AFFORDABILITY. HOWEVER, THERE ARE SEVERAL THRESHOLD REQUIREMENTS TO PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO ACTIVE PARTICIPATION IN TWCCH'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT AND SAFE EVENT REPORTING AND COMMUNITY SERVICE EXPERIENCES. ONCE DETERMINED TO BE AFFORDABLE, THE MERIT-BASED BONUS PAYMENT AMOUNT OF EMPLOYEES' BONUSES CORRELATES TO INDIVIDUAL PERFORMANCE SCORES. EMPLOYEES IN A PROBATIONARY STATUS ARE INELIGIBLE. THE 2019-2020 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0% AND 4% OF BASE SALARY. THE TOTAL BONUS PROGRAM AMOUNTED TO APPROXIMATELY 3% OF TOTAL BASE SALARIES ACROSS THE ORGANIZATION.

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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

OMB No. 1545-0047

**2019**

**Open To Public  
Inspection**

Name of the organization

**THE WRIGHT CENTER MEDICAL GROUP**

Employer identification number

**\*\*-\*\*\*2504**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

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

**Part II Loans to and/or From Interested Persons.**

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

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

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JODY CORDARO	BOARD MEMBER	54,913.	PAYMENT TO		X

**Part V Supplemental Information.**

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

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

(A) NAME OF PERSON: JODY CORDARO

(D) DESCRIPTION OF TRANSACTION: PAYMENT TO SCE ENVIRONMENTAL GROUP, INC.

FOR COVID-19 DECONTAMINATION EVENTS (I.E. SANITIZATION), N95 MASK

FITTINGS AND PURCHASE, ERECTION AND MAINTENANCE OF NEGATIVE PRESSURE

TENT(S) UTILIZED IN COVID-19 RESPONSE EFFORTS.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

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Inspection

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

FORM 990, PART I, DOING BUSINESS AS:

THE WRIGHT CENTER FOR COMMUNITY HEALTH

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PAY WHILE EDUCATING OUR CURRENT AND FUTURE HEALTH WORKFORCE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF THE WRIGHT CENTER FOR MEDICAL GROUP DBA THE WRIGHT

CENTER FOR COMMUNITY HEALTH (TWCCH) 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.

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

IN DECEMBER 2019, TWCCH AND ITS AFFILIATED ENTITY, THE WRIGHT CENTER

FOR GRADUATE MEDICAL EDUCATION (TWCGME), OPENED A NEW, STATE-OF-THE-ART

CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON

AVENUE, SCRANTON, PA, LOCATED ON THE FRINGES OF DOWNTOWN SCRANTON, AN

ECONOMICALLY CHALLENGED CITY. THIS PROJECT WAS FINANCED BY A FEDERAL

NEW MARKET TAX CREDIT ALLOCATION, A PENNSYLVANIA REDEVELOPMENT

ASSISTANCE CAPITAL PROGRAM GRANT, PRIVATE PHILANTHROPY AND OPERATIONAL

REVENUES.

ADDITIONALLY, IN JULY 2019, TWCCH ASSUMED THE CLINICAL OPERATIONS OF A

SAFETY-NET TEACHING HEALTH CENTER CLINIC IN KINGSTON, PA AS THE

CONTINUITY CLINIC SUPPORTING TWCGME'S REGIONAL FAMILY MEDICINE PROGRAM,

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

FORMERLY OPERATED BY THE PRIVATELY-OWNED WILKES-BARRE ACADEMIC MEDICINE  
AND WILKES-BARRE GENERAL HOSPITAL.

IN RESPONSE TO THE GLOBAL HEALTH PANDEMIC, BEGINNING IN MARCH 2020,  
TWCCH BEGAN OFFERING COVID-19 TESTING AND TREATMENT AND SIGNIFICANTLY  
EXPANDED TELEHEALTH SERVICES TO ENSURE CONTINUED ACCESS AND CONTINUITY  
OF CARE IN ALL PRIMARY HEALTH SERVICE LINES. FACULTY PLAYED SIGNIFICANT  
ROLE IN BOTH AMBULATORY AND HOSPITAL-BASED RESPONSE TO COVID-19.

DURING THE FISCAL YEAR, TWCCH EXPANDED ITS GERIATRIC SERVICE LINE TO  
INTEGRATE THE INSTITUTE OF HEALTHCARE IMPROVEMENT'S CALL FOR PARTNERS  
ACROSS THE NATION TO HELP BUILD AN AGE FRIENDLY HEALTH SYSTEM. TWCCH  
INCORPORATED THE "FOUR M'S" OF AN AGE FRIENDLY HEALTH SYSTEM AS WELL AS  
LAUNCHING AN ALZHEIMER'S AND DEMENTIA CARE PLATFORM. A THREE-YEAR GRANT  
FROM THE ALLONE FOUNDATION ALLOWED TWCCH, AS LEAD ENTITY IN A  
MULTI-ORGANIZATIONAL INITIATIVE, TO HELP SUSTAIN THE ACTIVITIES OF  
TELESPOND SENIOR DAY SERVICES, INC., A PROVIDER OF A MEDICAL MODEL  
ADULT DAYCARE PROGRAM, A FEDERALLY SUPPORTED SENIOR COMPANIONSHIP  
PROGRAM AND AN IN-HOME PERSONAL CARE PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
USE DISORDER CENTER OF EXCELLENCE AND COORDINATING CENTER FOR  
MEDICATION ASSISTED TREATMENT SERVICES. TWCCH'S PRACTICE LOCATIONS  
SERVE AS TEACHING HEALTH CENTER CLINICAL LEARNING ENVIRONMENTS FOR  
TWCME'S RESIDENTS AND FELLOWS, MEDICAL STUDENTS AND DIVERSE  
INTERPROFESSIONAL STUDENTS WHO TRAIN ACROSS A VARIETY OF REGIONAL AND  
NATIONAL ACADEMIC INSTITUTIONS. TWCCH PHYSICIANS SERVE AS FACULTY  
EDUCATORS TRAINING OUR CURRENT AND FUTURE HEALTH WORKFORCE. TWCCH'S

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

PASSIONATE PURPOSE IS TO PROVIDE COMPREHENSIVE, NON-DISCRIMINATORY  
 PRIMARY HEALTH SERVICES; ADDRESS HEALTH AND HEALTHCARE ACCESS  
 DISPARITIES; AND CO-CREATE TRANSFORMATIONAL HEALTHCARE TEAMS OF  
 LEADERS WHO EMPOWER PEOPLE, FAMILIES AND COMMUNITIES TO OWN AND  
 OPTIMIZE THEIR HEALTH.

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

THE UNITED WAY OF WYOMING VALLEY (UWWV), BASED IN WILKES-BARRE, PA,  
 DIRECTED FUNDING TO TWCCH FOR FOUR PURPOSES. UWWV'S FUNDING FOR CASE  
 MANAGEMENT (\$507,931) ENABLES TWCCH, AS A SUB-GRANTEE SERVICE PROVIDER,  
 TO OFFER CARE AND SUPPORT SERVICES TO INDIVIDUALS ACROSS A SEVEN-COUNTY  
 AREA WHO ARE INFECTED WITH OR AFFECTED BY HIV/AIDS. SUPPORT SERVICES  
 MAY INCLUDE MEDICAL TRANSPORTATION, REFERRALS FOR HEALTHCARE AND OTHER  
 SUPPORT SERVICES, NON-MEDICAL CASE MANAGEMENT AND SUBSTANCE ABUSE  
 TREATMENT SERVICES. A SECOND AWARD PATIENT SERVICES FUNDING (\$163,761)  
 SUPPORTS THE PROVISION OF COMPREHENSIVE PRIMARY HEALTH CARE AND SUPPORT  
 SERVICES FOR PEOPLE WITH HIV/AIDS TO IMPROVE HEALTH OUTCOMES AND REDUCE  
 HIV TRANSMISSION. UWWV ALSO PROVIDED PREVENTION SERVICES FUNDING  
 (\$54,851), WHICH ENABLES TWCCH TO, AMONG OTHER ACTIVITIES, IMPROVE  
 PATIENT-PROVIDER COMMUNICATION ABOUT SAFER SEX, DISCLOSURE OF HIV  
 STATUS AND HIV PREVENTION. SEPARATELY, UWWV ALLOCATED "SEE TO SUCCEED"  
 FUNDING (\$15,687) TO TWCCH TO COORDINATE PARTNERSHIPS AND HELP  
 ESTABLISH AN EYE CLINIC THAT ROTATES AMONG SITES WITHIN THE  
 WILKES-BARRE AREA SCHOOL DISTRICT TO ENSURE EVERY STUDENT WHO IS IN  
 NEED OF AN EYE EXAM RECEIVES ONE IN ACCORDANCE WITH THE STATE MANDATE.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN SERVICES (TOTAL  
 \$1,320,259)

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

\*\*-\*\*\*2504

## PURPOSE OF GRANT ASSISTANCE:

THROUGH THE PA DEPARTMENT OF HUMAN SERVICES, THE COMMONWEALTH OF PA AWARDED TWCCH A "SUPPORT SERVICES NAVIGATION & HOUSING SERVICES FOR INDIVIDUALS WITH OPIOID USE DISORDER" GRANT. THE PURPOSE OF THE FUNDING WAS TO EXTEND A PILOT HOUSING PROGRAM TO SUPPORT THE RECOVERY OF INDIVIDUALS WITH OPIOID USE DISORDER (OUD) IN LACKAWANNA AND LUZERNE COUNTIES.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (TOTAL \$963,570)

## PURPOSE OF GRANT ASSISTANCE:

THROUGH THE PA DEPARTMENT OF HEALTH, THE COMMONWEALTH OF PA AWARDED A PA COORDINATED MEDICATION ASSISTED TREATMENT (PAC-MAT) GRANT TO TWCCH FOR ACTIVITIES THAT INCREASE ACCESS TO MEDICATION-ASSISTED TREATMENT (MAT) THROUGHOUT NORTHEAST PA. TWCCH, ACTING AS A "HUB," PARTNERED WITH 10 "SPOKE" SITES TO IMPLEMENT THE ORGANIZATION'S MAT WORKFLOW AT THOSE SITES. IN 2020, THE DEPARTMENT OF HEALTH AWARDED TWCCH A SECOND PAC-MAT GRANT TO ENGAGE AND TRAIN AN ADDITIONAL 10 SITES.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (TOTAL \$134,847)

## PURPOSE OF GRANT ASSISTANCE:

THROUGH THE PA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (DDAP), THE COMMONWEALTH OF PA AWARDED TWCCH A PREGNANCY SUPPORT SERVICES GRANT TO EXTEND THE REACH OF ITS HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM INTO LUZERNE, WAYNE AND SUSQUEHANNA COUNTIES. IN CONCERT WITH ITS PARTNERS, TWCCH IS COORDINATING THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) AS WELL AS PREGNANCY AND POST-PARTUM MATERNAL AND CHILD SUPPORT SERVICES IN COMMUNITIES THAT DON'T CURRENTLY HAVE THE BENEFIT

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

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OF A STRONG NETWORK OF COLLABORATING SOCIAL SERVICE AGENCIES TO ADDRESS  
THIS NEED.

US DEPARTMENT OF HEALTH AND HUMAN SERVICES (TOTAL \$355,637)

PURPOSE OF GRANT ASSISTANCE:

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDES IMPORTANT OPERATIONAL

FUNDING FOR TWCCH'S RYAN WHITE HIV/AIDS PROGRAM, WHICH DELIVERS

HEALTHCARE SERVICES TO PATIENTS FROM ACROSS A SEVEN-COUNTY AREA. TOTAL

FUNDING UNDER THE RYAN WHITE (PART C) GRANT AMOUNTED TO \$346,200.

ADDITIONALLY, HRSA AWARDED TWCCH A COVID-19 SUPPLEMENT (\$9,437) FOR

PREVENTING, PREPARING FOR AND RESPONDING TO COVID-19 AS NEEDS EVOLVED

FOR ITS RYAN WHITE HIV/AIDS PROGRAM RECIPIENTS.

FEDERAL COMMUNICATIONS COMMISSION (TOTAL \$388,021)

PURPOSE OF GRANT ASSISTANCE:

THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AWARDED TWCCH A COVID-19

TELEHEALTH PROGRAM GRANT TO PURCHASE AND INSTALL TELEHEALTH EQUIPMENT,

MONITORS AND SOFTWARE. FUNDS WERE ALSO AWARDED FOR THE DEVELOPMENT OF

TELEHEALTH KITS, AND A SUPPORTING PROTOCOL, FOR PATIENTS TO USE FROM

THEIR HOMES FOR PRIMARY CARE REMOTE MONITORING AND MANAGEMENT OF

CHRONIC CONDITIONS.

HEALTH RESOURCES SERVICES ADMINISTRATION (TOTAL \$62,822)

PURPOSE OF GRANT ASSISTANCE:

HRSA AWARDED TWCCH A RURAL COMMUNITIES OPIOID RESPONSE PROGRAM

IMPLEMENTATION (RCORP-I) GRANT TO ESTABLISH A COMMUNITY CONSORTIUM

AIMED AT ADDRESSING THE OPIOID EPIDEMIC. THROUGH THIS FUNDING, TWCCH IS



Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

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ENGAGING COMMUNITY RESOURCES THROUGHOUT NORTHEAST PA TO MAXIMIZE  
 MEDICATION-ASSISTED TREATMENT (MAT) EFFORTS IN A TEAM-BASED CARE  
 INFRASTRUCTURE SPECIFICALLY TARGETED TO SERVING RURAL POPULATIONS.

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (TOTAL  
 \$142,824)

## PURPOSE OF GRANT ASSISTANCE:

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)  
 AWARDED TWCCH A "TARGETED CAPACITY EXPANSION: MEDICATION ASSISTED  
 TREATMENT PRESCRIPTION DRUG AND OPIOID ADDICTION" GRANT. THE FUNDING  
 ENABLED TWCCH'S OPIOID USE DISORDER CENTER OF EXCELLENCE TO PROVIDE  
 ADDICTION AND RECOVERY SERVICES, INCLUSIVE OF MEDICATION-ASSISTED  
 TREATMENT AND BEHAVIORAL/MENTAL HEALTH SERVICES TO JUSTICE-INVOLVED  
 INDIVIDUALS, VETERANS AND MOTHER/BABY DYADS.

A. T. STILL UNIVERSITY HEALTH SERVICES, SCHOOL OF OSTEOPATHIC MEDICINE  
 IN AZ (TOTAL \$17,000)

## PURPOSE OF GRANT ASSISTANCE:

A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA  
 SUPPORTED TWCCH WITH A SUB-AWARD OF A HRSA-FUNDED PRIMARY CARE TRAINING  
 AND ENHANCEMENT GRANT. IT SUPPORTED PHYSICIAN FACULTY LEADERSHIP TO  
 BUILD AND NURTURE THE INTEGRATION OF PRIMARY CARE WITH BEHAVIORAL AND  
 MENTAL HEALTH CLINICAL LEARNING ENVIRONMENTS.

ALLONE FOUNDATION (TOTAL \$1,120,783)

## PURPOSE OF GRANT ASSISTANCE:

THE ALLONE FOUNDATION (AOF) SUPPORTED TWCCH WITH FIVE GRANTS, EACH  
 TARGETING A DIFFERENT INITIATIVE TO IMPROVE THE HEALTH AND WELLBEING OF

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VULNERABLE POPULATIONS IN NORTHEAST PA. ONE AOF GRANT (\$498,726), WHICH WAS INTENDED TO ADDRESS THE OPIOID CRISIS BY SERVING A PARTICULARLY AT-RISK POPULATION, HELPED TO PROVIDE A COMPREHENSIVE ARRAY OF SERVICES TO PREGNANT AND POSTPARTUM WOMEN WITH AN OPIOID USE DISORDER. FUNDS WERE USED TO SUSTAIN AND EXPAND THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM. A SECOND AOF GRANT (\$321,381), WITH FUNDS AWARDED OVER THREE YEARS, SUPPORTED TWCCH'S ONGOING PATIENT ENGAGEMENT ACTIVITIES AND EFFORT TO EXPAND ACCESS TO PRIMARY HEALTH SERVICES. WITH A FOCUS ON WOMEN AND CHILDREN, THE PROJECT IS INTENDED TO INCREASE PATIENT ENGAGEMENT AND EMPOWER PATIENTS TO BE ACTIVE PARTICIPANTS IN THEIR HEALTHCARE. A THIRD AOF GRANT (\$281,235) ALLOWED TWCCH, AS LEAD ENTITY IN A MULTI-ORGANIZATIONAL INITIATIVE, TO HELP SUSTAIN THE ACTIVITIES OF TELESPOOND SENIOR DAY SERVICES, INC., A PROVIDER OF A MEDICAL MODEL ADULT DAYCARE PROGRAM, A FEDERALLY SUPPORTED SENIOR COMPANIONSHIP PROGRAM AND AN IN-HOME PERSONAL CARE PROGRAM. A FOURTH AOF GRANT (\$11,671) SUPPORTED THE IMPLEMENTATION OF VACCINE CLINICS FOR SCHOOL-AGE CHILDREN IN HIGH-NEED SCHOOL DISTRICTS LOCATED IN LACKAWANNA, LUZERNE AND MONROE COUNTIES. A FIFTH GRANT (\$7,770) SUPPORTED A PATIENT-CENTERED MEDICAL HOME INITIATIVE AT SKYVIEW PARK APARTMENTS IN SCRANTON. THIS CLINIC PROVIDED A FULL RANGE OF SERVICES INCLUDING PRIMARY MEDICAL CARE, BEHAVIORAL HEALTH, AND DENTAL CARE TO THIS UNDERSERVED COMMUNITY.

NEPA HEALTHCARE FOUNDATION (TOTAL \$23,390)

PURPOSE OF GRANT ASSISTANCE:

THE NORTHEASTERN PA HEALTH CARE FOUNDATION AWARDED A GRANT TO TWCCH FOR A SERIES OF FREE, DAYLONG ORAL HEALTHCARE CLINICS FOR UNDERSERVED ADULTS IN LACKAWANNA COUNTY WHO LACK HEALTH INSURANCE OR HAVE ISSUES

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ACCESSING DENTAL CARE.

ROCKEFELLER PHILANTHROPY ADVISORS, INC. (TOTAL \$17,658)

PURPOSE OF GRANT ASSISTANCE:

THROUGH THE FUND FOR SHARED INSIGHT, ROCKEFELLER PHILANTHROPY ADVISORS  
AWARDED TWCCH GRANT FUNDING TO CLOSE THE FEEDBACK LOOP WITHIN THE  
"TOGETHER IN HEALTH" SCHOOL-BASED HEALTH CENTER SERVICE LINE. FUNDS  
WERE USED TO ADMINISTER SURVEYS TO PATIENTS AND PARENTS.

APPALACHIAN REGIONAL COMMISSION (TOTAL \$100,000)

PURPOSE OF GRANT ASSISTANCE:

THE APPALACHIAN REGIONAL COMMISSION AWARDED TWCCH A GRANT FOR A PROJECT  
TO SUPPORT THE ALIGNMENT OF COMMUNITY STAKEHOLDERS IN CARBONDALE, PA,  
TO CREATE AN ACTIONABLE PLAN TO ADDRESS THE UNMET HEALTH NEEDS OF  
RESIDENTS IN THE BOROUGH AND SURROUNDING AREAS THAT FEED THE CARBONDALE  
SCHOOL DISTRICT.

MOSES TAYLOR FOUNDATION (TOTAL \$340,948)

PURPOSE OF GRANT ASSISTANCE:

THE MOSES TAYLOR FOUNDATION (MTF) SUPPORTED TWCCH WITH FOUR GRANTS,  
EACH TARGETING A DIFFERENT INITIATIVE TO IMPROVE THE HEALTH AND  
WELLBEING OF VULNERABLE POPULATIONS IN NORTHEAST PA. ONE MTF GRANT  
(\$168,472) SUPPORTED THE DEVELOPMENT AND INTRODUCTION OF A GERIATRICS  
SERVICE LINE TO SUPPORT SENIORS AND PHYSICALLY CHALLENGED INDIVIDUALS  
IN LACKAWANNA COUNTY. THE GOAL OF THIS PROJECT IS, IN PART, TO  
ALLEVIATE THE DETRIMENTAL MENTAL AND PHYSICAL OUTCOMES OF PROLONGED  
ISOLATION. A SECOND MTF GRANT (\$160,352) WAS AWARDED IN RESPONSE TO THE  
OUTBREAK OF COVID-19. THESE EMERGENCY FUNDS WERE USED TO PURCHASE

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MEDICAL SUPPLIES INCLUDING PERSONAL PROTECTIVE EQUIPMENT, COVID-19 TESTS, MILITARY TENTS, AND CLEANING AND DISINFECTING SUPPLIES, ENHANCING TWCCH'S ABILITY TO EXPAND ACCESS TO NECESSARY PRIMARY HEALTH AND COVID-19 SPECIFIC SERVICES THROUGH THE PANDEMIC. SEPARATELY, A THIRD GRANT AWARDED BY MTF (\$6,829) SUPPLIED NALOXONE, A LIFE-SAVING MEDICATION THAT CAN BE USED TO RAPIDLY REVERSE OPIOID OVERDOSE. THE FOURTH MTF GRANT (\$5,295) WAS TARGETED TO TWCCH'S ORAL HEALTHCARE AND EDUCATION PROGRAM, WHICH IS DESIGNED TO IMPROVE ACCESS TO ORAL HEALTHCARE IN LACKAWANNA, WAYNE AND SUSQUEHANNA COUNTIES.

WILLARY FOUNDATION (TOTAL \$25,000)

PURPOSE OF GRANT ASSISTANCE:

THE WILLARY FOUNDATION AWARDED TWCCH A GRANT TO ASSIST WITH THE BUILD-OUT OF THE ORGANIZATION'S NEW SCRANTON PRACTICE AT 501 S. WASHINGTON AVE., SCRANTON, PA. FUNDING WAS USED TO OUTFIT A LABORATORY AND TRIAGE AREA FOR CHILDREN, ADULTS AND INDIVIDUALS WITH SPECIAL NEEDS. AMONG THE EQUIPMENT PURCHASED: PEDIATRIC AND ADULT THERMOMETERS, LARGE-CAPACITY SCALES, DIAGNOSTIC EQUIPMENT, PROTECTIVE EQUIPMENT AND PROCEDURE TABLES.

HIGHMARK FOUNDATION (TOTAL \$34,000)

PURPOSE OF GRANT ASSISTANCE:

THE HIGHMARK FOUNDATION AWARDED TWCCH A "COVID-19 RELIEF FOR CRITICAL COMMUNITY ORGANIZATIONS" GRANT. FUNDING WAS INTENDED FOR AND USED BY TWCCH TO STRENGTHEN ITS CAPACITY TO SERVE THOSE WHO ARE UNINSURED AND UNDERSERVED DURING THE COVID-19 PANDEMIC.

DIRECT RELIEF (TOTAL \$49,787)

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## PURPOSE OF GRANT ASSISTANCE:

DIRECT RELIEF, IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AWARDED TWCCH A "COVID-19 RESPONSE FUND FOR COMMUNITY HEALTH" GRANT. THE FUNDING PROVIDED AN INFUSION OF ADDITIONAL EMERGENCY FINANCIAL SUPPORT TO SECURE PERSONAL PROTECTIVE EQUIPMENT, COUGH AND SNEEZE GUARDS, CLEANING SUPPLIES, COMMERCIAL SANITIZATION, GLOVES TO SUPPORT TWCCH'S RESPONSE TO THE UNPRECEDENTED SCALE OF THE CORONAVIRUS PANDEMIC. THE AWARD WAS MADE IN RECOGNITION OF THE PROFOUND EFFECTS THAT THE PANDEMIC HAS HAD ON COMMUNITY HEALTH CENTERS' FINANCES, STAFF MEMBERS' SAFETY AND WELLBEING, THE DELIVERY OF SERVICES AND THE PATIENTS WHO RELY ON THOSE SERVICES.

VILLAUME FOUNDATION (TOTAL \$16,176)

## PURPOSE OF GRANT ASSISTANCE:

THE VILLAUME FOUNDATION AWARDED TWCCH GRANT-FUNDING TO SUPPORT ADDICTION AND RECOVERY SERVICES, INCLUSIVE OF THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) IN WAYNE COUNTY, HELPING TO ADDRESS THE ONGOING OPIOID CRISIS.

THE HARRY AND JEANETTE WEINBERG FOUNDATION (TOTAL \$812,776)

## PURPOSE OF GRANT ASSISTANCE:

THE HARRY AND JEANETTE WEINBERG FOUNDATION AWARDED TWCCH A PAIR OF GRANTS TO ASSIST WITH THE STARTUP OF THE ORGANIZATION'S NEW SCRANTON FQHC-LOOK-ALIKE PRACTICE AT 501 S. WASHINGTON AVE., SCRANTON, PA. A CAPITAL GRANT (\$500,000) SUPPORTED THE BUILD-OUT OF ITS FQHC-LOOK-ALIKE PRIMARY CARE CLINIC SPACE THAT SERVES PATIENTS THROUGH THE INTEGRATED DELIVERY OF PRIMARY MEDICAL, DENTAL, AND MENTAL AND BEHAVIORAL HEALTH SERVICES, INCLUDING RYAN WHITE HIV/AIDS PROGRAM SERVICES. FUNDING

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LARGELY WAS USED FOR THE ACQUISITION OF INFORMATION TECHNOLOGY EQUIPMENT. A SEPARATE OPERATING GRANT (\$312,776) PARTIALLY SUPPORTED THE INITIAL SALARY AND BENEFITS OF CERTAIN SCRANTON PRACTICE COMPREHENSIVE PRIMARY CARE TEAM PERSONNEL. THESE RESOURCES SUPPORTED OPERATIONS DURING PROVIDER CREDENTIALING AND UNTIL THEIR POSITIONS COULD BECOME FULLY SUSTAINABLE THROUGH FQHC-LOOK-ALIKE REVENUES.

NETWORK OF THE NATIONAL LIBRARY OF MEDICINE (TOTAL \$14,071)

PURPOSE OF GRANT ASSISTANCE:

THE NETWORK OF THE NATIONAL LIBRARY OF MEDICINE'S FUNDING PROVIDED TWCCH WITH THE RESOURCES TO SUPPORT AN OPPORTUNITY FOR ALL HEALTHCARE PROVIDERS, LEARNERS AND STAFF TO PARTICIPATE IN SEVEN ONLINE TRAINING SESSIONS ON THESE TOPICS: HEALTH LITERACY, MOTIVATIONAL INTERVIEWING, SHARED DECISION MAKING, LGBTQ+, SOCIAL DETERMINANTS OF HEALTH, CULTURAL HUMILITY AND EVIDENCED-BASED PRACTICES. EACH SESSION CONSISTED OF A PRE- AND POST-TEST, AND OVER 3,600 SESSIONS WERE SUCCESSFULLY COMPLETED.

MARGARET BRIGGS FOUNDATION (TOTAL \$1,745)

PURPOSE OF GRANT ASSISTANCE:

THE MARGARET BRIGGS FOUNDATION AWARDED TWCCH A GRANT FOR THE USE OF A VACCINE STORAGE SYSTEM KNOWN AS MINIBAR-RX THAT INTERFACES WITH TWCCH'S ELECTRONIC HEALTH RECORD TO PROVIDE INVENTORY TRACKING AND SAFE ADMINISTRATION OF VACCINES.

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TOTAL \$1,128,290)

PURPOSE OF GRANT ASSISTANCE:

PURPOSE OF THE GRANT WAS TO FACILITATE THE CONSTRUCTION OF A NEW,

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STATE-OF-THE-ART FQHC-LOOK-ALIKE CLINICAL, EDUCATIONAL AND

ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PA.

RESPONDING TO GOVERNOR TOM WOLF'S CALL-TO-ACTION FOR PENNSYLVANIA, IN

DECEMBER 2019, TWCCH AND ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR

GRADUATE MEDICAL EDUCATION (TWCME) OPENED A ONE-OF-A-KIND,

FULLY-INTEGRATED PRIMARY AND PREVENTIVE FQHC-LOOK-ALIKE HEALTH CENTER

THAT OFFERS MENTAL AND BEHAVIORAL HEALTH, WOMEN'S AND FAMILY HEALTH,

ADDICTION AND RECOVERY SERVICES, DENTAL AND INTEGRATED RYAN WHITE

HIV/AIDS PROGRAMS WITH IMMERSSED PHYSICIAN AND INTERPROFESSIONAL HEALTH

WORKFORCE DEVELOPMENT. THE FACILITY IS LOCATED IN A SEVERELY DISTRESSED

CENSUS TRACT (NO. 42069102500) AND FOOD DESERT ON THE OUTSKIRTS OF

DOWNTOWN SCRANTON, PA. HAVING CREATED MORE THAN 125 NEW JOBS, THIS

PROJECT IS ONLY THE MOST RECENT EFFORT BY TWCCH THAT IS RESPONSIVE TO

GOVERNOR WOLF'S ACTION PLAN FOR PENNSYLVANIA, ANSWERING THE CALL TO

"IMPROVE HEALTH CARE ACCESS AND OPTIONS," "FIGHT THE HEROIN AND OPIOID

EPIDEMIC," AND TO "GROW JOBS AND SUPPORT WORKERS." THIS PROJECT WAS

FUNDED BY MULTIPLE SOURCES, INCLUSIVE OF BUT NOT LIMITED TO A FEDERAL

NEW MARKETS TAX CREDIT ALLOCATION, A COMMONWEALTH OF PENNSYLVANIA

REDEVELOPMENT ASSISTANCE CAPITAL GRANT, FUNDING FROM MULTIPLE PRIVATE

PHILANTHROPY ORGANIZATIONS AND ORGANIZATIONAL INVESTMENTS.

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

INCLUDE: (1) FREE HEALTH SCREENINGS (E.G., BLOOD SUGAR, BLOOD PRESSURE,

BODY MASS INDEX AND CHOLESTEROL); (2) EXPANDED CARE THROUGH RURAL

HEALTH CLINICS; (3) VIRTUAL HEALTHCARE OPTIONS THAT OFFER CARE ONLINE

ANYTIME, ANYWHERE; AND (4) RESOURCES AND EDUCATION TO HELP PUT PATIENTS

WITH CHRONIC DISEASES SUCH AS DIABETES AND HEART DISEASE ON A PATH TO A

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HEALTHIER, MORE ACTIVE LIFESTYLE. SIMILARLY, TWCCH HAS EXTENDED HOURS AND OPENED TWO NEW FQHC-LOOK-ALIKE CLINICAL LEARNING ENVIRONMENT LOCATIONS, GIVING PATIENTS ADDITIONAL ALTERNATIVES TO EMERGENCY ROOMS. THIS INCREASED ACCESS TO PRIMARY CARE, IN TURN, REDUCES COSTS AND GIVES PATIENTS NON-DISCRIMINATORY ACCESS TO COMPREHENSIVE PRIMARY CARE UNDER ONE ROOF IN A PATIENT-CENTERED MEDICAL HOME. LIKEWISE, INVESTMENTS HAVE BEEN MADE IN NEW TECHNOLOGY, UPGRADED EQUIPMENT AND RENOVATED FACILITIES.

THE 340B PROGRAM IS AN IMPORTANT SOURCE OF FINANCIAL AND RESOURCE SUPPORT TO HELP ENSURE PATIENTS AND FAMILIES RECEIVE THE PRIMARY HEALTH CARE THEY NEED, REGARDLESS OF INSURANCE STATUS OR ABILITY TO PAY.

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

OTHER PROGRAM SERVICES NOTED IN PART III, LINE 4D INCLUDE TRANSACTIONS BETWEEN TWCCH AND ITS AFFILIATED ENTITY, TWCGME FOR LEASEHOLD IMPROVEMENTS IN THE CONSTRUCTION FOR THE NEW FQHC-LOOK-ALIKE CLINIC AT 501 S. WASHINGTON AVENUE IN SCRANTON, PA.

EXPENSES \$ 73,500. INCLUDING GRANTS OF \$ 73,500. REVENUE \$ 0.

FORM 990, PART IV LINE 28C

IN THE SECOND QUARTER OF 2020, TWCCH RETAINED THE EMERGENCY COMMERCIAL SANITIZATION, N95 COMMERCIAL MASK FITTING AND MILITARY TENT ERECTION AND MAINTENANCE SERVICES THROUGH SCE ENVIRONMENTAL. THE INTENSITY AND TIME-SENSITIVITY OF THE COVID-19 HEALTH PANDEMIC AND THE LACK OF SIMILARLY SITUATED COMPANIES PRECLUDED AN EXTENDED SEARCH FOR COMPETITIVE BIDDING FOR THESE SERVICES. JODY CORDARO, A BOARD MEMBER OF TWCCH, OWNS MORE THAN 35% OF SCE ENVIRONMENTAL, A MOST REPUTABLE AND



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ONE OF THE ONLY COMPANIES THAT COULD PROVIDE THE SPECIFIC SERVICES REQUESTED UPON SHORT NOTICE. MR. CORDARO FULLY DISCLOSED HIS CONFLICT OF INTEREST, AND UPDATED HIS CONFLICT OF INTEREST DISCLOSURE STATEMENT TO REFLECT THE TRANSACTION, WHICH WAS FULLY APPROVED BY TWCCH'S BOARD OF DIRECTORS AFTER FULL DISCLOSURE. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED.

IN NOVEMBER 2017, TWCCH AND ITS AFFILIATED ORGANIZATION, TWCGME, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ FT FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A DIRECTOR OF TWCCH UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCCH'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCCH'S AFFILIATED ORGANIZATIONS. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APROVED BY TWCCH'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL. ON JULY 25, 2019, THE LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH FEDERAL NEW MARKET TAX CREDIT PROGRAM REQUIREMENTS, AND TWCCH'S AFFILIATED ENTITY, TWCGME, BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC-LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQUARE FEET OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST

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AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND  
DECEMBER OF 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND  
RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26,  
2019.

FORM 990, PART V, LINE 2

WCCH IS OPERATIONALLY AFFILIATED WITH TWCGME (EIN: 23-2007832). TO  
INCREASE ORGANIZATIONAL EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR  
W-2 REPORTING OF BOTH ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH  
DIRECTLY EMPLOYS ITS CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND  
CHIEF OPERATING OFFICER. TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS  
FORM W-3; HOWEVER, EACH ENTITY'S RESPECTIVE EMPLOYEE FTES ARE ALLOCATED  
APPROPRIATELY TO EACH ENTITY WITHOUT DUPLICATION BASED ON LEASE  
AGREEMENTS BETWEEN THE ORGANIZATIONS. PER IRS INSTRUCTIONS, EMPLOYEES  
INCLUDED ON PART V, LINE 2A, ARE THOSE DEEMED TO BE THE FTE EQUIVALENT  
OF EMPLOYEES ALLOCATED TO TWCCH.

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

TWCCH'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT WITH INPUT FROM  
EXECUTIVES ACROSS ALL DEPARTMENTS, THEN IS REVIEWED BY AN OUTSIDE CPA FIRM  
BEFORE BEING FINALIZED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER (CEO).  
THE FORM 990 IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE AND EXECUTIVE  
COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE BEING PRESENTED TO  
THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. UPON COMPLETION OF THIS REVIEW  
AND ANY NECESSARY REVISIONS, THE FORM 990 IS SIGNED BY THE ORGANIZATION'S  
CEO AND FILED WITH THE IRS.

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

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

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

LINE 15A: THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCCH'S TOP MANAGEMENT OFFICIAL INCLUDES THE ENGAGEMENT OF A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT, WHO IS RETAINED TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY AND ASSESSMENT EACH TIME THE CHIEF EXECUTIVE OFFICER'S CONTRACT IS NEGOTIATED. IN ADDITION, TWCCH'S EXECUTIVE COMMITTEE PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE TOP EXECUTIVE'S PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER COMPENSATION ADJUSTMENTS ARE NECESSARY, APPROPRIATE AND AFFORDABLE. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE

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CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION.

LINE 15B: COMPENSATION OF OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED TO PERFORM AN ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS PERIODICALLY (TYPICALLY EVERY THREE TO FIVE YEARS), WHICH IS PRESENTED TO EXECUTIVE MANAGEMENT AS WELL AS THE PERSONNEL/COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. MOREOVER, DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS AND KEY EMPLOYEES.

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

TWCCH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN SCRANTON, WITH COPIES PROVIDED UPON REQUEST. TWCCH'S FORMS 990 ARE AVAILABLE ONLINE AND ONSITE IN ACCORDANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS.

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

JOSEPH ANISTRANSKI, MD - 1212 WYOMING AVE, FORTY FORT, PA 18704

SUZANNE M. FLETCHER - 301 COUNTRYWOOD DRIVE, HANOVER TWP, PA 18706

CARLON PREATE - 715 GLENBURN ROAD, CLARK SUMMIT, PA 18411

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

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HON. ED STABACK - 225 MAIN STREET, STURGES, OLYPHANT, PA 18447

SANDRA BROWDER - 8 WALSH PLAZA, OLYPHANT, PA 18447

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - 23-2007832, 501 S WASHINGTON AVE, SUITE 1000, SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
COMMUNITY HEALTH HUB - 27-3582779 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
THE WRIGHT CENTER ALLIANCE - 81-2982874 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 12A, I	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	X	
PATIENT ENGAGEMENT COUNCIL - 81-3053323 501 S WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 7	SEE PART VII	X	

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

Schedule R (Form 990) 2019



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

[illegible]

**Part VII** Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

PRIMARY ACTIVITY: PROVIDES ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION  
TRAINING IN SPECIALTY-SPECIFIC PRIMARY CARE RESIDENCY PROGRAMS AND  
FELLOWSHIPS.

NAME OF RELATED ORGANIZATION:

COMMUNITY HEALTH HUB

PRIMARY ACTIVITY: PROMOTES THE HEALTH AND WELLNESS OF THE NORTHEAST PA  
COMMUNITY AND ACCESS TO HIGH-QUALITY, NON-DISCRIMINATORY, COMPREHENSIVE  
PRIMARY HEALTH SERVICES.

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY: CREATED TO ALIGN NON-PROFIT WRIGHT CENTER AFFILIATES  
WITH SHARED PURPOSE IN OPTIMIZING MISSION DELIVERY ACHIEVEMENT. THE  
WRIGHT CENTER ALLIANCE WAS CONTROLLED BY THE WRIGHT CENTER FOR GRADUATE  
MEDICAL EDUCATION DURING FY 2019-2020.

NAME OF RELATED ORGANIZATION:

PATIENT ENGAGEMENT COUNCIL

PRIMARY ACTIVITY: WITH PARTICULAR FOCUS ON SOCIAL AND ECONOMIC  
DETERMINANTS OF HEALTH, PATIENT ENGAGEMENT COUNCIL PROMOTES PATIENT AND  
COMMUNITY ENGAGEMENT AND EMPOWERMENT FOR MEANINGFUL CONTRIBUTIONS TO  
OWN AND OPTIMIZE HEALTH. FROM JULY 2019 THROUGH JANUARY 2020, PATIENT  
ENGAGEMENT COUNCIL WAS INITIALLY CONTROLLED BY THE WRIGHT CENTER  
ALLIANCE WHICH WAS A SUPPORTING PARENT ORGANIZATION OF TWCGME. IN

**Part VII** Supplemental Information

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

JANUARY OF 2020, THE ALLIANCE TRANSFERRED ITS MEMBERSHIP INTEREST IN  
PATIENT ENGAGEMENT COUNCIL TO TWCCH TO BETTER SUPPORT PATIENTS AND  
FAMILIES OF TWCCH AS ITS FQHC-LOOK-ALIKE IDENTITY BLOSSOMED.