

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 2021

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

Taxpayer identification number

COMMUNITY HEALTH HUB

27-3582779

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CHAIR, DIRECTOR

## 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 type="checkbox"/>               | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1b |         |
| 2a Form 990-EZ check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) . . . . .                      | 2b | 49,190. |
| 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 |         |
| 6a Form 990-T check here <input type="checkbox"/>             | b Total tax (Form 990-T, Part III, line 4) . . . . .                         | 6b |         |
| 7a Form 4720 check here <input type="checkbox"/>              | b Total tax (Form 4720, Part III, line 1) . . . . .                          | 7b |         |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 4 5 6 1 7 as my signature

ERO firm name

Enter five numbers, but  
do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

Date 5/10/2022

## 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.

4 3 0 3 2 9 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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

Date 05/13/2022

ERO Must Retain This Form - See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form****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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection****A For the 2020 calendar year, or tax year beginning**

07/01, 2020, and ending

06/30, 2021

**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization

COMMUNITY HEALTH HUB

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

501 S. WASHINGTON AVE

1000

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

SCRANTON, PA 18505

**D** Employer identification number

27-3582779

**E** Telephone number

(570) 343-2383

**F** Group Exemption

Number ▶

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶**I** Website: ▶ WWW.THEWRIGHTCENTER.ORG**J** Tax-exempt status (check only one) ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 49,190.

**Part I** **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

|            |  |  |         |         |
|------------|--|--|---------|---------|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received . . . . .   | 1       | 39,682. |
|            | 2  | Program service revenue including government fees and contracts . . . . .  | 2       |         |
|            | 3  | Membership dues and assessments . . . . .  | 3       |         |
|            | 4  | Investment income . . . . .  | 4       |         |
|            | 5a   | Gross amount from sale of assets other than inventory . . . . .  | 5a      |         |
|            | 5b   | Less: cost or other basis and sales expenses . . . . .   | 5b      | 0.      |
|            | 5c   | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .  | 5c      |         |
|            | 6  | Gaming and fundraising events:   |         |         |
|            | 6a   | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a      |         |
|            | 6b   | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b      |         |
| 6c         | Less: direct expenses from gaming and fundraising events . . . . .   | 6c   |         |         |
| 6d         | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | 6d   |         |         |
| 7a         | Gross sales of inventory, less returns and allowances . . . . .  | 7a   |         |         |
| 7b         | Less: cost of goods sold . . . . .   | 7b   | 0.      |         |
| 7c         | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .                     | 7c   |         |         |
| 8          | Other revenue (describe in Schedule O). . . . .  | 8  | 9,508.  |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                      | 9  | 49,190. |         |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O) . . . . .   | 10      | 26,260. |
|            | 11   | Benefits paid to or for members . . . . .  | 11      |         |
|            | 12   | Salaries, other compensation, and employee benefits . . . . .  | 12      |         |
|            | 13   | Professional fees and other payments to independent contractors . . . . .  | 13      |         |
|            | 14   | Occupancy, rent, utilities, and maintenance. . . . .   | 14      |         |
|            | 15   | Printing, publications, postage, and shipping . . . . .  | 15      |         |
|            | 16   | Other expenses (describe in Schedule O). . . . .   | 16      |         |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16 . . . . .   | 17      | 26,260. |
| Net Assets | 18   | Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .  | 18      | 22,930. |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .   | 19      | 10,260. |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20      |         |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   | 21      | 33,190. |

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

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

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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

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

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.                            | Taxpayer identification number (TIN) |
|  | COMMUNITY HEALTH HUB   | 27-3582779                           |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                      |
|  | 501 S. WASHINGTON AVE STE 1000   |                                      |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                      |
|  | SCRANTON, PA 18505   |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **01**

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

• The books are in the care of ► \_\_\_\_\_

Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/16, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 07/01, 20 20, and ending 06/30, 20 21.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II. ☐

|   | (A) Beginning of year | (B) End of year   |
|---|-----------------------|-------------------|
| <b>22</b> Cash, savings, and investments . . . . . ATTACHMENT 2                           | 59,200.               | <b>22</b> 33,190. |
| <b>23</b> Land and buildings . . . . .  | 0.                    | <b>23</b> 0.      |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                 | 0.                    | <b>24</b> 0.      |
| <b>25</b> Total assets . . . . .  | 59,200.               | <b>25</b> 33,190. |
| <b>26</b> Total liabilities (describe in Schedule O) ATTACHMENT 3                         | 48,940.               | <b>26</b> 0.      |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . | 10,260.               | <b>27</b> 33,190. |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|  |            |  |
|--|------------|--|
| <b>28</b> SEE SCHEDULE O   |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> |  |
| <b>29</b>  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>29a</b> |  |
| <b>30</b>  |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>30a</b> |  |
| <b>31</b> Other program services (describe in Schedule O) . . . . .                      |            |  |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b> |  |
| <b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .           | <b>32</b>  |  |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☐

| (a) Name and title     | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|------------------------|--|--|---|--|
| GERARD GEOFFROY        |  |  |   |  |
| VICE CHAIR             | 1.00   | 0.   | 0.  | 0.   |
| MARY MARRARA           |  |  |   |  |
| TREASURER              | 1.00   | 0.   | 0.  | 0.   |
| WILLIAM WATERS, PHD    |  |  |   |  |
| SECRETARY              | 1.00   | 0.   | 0.  | 0.   |
| MARY ANN CHINDEMI      |  |  |   |  |
| DIRECTOR               | 1.00   | 0.   | 0.  | 0.   |
| PATRICIA DESOUZA       |  |  |   |  |
| DIRECTOR               | 1.00   | 0.   | 0.  | 0.   |
| LEE ANN ESCHBACH, PHD  |  |  |   |  |
| DIRECTOR               | 1.00   | 0.   | 0.  | 0.   |
| FRANK KOZA             |  |  |   |  |
| DIRECTOR               | 1.00   | 0.   | 0.  | 0.   |
| MELISSA SIMRELL        |  |  |   |  |
| DIRECTOR               | 1.00   | 0.   | 0.  | 0.   |
| LINDA THOMAS-HEMAK, MD |  |  |   |  |
| CHAIR                  | 1.00   | 0.   | 0.  | 0.   |
|                        |  |  |   |  |
|                        |  |  |   |  |
|                        |  |  |   |  |
|                        |  |  |   |  |

| <b>Part V Other Information</b> (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. <span style="float: right;"><input checked="" type="checkbox"/> <b>X</b></span>   |            |  | Yes | No |
|---|------------|--|-----|----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .   | <b>33</b>  |  |     | X  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions . . . . .   | <b>34</b>  |  |     | X  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .   | <b>35a</b> |  |     | X  |
| <b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. . . . .   | <b>35b</b> |  |     |    |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .   | <b>35c</b> |  |     | X  |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .   | <b>36</b>  |  |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b>  |            |  |     |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .  | <b>37b</b> |  |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .  | <b>38a</b> |  |     | X  |
| <b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved. . . . . <b>38b</b>  |            |  |     |    |
| <b>39</b> Section 501(c)(7) organizations. Enter:   |            |  |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>  |            |  |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>   |            |  |     |    |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0. . . . .  |            |  |     |    |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .  | <b>40b</b> |  |     | X  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . ▶  |            |  |     |    |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶   |            |  |     |    |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .   | <b>40e</b> |  |     | X  |
| <b>41</b> List the states with which a copy of this return is filed ▶ PA,   |            |  |     |    |
| <b>42a</b> The organization's books are in care of ▶ RONALD DANIELS, CPA Telephone no. ▶ 570-343-2383<br>Located at ▶ 501 S. WASHINGTON AVE, SUITE 1000 SCRANTON, PA ZIP + 4 ▶ 18505  |            |  |     |    |
| <b>b</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)? If "Yes," enter the name of the foreign country ▶<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | <b>42b</b> |  |     | X  |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? . . . . . If "Yes," enter the name of the foreign country ▶   | <b>42c</b> |  |     | X  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . ▶ <b>43</b>   |            |  |     |    |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .   | <b>44a</b> |  |     | X  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  | <b>44b</b> |  |     | X  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .   | <b>44c</b> |  |     | X  |
| <b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .  | <b>44d</b> |  |     |    |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  | <b>45a</b> |  |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions . . . . .  | <b>45b</b> |  |     |    |

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . .

|    | Yes | No |
|----|-----|----|
| 46 |     | X  |

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI. . . . . ☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .

|    | Yes | No |
|----|-----|----|
| 47 |     | X  |

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .

|    | Yes | No |
|----|-----|----|
| 48 |     | X  |

- 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

|     | Yes | No |
|-----|-----|----|
| 49a |     | X  |

- b If "Yes," was the related organization a section 527 organization? . . . . .

|     | Yes | No |
|-----|-----|----|
| 49b |     | X  |

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| NONE                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

- f Total number of other employees paid over \$100,000. . . . .

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

- d Total number of other independent contractors each receiving over \$100,000. . . . .

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A. . . . .

☒ Yes ☐ No

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

Sign Here

Signature of officer

LINDA THOMAS-HEMAK, MD

CHAIR, DIRECTOR

Type or print name and title

Date

5/16/2022

Paid Preparer Use Only

Print/Type preparer's name

KRYSTAL K CREACH

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01248198

Firm's name BKD, LLP

Firm's EIN 44-0160260

Firm's address 910 E ST LOUIS #200/PO BOX 1190

Phone no. 417-865-8701

May the IRS discuss this return with the preparer shown above? See instructions. . . . .

☒ Yes ☐ No

SPRINGFIELD, MO 65806-2523

Form 990-EZ (2020)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY HEALTH HUB

Employer identification number

27-3582779

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-10<br>above (see instructions)) | (iv) Is the organization<br>listed in your governing<br>document? |    | (v) Amount of monetary<br>support (see<br>instructions) | (vi) Amount of<br>other support (see<br>instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

Schedule A (Form 990 or 990-EZ) 2020

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**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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 10,162.  | 0.       | 12,379.  | 12,091.  | 39,682.  | 74,314.   |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          | 0.        |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          | 0.        |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 10,162.  |          | 12,379.  | 12,091.  | 39,682.  | 74,314.   |
| <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). . . . . |          |          |          |          |          | 0.        |
| <b>6 Public support.</b> Subtract line 5 from line 4 . . . . .  |          |          |          |          |          | 74,314.   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020  | (f) Total                |
|---|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4. . . . .   | 10,162.  |          | 12,379.  | 12,091.  | 39,682.   | 74,314.                  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  |          |          |          |          |           | 0.                       |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |           | 0.                       |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .  |          | 44,811.  |          |          | 9,508.    | 54,319.                  |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .   |          |          |          |          |           | 128,633.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |                          |
| <b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .  | <b>14</b> | 57.77 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .   | <b>15</b> | 48.16 %                             |
| <b>16a 33 1/3% support test - 2020.</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 checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</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 - 2020.</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 - 2019.</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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |
| <b>14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f)) . . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .   | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .   | <b>18</b> | % |
| <b>19a 33 1/3% support tests - 2020.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>         |           |   |
| <b>b 33 1/3% support tests - 2019.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>   |           |   |

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>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.   |     |    |

**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). |     |    |

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

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

**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 governmental entity (see instructions).  |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b 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>b</b> Did the activities described in line 2a, above, 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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in <b>Part VI</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.   |  |  |  |

**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) |
|---|-----------|----------------|-----------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b>  |                |                             |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b>  |                |                             |
| <b>3</b> Other gross income (see instructions)  | <b>3</b>  |                |                             |
| <b>4</b> Add lines 1 through 3.   | <b>4</b>  |                |                             |
| <b>5</b> Depreciation and depletion   | <b>5</b>  |                |                             |
| <b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>  |                |                             |
| <b>7</b> Other expenses (see instructions)  | <b>7</b>  |                |                             |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b>  |                |                             |
| Section B - Minimum Asset Amount  |           | (A) Prior Year | (B) Current Year (optional) |
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |           |                |                             |
| <b>a</b> Average monthly value of securities  | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances  | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets   | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)   | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):  | <b>1e</b> |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets   | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.  | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by 0.035.  | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions   | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)  | <b>8</b>  |                |                             |
| Section C - Distributable Amount  |           |                | Current Year                |
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)  | <b>1</b>  |                |                             |
| <b>2</b> Enter 0.85 of line 1.  | <b>2</b>  |                |                             |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)   | <b>3</b>  |                |                             |
| <b>4</b> Enter greater of line 2 or line 3.   | <b>4</b>  |                |                             |
| <b>5</b> Income tax imposed in prior year   | <b>5</b>  |                |                             |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | <b>6</b>  |                |                             |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).                                |           |                |                             |

Schedule A (Form 990 or 990-EZ) 2020

**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>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2020 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

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

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10

EXPLANATION FOR OTHER INCOME:

DEBT FORGIVENESS: 9,507.58

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION  | 2016 | 2017           | 2018 | 2019 | 2020          | TOTAL          |
|--------------|------|----------------|------|------|---------------|----------------|
| OTHER INCOME |      | 44,811.        |      |      | 9,508.        | 54,319.        |
| TOTALS       |      | <u>44,811.</u> |      |      | <u>9,508.</u> | <u>54,319.</u> |

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY HEALTH HUB

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

27-3582779

FORM 990-EZ, PART III

PRIMARY EXEMPT PURPOSE:

CHH (DBA THCEN EFFECTIVE JULY 2021) BECAME AN EDUCATIONAL AND CLINICAL LEARNING CONSORTIUM PRIMARILY COMPOSED OF THE FOUNDING TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM AWARD RECIPIENTS. CHH DBA THCEN PROPOSES TO LEVERAGE THE KNOWLEDGE, EXPERIENCE AND COLLABORATIVE SPIRIT OF TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM GRANTEES TO SUPPORT EXISTING, NEW AND HOPEFUL FUTURE THCGME PROGRAM GRANTEES TO INCREASE ACCESS TO CARE AND BATTLE AGAINST THE HEALTH AND HEALTHCARE DISPARITIES THAT RESULT FROM THE GROWING SHORTAGE OF PRIMARY CARE PHYSICIANS IN AMERICA.

CHH DBA THCEN INTENDS TO PROVIDE ONGOING EDUCATIONAL SUPPORT AND PEER LEARNING FOR COMMUNITY-GOVERNED HEALTHCARE WORKFORCE DEVELOPMENT, WITH A SPECIFIC FOCUS ON GRADUATE MEDICAL EDUCATION RESIDENCY PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). ITS GOAL IS TO INSPIRE, SUPPORT AND HELP FACILITATE THE CREATION OF NEW COMMUNITY-BASED PRIMARY CARE RESIDENCY PROGRAMS WHERE THEY'RE NEEDED MOST AND TO SHARE BEST PRACTICES, PROMOTE EXCELLENCE AND PROVIDE A COLLABORATIVE PLATFORM FOR EXISTING PROGRAMS AT THE NATIONAL LEVEL.

FORM 990-EZ, PART III, LINE 28

THE ORGANIZATION'S MISSION:

EXPANDED ON JUNE 15, 2021 TO EXTEND BEYOND NORTHEASTERN PENNSYLVANIA TO

|  |  |
|--|--|
| Name of the organization<br>COMMUNITY HEALTH HUB | Employer identification number<br>27-3582779 |
|--|--|

ALL COMMUNITIES IN THE UNITED STATES, COMMUNITY HEALTH HUB'S MISSION AS REFLECTED IN THE AMENDED ARTICLES OF INCORPORATION IS TO SUPPORT THE IMPROVEMENT OF THE HEALTH AND WELFARE OF OUR COMMUNITIES AND OUR NATION. AFFILIATED WITH THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), COMMUNITY HEALTH HUB (CHH) SUPPORTS THE IMPROVEMENT OF POPULATION HEALTH AND WELLNESS BY PROMOTING PATIENT, FAMILY AND COMMUNITY-CENTERED PROGRAMS AND PRIMARY CARE WORKFORCE DEVELOPMENT INITIATIVES TO IMPROVE ACCESS TO HIGH-QUALITY, NON-DISCRIMINATORY, COMPREHENSIVE PRIMARY HEALTH SERVICES REGARDLESS OF ABILITY TO PAY. IN FURTHERANCE OF ITS BROADENED FOCUS, CHH EXPANDED ITS AFFILIATIONS TO INCLUDE THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), AN ORGANIZATION THAT WAS FOUNDED IN 2013 AS THE COORDINATING CENTER FOR THE TEACHING HEALTH CENTER (THC) MOVEMENT. THE AATHC SUPPORTS AND ADVANCES TEACHING HEALTH CENTERS THROUGH NETWORKING, COMMUNICATIONS AND EDUCATING MEDICAL PROFESSIONALS AND THE PUBLIC. AATHC ALSO ENGAGES IN ADVOCACY EFFORTS TO EXTEND CURRENT THC FUNDING AND TO ESTABLISH A DEDICATED SOURCE FOR COMMUNITY-BASED PRIMARY CARE GRADUATE MEDICAL EDUCATION FUNDING.

PROGRAM SERVICE ACCOMPLISHMENTS:

HISTORICALLY, COMMUNITY HEALTH HUB (CHH) WAS AWARDED A SCHOOL-BASED HEALTH CENTER (SBHC) CAPITAL DEVELOPMENT GRANT IN 2015 THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THE GRANT PROVIDED \$500,000 OVER A 2-YEAR PERIOD TO CONSTRUCT AND EQUIP FUNCTIONAL SBHCS WITHIN THE THREE SCHOOL BUILDINGS OF LAKELAND SCHOOL DISTRICT, A PENNSYLVANIA PUBLIC



Name of the organization

COMMUNITY HEALTH HUB

Employer identification number

27-3582779

SCHOOL DISTRICT THAT SERVES STUDENTS IN A PREDOMINANTLY RURAL AREA OF LACKAWANNA COUNTY. ORIGINALLY, THE INTENT WAS FOR CHH TO ACHIEVE DESIGNATION AS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) OR AN FQHC LOOK-ALIKE AND TO OPERATE THE UPGRADED SBHCS. UNDER THAT SCENARIO, CHH WOULD HAVE IMPLEMENTED A COST-EFFECTIVE MODEL OF CARE CALLED THE PATIENT-CENTERED MEDICAL HOME, IN WHICH A PHYSICIAN-LED TEAM OF PROVIDERS COORDINATED CARE IN FULL COLLABORATION WITH THE EXISTING MEDICAL STAFF EMPLOYED BY THE SCHOOLS AND COMMUNITY PHYSICIANS WHO CARE FOR STUDENTS. THIS CARE DELIVERY CONCEPT FOR CHH EVOLVED WHEN TWCCH APPLIED FOR AND WAS AWARDED THE FEDERAL FQHC LOOK-ALIKE DESIGNATION, ENABLING CHH TO ACTIVELY EXPLORE NATIONAL OPPORTUNITIES TO PROMOTE ITS MISSION.

WITH ITS NEW AFFILIATION WITH AATHC, CHH BEGAN THE JOURNEY OF TRANSITIONING ITS GOVERNANCE TO REFLECT A MORE NATIONAL IDENTITY TO BEST PROMOTE ITS NEW NATIONAL FOCUS, AND REGISTERED THE FICTITIOUS NAME OF TEACHING HEALTH CENTER EDUCATION NETWORK (THCEN) IN JULY 2021. CHH DBA THCEN EVOLVED INTO A CONSORTIUM OF CURRENTLY FUNDED TEACHING HEALTH CENTER GME PROGRAMS, BECAME AFFILIATED WITH THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC) AND PREPARED FOR THE OPPORTUNITY TO APPLY FOR NOTICE OF FUNDING OPPORTUNITY HRSA-22-107 RELATED TO THE TEACHING HEALTH CENTER TECHNICAL ASSISTANCE GRANT.

FORM 990EZ, PART I - OTHER REVENUE

ATTACHMENT 1

MISCELLANEOUS INCOME

9,508.

TOTALS

9,508.

|  |  |
|--|--|
| Name of the organization<br>COMMUNITY HEALTH HUB | Employer identification number<br>27-3582779 |
|--|--|

## ATTACHMENT 2

## FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| DESCRIPTION | BEGINNING<br>OF YEAR | END<br>OF YEAR |
|-------------|----------------------|----------------|
| CASH        | 59,200.              | 33,190.        |
| TOTALS      | 59,200.              | 33,190.        |

## ATTACHMENT 3

## FORM 990EZ, PART II - TOTAL LIABILITIES

| DESCRIPTION                            | BEGINNING<br>OF YEAR |    |
|--|----------------------|----|
| ACCOUNTS PAYABLE                       | 1,000.               | 0. |
| SUPPORT AND REVENUE FOR FUTURE PERIODS | 39,432.              | 0. |
| DUE TO RELATED PARTY                   | 8,508.               | 0. |
| TOTALS                                 | 48,940.              |    |

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

ATTACHMENT 4

| <u>IN EXCESS OF \$5000</u>                       |  | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR |   |                |
|--|--|---|---|----------------|
|  |  | AND                                     |   |                |
| <u>RECIPIENT NAME AND ADDRESS</u>                |  | <u>FOUNDATION STATUS OF RECIPIENT</u>   | <u>PURPOSE OF GRANT OR CONTRIBUTION</u> | <u>AMOUNT</u>  |
| GRANTS PAID                                      |  |   |   |                |
| PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER |  | 501(C)(3)                               | SUPPORT                                 | 26,260.        |
| FOR PATIENT AND COMMUNITY ENGAGEMENT             |  |   |   |                |
| 501 S. WASHINGTON AVE SUITE 1000                 |  |   |   |                |
| SCRANTON, PA 18505                               |  |   |   |                |
| TOTAL CONTRIBUTIONS PAID                         |  |   |   | <u>26,260.</u> |

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 2021

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2020

Department of the Treasury  
Internal Revenue Service

Name of exempt organization or person subject to tax

COMMUNITY HEALTH HUB

Taxpayer identification number

27-3582779

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CHAIR, DIRECTOR

## 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 type="checkbox"/>              | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . | 1b |    |
| 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 |    |
| 6a Form 990-T check here <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) . . . . .                         | 6b | 0. |
| 7a Form 4720 check here <input type="checkbox"/>             | b Total tax (Form 4720, Part III, line 1) . . . . .                          | 7b |    |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☐ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

## PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 4 5 6 1 7 as my signature

ERO firm name

Enter five numbers, but  
do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

Date 5/16/2022

## 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.

4 3 0 3 2 9 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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

Date 05/13/2022

ERO Must Retain This Form - See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990-T****Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**

OMB No. 1545-0047

For calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021**2020**Department of the Treasury  
Internal Revenue Service▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

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

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

|  |   |  |   |
|--|---|--|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed.  | <b>Print or Type</b>  | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br>COMMUNITY HEALTH HUB | <b>D Employer identification number</b><br>27-3582779             |
| <b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A |   | Number, street, and room or suite no. If a P.O. box, see instructions.<br>501 S. WASHINGTON AVE SUITE 1000               | <b>E Group exemption number</b><br>(see instructions)             |
|  |   | City or town, state or province, country, and ZIP or foreign postal code<br>SCRANTON, PA 18505                           | <b>F</b> <input type="checkbox"/> Check box if an amended return. |
| <b>C</b> Book value of all assets at end of year . . . . .   |   | 33,190.  |   |
| <b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity          |   |  |   |
| <b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439   |   |  |   |
| <b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . .  | <input type="checkbox"/>  |  |   |
| <b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . .   |   |  |   |
| <b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |
| If "Yes," enter the name and identifying number of the parent corporation ▶  |   |  |   |
| <b>L</b> The books are in care of ▶ RONALD DANIELS, CPA  | Telephone number ▶ 570-343-2383                                     |  |   |

501 S. WASHINGTON AVE, SUITE 1000  
SCRANTON PA 18505**Part I Total Unrelated Business Taxable Income**

|   |           |    |
|---|-----------|----|
| <b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). . . . .                | <b>1</b>  |    |
| <b>2</b> Reserved . . . . .   | <b>2</b>  |    |
| <b>3</b> Add lines 1 and 2 . . . . .  | <b>3</b>  |    |
| <b>4</b> Charitable contributions (see instructions for limitation rules) . . . . .   | <b>4</b>  |    |
| <b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . . .                             | <b>5</b>  | 0. |
| <b>6</b> Deduction for net operating loss. See instructions. . . . .  | <b>6</b>  |    |
| <b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . . | <b>7</b>  |    |
| <b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .  | <b>8</b>  |    |
| <b>9</b> Trusts. Section 199A deduction. See instructions. . . . .  | <b>9</b>  |    |
| <b>10</b> Total deductions. Add lines 8 and 9 . . . . .   | <b>10</b> |    |
| <b>11</b> Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .               | <b>11</b> | 0. |

**Part II Tax Computation**

|  |          |  |
|--|----------|--|
| <b>1</b> Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) . . . . .   | <b>1</b> |  |
| <b>2</b> Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . | <b>2</b> |  |
| <b>3</b> Proxy tax. See instructions . . . . .   | <b>3</b> |  |
| <b>4</b> Other tax amounts. See instructions . . . . .   | <b>4</b> |  |
| <b>5</b> Alternative minimum tax (trusts only) . . . . .   | <b>5</b> |  |
| <b>6</b> Tax on noncompliant facility income. See instructions . . . . .   | <b>6</b> |  |
| <b>7</b> Total. Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .  | <b>7</b> |  |

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

|     |  |    |    |
|-----|--|----|----|
| 1 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).   | 1a |    |
| b   | Other credits (see instructions).  | 1b |    |
| c   | General business credit. Attach Form 3800 (see instructions).  | 1c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827).  | 1d |    |
| e   | <b>Total credits.</b> Add lines 1a through 1d.   | 1e |    |
| 2   | Subtract line 1e from Part II, line 7.   | 2  |    |
| 3   | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) | 3  |    |
| 4   | <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.  | 4  | 0. |
| 5   | 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4   | 5  |    |
| 6 a | Payments: A 2019 overpayment credited to 2020  | 6a |    |
| b   | 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>   | 6b |    |
| c   | Tax deposited with Form 8868.  | 6c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 6d |    |
| e   | Backup withholding (see instructions)  | 6e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 6f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total  | 6g |    |
| 7   | <b>Total payments.</b> Add lines 6a through 6g.  | 7  |    |
| 8   | Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>   | 8  |    |
| 9   | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.   | 9  |    |
| 10  | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.  | 10 |    |
| 11  | Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 11 |    |

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

|   | Yes | No |
|---|-----|----|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/> |     | X  |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.   |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$   |     |    |
| 4 a Did the organization change its method of accounting? (see instructions)  |     |    |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V   |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

|                               |  |  |       |   |
|-------------------------------|--|--|-------|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |       |   |
|                               | Signature of officer   | Date   | Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature                           | Date  | Check <input type="checkbox"/> if self-employed   |
|                               | KRYSTAL K CREACH   |  |       | PTIN P01248198  |
|                               | Firm's name <input type="checkbox"/> BKD, LLP  | Firm's EIN <input type="checkbox"/> 44-0160260 |       |   |
|                               | Firm's address <input type="checkbox"/> 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523  | Phone no. 417-865-8701                         |       |   |

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

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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

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

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.                            | Taxpayer identification number (TIN) |
|  | COMMUNITY HEALTH HUB   | 27-3582779                           |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                      |
|  | 501 S. WASHINGTON AVE STE 1000   |                                      |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                      |
|  | SCRANTON, PA 18505   |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

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

• The books are in the care of ► \_\_\_\_\_

Telephone No. ► \_\_\_\_\_ Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . . . . . ☐. If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/16, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 07/01, 20 20, and ending 06/30, 20 21.

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

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2020)

SUPPLEMENTAL INFORMATION DETAIL

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PART NUMBER: V  
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.



# **IRS Tax Determination**

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 14 2011**

COMMUNITY HEALTH HUB  
C/O ROBERT T KELLY JR  
425 SPRUCE ST STE 200  
SCRANTON, PA 18503

Employer Identification Number:  
27-3582779  
DLN:  
17053350308040  
Contact Person:  
ERIC KAYE ID# 31612  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
September 30, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

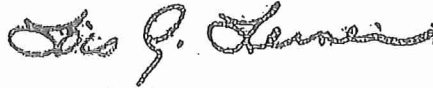
Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

COMMUNITY HEALTH HUB

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner". The signature is fluid and cursive, with a prominent initial "L".

Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC