

Form **8879-EO****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

THE WRIGHT CENTER MEDICAL GROUP

Taxpayer identification number

23-2772504

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CEO / PHYSICIAN**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 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 checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12).	1b	<u>50981219.</u>
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 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 6 4 5 5 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 ▶

Linda Thomas-Hemak 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 ▶

Krista A. A. A.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)JSA
0E1676 1.000

0051SE K929 5/13/2022 10:00:50 A V 20-7.21

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WRIGHT CENTER MEDICAL GROUP
	Doing business as WRIGHT CENTER FOR COMMUNITY HEALTH
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 S. WASHINGTON AVENUE 1000
	City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505
	F Name and address of principal officer: LINDA THOMAS-HEMAK MD 501 S. WASHINGTON AVENUE, SCRANTON, PA 18505
D Employer identification number 23-2772504	
E Telephone number (570) 343-2383	
G Gross receipts \$ 50,981,219.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. See instructions	
H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: THEWRIGHTCENTER.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1994 M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY. SEE SCHEDULE O FOR MORE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 19.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 18.
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 400.
	6	Total number of volunteers (estimate if necessary)	6 22.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,016,717. Current Year 7,748,993.
	9	Program service revenue (Part VIII, line 2g)	26,424,414. 43,074,261.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,531. 62,936.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135,694. 95,029.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,636,356. 50,981,219.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,755,767. 1,468,246.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,940,131. 27,702,716.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,505,398. 16,581,832.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	36,201,296. 45,752,794.	
19	Revenue less expenses. Subtract line 18 from line 12	-1,564,940. 5,228,425.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 24,323,836. End of Year 28,333,835.
	21	Total liabilities (Part X, line 26)	17,724,581. 13,604,855.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,599,255. 14,728,980.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	LINDA THOMAS-HEMAK, MD	5/16/2022
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	KRYSTAL K CREACH	
Paid Preparer Use Only	Firm's name	Firm's EIN
	BKD, LLP	44-0160260
Paid Preparer Use Only	Firm's address	Phone no.
	910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523	417-865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (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 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.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH	Taxpayer identification number (TIN) 23-2772504
	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

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

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

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

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

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

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ **X** Yes ☐ **No**
If "Yes," describe these new services on Schedule O.**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ **Yes** ☒ **No**
If "Yes," describe these changes on Schedule O.**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 25,496,912. including grants of \$) (Revenue \$ 35,127,280.)

CLINICAL SERVICES:

TWCCH IS A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LOOK-ALIKE) THAT HAS SUBMITTED ITS ANNUAL UNIFORM DATA SYSTEM REPORTS PROVIDING THE IMPACT METRICS OF OUR PROVISION OF FULLY-INTEGRATED AND COMPREHENSIVE NON-DISCRIMINATORY PRIMARY HEALTH SERVICES REGARDLESS OF ABILITY TO PAY IN A PATIENT CENTERED MEDICAL HOME CARE DELIVERY MODEL. SEE SCHEDULE O FOR MORE.

4b (Code:) (Expenses \$ 6,902,880. including grants of \$ 1,342,247.) (Revenue \$ 0.)

GRANT PROGRAMS

TWCCH IS A NON-PROFIT, 501(C)(3) THAT PASSIONATELY APPLIES FOR MISSION-ALIGNED AND MISSION-AMPLIFYING FEDERAL, STATE, LOCAL AND PHILANTHROPIC AGENCIES' GRANT FUNDING INITIATIVES AS NEEDED AND APPROPRIATE TO ENSURE, ACCELERATE, AND FURTHER THE DELIVERY OF OUR MISSION TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. SEE SCHEDULE O FOR MORE.

4c (Code:) (Expenses \$ 5,592,723. including grants of \$) (Revenue \$ 7,171,696.)

340B DRUG PRICING PROGRAM

AS A RYAN WHITE PROGRAM GRANTEE AND SERVICE PROVIDER THROUGH THE TITLE X PROGRAM, TWCCH HAD PARTICIPATED IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 340B DRUG PRICING PROGRAM FOR MANY YEARS. SEE SCHEDULE O FOR MORE.

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

(Expenses \$ 751. including grants of \$ 126,000.) (Revenue \$ 775,285.)

4e Total program service expenses ▶ 37,993,266.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 400		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **PA**.

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
RONALD DANIELS, CFO 501 S. WASHINGTON AVENUE, STE 1000 SCRANTON, PA 18505 570-343-2383

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD CEO / PHYSICIAN / NON VOTING D	44.00 11.00			X				825,226.	0.	36,905.
(2) JIGNESH SHETH, MD CMO / PHYSICIAN	44.00 11.00			X				445,746.	0.	37,082.
(3) JUMEE BAROOAH, MD PHYSICIAN	30.00 25.00					X		192,535.	145,246.	36,366.
(4) WILLIAM DEMPSEY, MD DEPUTY CMO / PHYSICIAN	44.00 11.00				X			250,765.	70,729.	35,328.
(5) MAUREEN LITCHMAN, MD MEDICAL DIRECTOR / PHYSICIAN	38.00 17.00				X			224,243.	96,104.	29,673.
(6) SUSAN BAROODY, DO MEDICAL DIRECTOR / PHYSICIAN	55.00 0.				X			317,265.	0.	27,028.
(7) TIMOTHY BURKE, DO PHYSICIAN	36.00 19.00					X		193,290.	113,519.	36,379.
(8) ENRIQUE SAMONTE, MD MEDICAL DIRECTOR / PHYSICIAN	44.00 11.00				X			233,266.	65,793.	27,811.
(9) TASNEEM KHAN, MD PSYCHIATRIST	50.00 5.00					X		283,433.	31,493.	10,889.
(10) JENNIFER WALSH, ESQ FORMER SVP / GENERAL COUNSEL	0. 55.00						X	0.	292,732.	25,894.
(11) RAJIV BANSAL, MD PHYSICIAN	50.00 5.00					X		242,438.	33,060.	34,486.
(12) DEBORAH SPRING, MD PHYSICIAN	50.00 5.00					X		239,899.	32,713.	32,352.
(13) JOSEPH ANISTRANSKI, MD MEDICAL DIRECTOR / PHYSICIAN	55.00 0.				X			268,237.	0.	33,760.
(14) RONALD DANIELS, CPA CFO	44.00 11.00			X				138,575.	34,644.	5,967.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GERARD GEOFFROY CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(16) WILLIAM WATERS, PHD VICE CHAIRMAN	5.00 0.	X		X				0.	0.	0.
(17) MARY MARRARA SECRETARY	5.00 1.00	X		X				0.	0.	0.
(18) JOHN KEARNEY TREASURER END 1/21	5.00 5.00	X		X				0.	0.	0.
(19) DEBORAH KOLSOVSKY TREASURER BEG 1/21	5.00 0.	X		X				0.	0.	0.
(20) MARY ANN CHINDEMI DIRECTOR	1.00 0.	X						0.	0.	0.
(21) JODY CORDARO DIRECTOR	1.00 0.	X						0.	0.	0.
(22) PATRICIA DESOUSA DIRECTOR	1.00 0.	X						0.	0.	0.
(23) LEE ANN ESCHBACH, PHD DIRECTOR	1.00 0.	X						0.	0.	0.
(24) JAMES GAVIN DIRECTOR	1.00 5.00	X						0.	0.	0.
(25) KIM HERITSCKO DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								3,854,918.	916,033.	409,920.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,854,918.	916,033.	409,920.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **10**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KRISTEN HILL DIRECTOR	1.00 0.	X						0.	0.	0.
(27) TRACY HUNT DIRECTOR	1.00 0.	X						0.	0.	0.
(28) JASON KAVULICH DIRECTOR BEG 12/20	1.00 0.	X						0.	0.	0.
(29) RICHARD KREBS DIRECTOR BEG 7/20	1.00 0.	X						0.	0.	0.
(30) LEWIS MARCUS DIRECTOR	1.00 0.	X						0.	0.	0.
(31) JEFFREY METZ DIRECTOR	1.00 0.	X						0.	0.	0.
(32) MELISSA SIMRELL DIRECTOR	1.00 0.	X						0.	0.	0.
(33) FRANCIS STEVENS DIRECTOR	1.00 0.	X						0.	0.	0.
(34) ELLEN WALKO DIRECTOR	1.00 0.	X						0.	0.	0.
(35) SUSAN DUCKWORTH DIRECTOR END 6/21	1.00 0.	X						0.	0.	0.
(36) HON. ED STABACK DIRECTOR END 07/20	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **47**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	816,270.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	6,609,806.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	322,917.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f		7,748,993.			
	Program Service Revenue				Business Code		
2a		NET PATIENT SERVICES REVENUE		621400	29,286,691.	29,286,691.	
b		TEACHING REVENUE		621400	5,840,588.	5,840,588.	
c		340B DRUG PRICING PROGRAM		621400	7,171,696.	7,171,696.	
d		OTHER PROGRAM SERVICE REVENUE		621400	775,286.	775,286.	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			43,074,261.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			62,936.		62,936.
	4	Income from investment of tax-exempt bond proceeds .			0.		
	5	Royalties			0.		
	6a	Gross rents	(i) Real				
			(ii) Personal				
				67,159.			
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c		67,159.		
	d	Net rental income or (loss)			67,159.		67,159.
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			0.		
8a				0.			
8b				0.			
c	Net income or (loss) from fundraising events.			0.			
9a	Gross income from gaming activities. See Part IV, line 19			0.			
		9a		0.			
		9b		0.			
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances			0.			
		10a		0.			
		10b		0.			
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
	11a	MISCELLANEOUS REVENUE		900099	23,117.		23,117.
	b	PURCHASE DISCOUNTS		900099	4,753.		4,753.
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d			27,870.			
12	Total revenue. See instructions			50,981,219.	43,074,261.		157,965.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,017,126.	1,017,126.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	451,120.	451,120.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,649,737.	1,982,187.	667,550.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	20,365,849.	17,215,018.	3,150,831.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	973,038.	729,619.	243,419.	
9 Other employee benefits	2,049,438.	1,577,029.	472,409.	
10 Payroll taxes	1,664,654.	1,265,189.	399,465.	
11 Fees for services (nonemployees):				
a Management	1,064,511.	1,064,511.		
b Legal	75,219.	18,164.	57,055.	
c Accounting	8,640.		8,640.	
d Lobbying	58,728.		58,728.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,672,560.	1,245,944.	426,616.	
12 Advertising and promotion	43,703.	42,713.	990.	
13 Office expenses	258,285.	258,285.		
14 Information technology	491,457.	460,527.	30,930.	
15 Royalties	0.			
16 Occupancy	1,507,622.	1,083,522.	424,100.	
17 Travel	60,540.	38,075.	22,465.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,271.	28,016.	1,255.	
20 Interest	291,762.	246,097.	45,665.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	643,067.	642,363.	704.	
23 Insurance	412,001.	309,639.	102,362.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICATION EXPENSE	3,235,460.	3,235,460.		
b ADMINISTRATION AND SUPPORT	4,475,908.	2,841,962.	1,633,946.	
c DIRECT MEDICAL EXPENSE	1,622,546.	1,622,546.		
d REPAIRS	360,930.	354,733.	6,197.	
e All other expenses	269,622.	263,421.	6,201.	
25 Total functional expenses. Add lines 1 through 24e	45,752,794.	37,993,266.	7,759,528.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,050.	1	2,150.
	2 Savings and temporary cash investments.	5,214,779.	2	4,844,842.
	3 Pledges and grants receivable, net	1,141,955.	3	1,063,205.
	4 Accounts receivable, net.	4,867,802.	4	9,058,464.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	6,284,150.	7	6,284,150.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	200,485.	9	170,250.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,649,848.		
	b Less: accumulated depreciation.	10b 3,273,084.		
		6,612,615.	10c	6,376,764.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11.	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	0.	15	534,010.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	24,323,836.	16	28,333,835.	
Liabilities	17 Accounts payable and accrued expenses.	2,585,623.	17	1,976,723.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	777,378.	19	88,900.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	8,507,111.	23	5,519,032.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,854,469.	25	6,020,200.
	26 Total liabilities. Add lines 17 through 25.	17,724,581.	26	13,604,855.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,599,255.	27	13,725,056.
	28 Net assets with donor restrictions.	0.	28	1,003,924.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	6,599,255.	32	14,728,980.
33 Total liabilities and net assets/fund balances.	24,323,836.	33	28,333,835.	

Form **990** (2020)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,981,219.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,752,794.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,228,425.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,599,255.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	2,203,925.
9	Other changes in net assets or fund balances (explain on Schedule O).	9	697,375.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,728,980.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

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 (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,614,090.	2,044,877.	3,016,314.	8,016,717.	7,748,993.	22,440,991.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,415,737.	16,298,289.	17,363,071.	26,424,414.	43,074,261.	119,575,772.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	18,029,827.	18,343,166.	20,379,385.	34,441,131.	50,823,254.	142,016,763.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						142,016,763.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	18,029,827.	18,343,166.	20,379,385.	34,441,131.	50,823,254.	142,016,763.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	86,350.	94,591.	133,673.	181,950.	62,936.	559,500.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	86,350.	94,591.	133,673.	181,950.	62,936.	559,500.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1.</u>	25,604.	27,714.	51,244.	13,275.	95,029.	212,866.
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,141,781.	18,465,471.	20,564,302.	34,636,356.	50,981,219.	142,789,129.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	99.46 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.34 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	.39 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.53 %

- 19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ☒
- b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c 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 Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
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 Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

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

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	25,604.	27,714.	51,244.	13,275.	95,029.	212,866.
TOTALS	<u>25,604.</u>	<u>27,714.</u>	<u>51,244.</u>	<u>13,275.</u>	<u>95,029.</u>	<u>212,866.</u>

Schedule of Contributors

OMB No. 1545-0047

2020

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 816,270.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 247,139.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 444,242.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 449,657.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 240,863.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 17,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 149,407.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 6,858.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 23,824.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 48,424.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$ 35,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 7,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 12,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A	\$ 2,422,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A	\$ 374,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A	\$ 335,752.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 453,476.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 372,002.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 130,544.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 136,476.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 126,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 444,126.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 378,944.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 294.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 3,965.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 3,795.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 3,600.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 3,495.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (See instructions).

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		58,728.													
c Total lobbying expenditures (add lines 1a and 1b)		58,728.													
d Other exempt purpose expenditures		37,993,266.													
e Total exempt purpose expenditures (add lines 1c and 1d)		38,051,994.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000.
c Total lobbying expenditures			68,750.	58,728.	127,478.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

FORM 990, SCHEDULE C, PART IV, SUPPLEMENTAL INFORMATION

TWCCH ENGAGES THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN), TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH POLICY AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS AND LOOK-ALIKES AND THE NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"). TWCCH PAID COZEN \$57,056 THROUGH TWCGME, ITS AFFILIATED ENTITY AND COMMON PAYMASTER, FOR THESE SERVICES. IN ADDITION TO COZEN'S SERVICES, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR FEDERALLY-FUNDED PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC PRIMARY CARE AND PUBLIC-HEALTH ORIENTED LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND PRIMARY CARE AND PUBLIC HEALTH-ORIENTED LEGISLATION. DUE TO COVID-19, THERE WAS NO IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2020-2021. IN ALL, TWCCH SPENT \$422 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES.

THE ORGANIZATION ALSO PAID \$1,250 TO PACHC (PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS).

TWCGME ALSO ENGAGES COZEN TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION APPROPRIATIONS, LEGISLATION AND OTHER FEDERAL PUBLIC HEALTH PROGRAMS. IN ADDITION TO

Part IV Supplemental Information (continued)

COZEN'S SERVICES, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR FEDERALLY-FUNDED PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC PRIMARY CARE AND PUBLIC-HEALTH ORIENTED LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND PRIMARY CARE AND PUBLIC HEALTH-ORIENTED LEGISLATION. DUE TO COVID-19, THERE WAS NO IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2020-2021. TWCGME PAID COZEN \$57,056 FOR THESE SERVICES, WHICH AMOUNTS ARE REFLECTED ON TWCGME'S FORM 990. ADDITIONALLY, TWCGME SPENT \$304 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES, WHICH IS ALSO REPORTED ON ITS FORM 990.

TWCGME ALSO PAID \$33,000 TO AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Employer identification number

23-2772504

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2020

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		172,800.		172,800.
b Buildings		6,569,998.	1,681,585.	4,888,413.
c Leasehold improvements		559,900.	276,476.	283,424.
d Equipment		1,817,701.	1,024,646.	793,055.
e Other		529,449.	290,377.	239,072.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,376,764.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	6,020,200.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	51,678,594.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	697,375.
e	Add lines 2a through 2d	2e	697,375.
3	Subtract line 2e from line 1	3	50,981,219.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,981,219.

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

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

1	Total expenses and losses per audited financial statements	1	45,752,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	45,752,794.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	45,752,794.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2021 AND 2020.

FORM 990, SCHEDULE D, PART XI, LINE 2D

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12:

\$ 697,375 NET ASSETS RELEASED FROM RESTRICTION

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UPMC WESTERN PSYCHIATRIC HOSPITAL 3811 O'HARA STREET PITTSBURGH, PA 15213	25-0965480	501(C)(3)	33,975.				SEE PART IV
(2) WAYNE MEMORIAL HOSPITAL 601 PARK STREET HONESDALE, PA 18431	24-0798839	501(C)(3)	20,000.				SEE PART IV
(3) WAYNE COUNTY DRUG AND ALCOHOL COMMISSION 318 10TH STREET HONESDALE, PA 18431	24-6000758	501(C)(3)	33,750.				SEE PART IV
(4) TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	23-7353444	501(C)(3)	152,383.				SEE PART IV
(5) THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUC 501 S WASHINGTON AVE SCRANTON, PA 18505	23-2007832	501(C)(3)	126,000.				SEE PART IV
(6) PATIENT ENGAGEMENT COUNCIL 501 S WASHINGTON AVE SCRANTON, PA 18505	81-3053323	501(C)(3)	50,000.				SEE PART IV
(7) OUTREACH CENTER FOR COMMUNITY RESOURCES 431 N 7TH AVE SCRANTON, PA 18503	25-1562285	501(C)(3)	18,660.				SEE PART IV
(8) UNITED WAY OF WYOMING VALLEY 100 PENNSYLVANIA AVE WILKES-BARRE PA 18701	23-0831490	501(C)(3)	242,879.				SEE PART IV
(9) MATERNAL FAMILY HEALTH SERVICES 15 PUBLIC SQUARE 600 WILKES-BARRE PA 18701	23-1856766	501(C)(3)	339,479.				SEE PART IV
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNITED WAY	265.		437,135.		
2 HEALTHY MOMS PROGRAM	111.		8,986.		
3 EMPLOYEE ASSISTANCE	1.		5,000.		
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPREHENSIVE COMPLIANCE PROGRAM. APPROPRIATE MONITORING IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. THE GRANTS DEPARTMENT HAS CREATED A VETTING MATRIX WHICH IS USED TO DETERMINE MISSION FIT, ACHIEVABILITY AND SUSTAINABILITY FOR ANY POTENTIAL OPPORTUNITY. STRATEGIC STAGE GATE ANALYSIS, PROJECT PLANNING AND MANAGEMENT ENSURES FEASIBILITY, READINESS, SUSTAINABILITY AND HIGH INTEGRITY STEWARDSHIP OF FUNDING.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TWCCH COMPLETES ALL REQUIRED GRANT RELATED AUDITING AND EVEN ELECTS INTO YEARLY OPTIONAL AUDITS BY EXTERNAL AUDITING ENTITIES TO ENSURE COMPLIANCE, READINESS AND AUTHENTICITY. THE GRANTS DEPARTMENT SPUN OFF A PROJECT MANAGEMENT OFFICE IN APRIL OF 2021 WHICH FOCUSES ON SPONSORED PROJECT MONITORING AND COMPLIANCE, UTILIZING SMARTSHEET PROJECT MANAGEMENT SOFTWARE FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT OUTCOMES AND SPEND-DOWN. TWCCH IS COMPLIANT WITH ALL FEDERAL, STATE, COUNTY AND PRIVATE PHILANTHROPY REPORTING REQUIREMENTS FOR ALL GRANTS. TWCCH AND TWCGME UTILIZES A NATIONALLY ESTABLISHED FUNDING MATRIX CROSS-WALK FOR ALL COVID-19 PANDEMIC RELATED FUNDING THAT WAS DEVELOPED

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL

RESPECTED ACCOUNTING FIRM.

FORM 990, PART II, LINE 1 COLUMN (H)

UPMC WESTERN PSYCHIATRIC HOSPITAL (\$33,975)

PROVIDES PERSONNEL AND SUPPORT OF THE SUBSTANCE ABUSE AND MENTAL HEALTH

SERVICES ADMINISTRATION (SAMHSA) GRANT DESCRIBED ABOVE.

WAYNE MEMORIAL HOSPITAL (\$20,000)

TO SUPPORT A LICENSED CLINICAL SOCIAL WORKER POSITION TO SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

REDUCTION OF THE OCCURRENCE AND ASSOCIATED RISKS OF OPIOID USE DISORDER

(OUD) AMONG NEW AND AT-RISK USERS, INCLUDING POLYSUBSTANCE USERS, AS WELL

AS TO REDUCE FATAL OPIOID-RELATED OVERDOSES, AND TO PROMOTE INFECTIOUS

DISEASE DETECTION AND TREATMENT THROUGH ACTIVITIES SUCH AS COMMUNITY AND

PROVIDER AND PATIENT EDUCATION, HARM REDUCTION STRATEGIES, AS WELL AS

REFERRALS AND REFERRAL TRACKING TO TREATMENT AND RECOVERY SUPPORT

SERVICES.

WAYNE COUNTY DRUG AND ALCOHOL COMMISSION (\$33,750)

TO PRESENT NALOXONE, A MEDICATION TO REVERSE OPIOID OVERDOSE, TRAINING TO

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

COMMUNITY GROUPS VIA CERTIFIED TRAINERS AND TO REDUCE THE OCCURRENCE AND ASSOCIATED RISK OF OPIOID USE DISORDER AMONG NEW AND AT-RISK USERS, INCLUDING POLYSUBSTANCE USERS, AS WELL AS TO REDUCE FATAL OPIOID-RELATED OVERDOSES, AND TO PROMOTE INFECTIOUS DISEASE DETECTION AND TREATMENT THROUGH ACTIVITIES SUCH AS COMMUNITY AND PROVIDER AND PATIENT EDUCATION, HARM REDUCTION STRATEGIES, AS WELL AS REFERRALS AND REFERRAL TRACKING TO TREATMENT AND RECOVERY SUPPORT SERVICES.

TELESPOND SENIOR SERVICES (\$152,383)

PROVIDES PERSONNEL AND SUPPORT FROM ALLONE FOUNDATION GRANT TO SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

THE RECOVERY THROUGH THE PANDEMIC STABILIZATION, EXPANSION AND PURSUIT OF
LONG-TERM SUSTAINABILITY OF TELESPOOND SENIOR SERVICES.

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (\$126,000)
TO FACILITATE LEASEHOLD IMPROVEMENTS AT THE CLINICAL, EDUCATIONAL AND
ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVE, SCRANTON, PA IN COMPLIANCE
WITH REQUIREMENTS RELATED TO THE NEW MARKET TAX CREDIT AGREEMENT.

PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT AND
COMMUNITY ENGAGEMENT (\$50,000)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TO PROVIDE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH NEEDS-BASED

ASSISTANCE TO PATIENTS OF TWCCH, SUCH AS TRAVEL/TRANSPORTATION TO AND
FROM MEDICAL APPOINTMENTS, CLOTHING AND FOOD DRIVES, PATIENT EDUCATION,
AND COMMUNITY OUTREACH ACTIVITIES.

OUTREACH - CENTER FOR COMMUNITY RESOURCES (\$18,660)

PROVIDES PERSONNEL AND SUPPORT OF HEALTHY MATERNAL OPIATE MEDICAL SUPPORT
(HEALTHY MOMS) PROGRAM THROUGH PA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS
(PA DDAP).

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

UNITED WAY OF WYOMING VALLEY (\$242,879)

PROVIDES HOUSING SUPPORT AND ASSISTANCE UNDER THE "SUPPORT SERVICES
NAVIGATION AND HOUSING SERVICES" GRANT FOR INDIVIDUALS COPING WITH OPIOID
USE DISORDER (OUD). PILOT PROGRAM SERVES CLIENTS BEING TREATED FOR OPIOID
USE DISORDER UNDER THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN
SERVICES (PA DHS) HOUSING GRANT.

MATERNAL AND FAMILY HEALTH SERVICES (\$339,479)

PROVIDES PERSONNEL AND SUPPORT OF MATERNAL OPIATE MEDICAL SUPPORT
(HEALTHY MOMS) PROGRAM AND OPIOID SUPPORT PROGRAMS UNDER THE PA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (PA DDAP), SUBSTANCE ABUSE AND
MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND RURAL COMMUNITIES
OPIOID RESPONSE PROGRAM IMPLEMENTATION (RCORP-I)

FORM 990, PART III

UNITED WAY

ASSISTANCE PROVIDED UNDER A SUBRECIPIENT GRANT RECEIVED FROM UNITED WAY
OF WYOMING VALLEY; WITH FUNDING UNDER RYAN WHITE COMPREHENSIVE AIDS
RESOURCES EMERGENCY ACT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

NUMBER OF RECIPIENTS 265

AMOUNT OF CASH GRANT \$437,135

HEALTHY MOMS

TRANSPORTATION SERVICES PROVIDED TO CLIENTS PARTICIPATING IN THE HEALTHY

MOMS PROGRAM THROUGH ALLONE.

NUMBER OF RECIPIENTS 111

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

AMOUNT OF CASH GRANT \$8,986

EMPLOYEE ASSISTANCE

ASSISTANCE PROVIDED FOR FUNERAL EXPENSES FOR AN EMPLOYEE IN NEED.

NUMBER OF RECIPIENTS 1

AMOUNT OF CASH GRANT \$5,000

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK, MD CEO / PHYSICIAN / NON VOTING D	(i)	718,389.	60,000.	46,837.	22,800.	14,105.	862,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JIGNESH SHETH, MD CMO / PHYSICIAN	(i)	417,608.	0.	28,138.	23,477.	13,605.	482,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RONALD DANIELS, CPA CFO	(i)	137,981.	0.	594.	0.	4,774.	143,349.	0.
	(ii)	34,495.	0.	149.	0.	1,193.	35,837.	0.
4 JUMEE BAROOAH, MD PHYSICIAN	(i)	178,209.	0.	14,326.	12,996.	7,732.	213,263.	0.
	(ii)	134,438.	0.	10,808.	9,804.	5,834.	160,884.	0.
5 TASNEEM KHAN, MD PSYCHIATRIST	(i)	270,117.	0.	13,316.	9,138.	662.	293,233.	0.
	(ii)	30,013.	0.	1,480.	1,015.	74.	32,582.	0.
6 RAJIV BANSAL, MD PHYSICIAN	(i)	240,978.	0.	1,460.	18,379.	11,969.	272,786.	0.
	(ii)	32,860.	0.	200.	2,506.	1,632.	37,198.	0.
7 DEBORAH SPRING, MD PHYSICIAN	(i)	237,803.	0.	2,096.	19,221.	9,249.	268,369.	0.
	(ii)	32,427.	0.	286.	2,621.	1,261.	36,595.	0.
8 TIMOTHY BURKE, DO PHYSICIAN	(i)	179,851.	0.	13,439.	14,364.	8,555.	216,209.	0.
	(ii)	105,626.	0.	7,893.	8,436.	5,024.	126,979.	0.
9 JOSEPH ANISTRANSKI, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	246,801.	0.	21,436.	20,204.	13,556.	301,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 SUSAN BAROODY, DO MEDICAL DIRECTOR / PHYSICIAN	(i)	290,255.	0.	27,010.	22,681.	4,347.	344,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 WILLIAM DEMPSEY, MD DEPUTY CMO / PHYSICIAN	(i)	233,698.	0.	17,067.	17,784.	9,772.	278,321.	0.
	(ii)	65,915.	0.	4,814.	5,016.	2,756.	78,501.	0.
12 ENRIQUE SAMONTE, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	226,299.	0.	6,967.	17,703.	3,990.	254,959.	0.
	(ii)	63,828.	0.	1,965.	4,993.	1,125.	71,911.	0.
13 MAUREEN LITCHMAN, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	208,926.	0.	15,317.	15,960.	4,811.	245,014.	0.
	(ii)	89,540.	0.	6,564.	6,840.	2,062.	105,006.	0.
14 JENNIFER WALSH, ESQ FORMER SVP / GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	263,002.	0.	29,730.	20,981.	4,913.	318,626.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 3

COMPENSATION DETERMINATION:

THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCCH'S TOP MANAGEMENT OFFICIAL, THE CHIEF EXECUTIVE OFFICER (CEO) IS LED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE ENGAGES A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT WHO IS RETAINED TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY, ASSESSMENT AND ANALYSIS EACH TIME THE CEO'S CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONALLY, THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS A DETAILED, REGULAR INTERVAL, COMPREHENSIVE PERFORMANCE EVALUATION OF THE CEO'S AND ORGANIZATION'S PERFORMANCE. ULTIMATELY, COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT OF THE CEO AND OVERALL PERFORMANCE OF THE ORGANIZATION, WITH DUE CONSIDERATION OF THE THIRD-PARTY COMPENSATION STUDY AND AFFORDABILITY. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE COMPENSATION DECISION.

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO

Part III Supplemental Information

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

EXECUTIVE EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND ALL STAFF, IS DETERMINED BY THE ORGANIZATION'S CEO AND HUMAN RESOURCES DEPARTMENT, WHO RELY ON A FORMAL, PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS.

FORM 990, SCHEDULE J, PART I, LINE 7

NON FIXED PAYMENTS:

ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT, AND AFFORDABILITY. THERE ARE SEVERAL THRESHOLD REQUIREMENTS TO PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO SPECIFIED, ACTIVE PARTICIPATION IN TWCCH'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT PROGRAM, SAFE EVENT REPORTING AND ENGAGEMENT IN COMMUNITY VOLUNTEER SERVICE EXPERIENCES. ONCE DETERMINED TO BE AFFORDABLE, THE MERIT-BASED BONUS PAYMENT TO ELIGIBLE EMPLOYEES CORRELATES TO INDIVIDUAL JOB PERFORMANCE SCORES. EMPLOYEES IN A NEW EMPLOYMENT PROBATIONARY STATUS OR THOSE WHO HAVE NOTIFIED TWCCH OF THEIR RESIGNATIONS ARE INELIGIBLE FOR BONUSES. THE ELIGIBILITY OF THOSE ON A

Part III Supplemental Information

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

PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT
SUPERVISOR. THE 2020-2021 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS
RANGING BETWEEN 0% AND 7% OF BASE SALARY. THE TOTAL BONUS POOL WAS
BUDGETED AT 5% OF PAYROLL.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part I

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$												

Part III

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JODY CORDARO	BOARD MEMBER	49,023.	REFER TO NARRATIVE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FORM 990, SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JODY CORDARO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: TWCCH BOARD MEMBER

DURING THE MOST INTENSE TIME OF THE GLOBAL HEALTH EMERGENCY OF THE COVID-19 PANDEMIC, TWCCH ENGAGED SCE ENVIRONMENTAL GROUP (SCE), A BUSINESS THAT WAS AT LEAST 35% OWNED BY JODY CORDARO, A VOLUNTEER DIRECTOR ON TWCCH'S BOARD, FOR COVID-19 PANDEMIC RELATED SERVICES. MORE SPECIFICALLY, AND SPECIFIC TO TWCCH, SCE WAS PAID \$18,800 IN FY 20-21 FOR MILITARY-GRADE TENT MAINTENANCE SERVICES TO HOUSE A COVID-19 TESTING AND TREATMENT UNIT, AND \$2,500 FOR CONDUCTING AN ASBESTOS SURVEY TO ENSURE THAT THE POTENTIAL NEW SCRANTON-BASED LOCATION WAS SAFE FOR PATIENTS, TRAINEES, AND STAFF. ADDITIONALLY, SCE, A WELL RECOGNIZED PROVIDER OF ENVIRONMENTAL DECONTAMINATION SERVICES, WAS PAID A TOTAL OF \$27,723 FOR THE PROVISION OF EMERGENCY COMMERCIAL SANITATION SERVICES TO FOG/DECONTAMINATE ALL AREAS OF TWCCH'S CLINICAL SPACES AS WELL AS TWCME'S BUSINESS AREAS REGULARLY. THE COST OF DECONTAMINATION AND FOGGING SERVICES WAS ALLOCATED BETWEEN TWCME AND ITS AFFILIATED ENTITY,

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

TWCCH, AS APPROPRIATE BASED ON PHYSICAL SQUARE FOOTAGE DISTRIBUTION. THE
 BOARDS OF TWCGME AND TWCCH WERE MADE FULLY AWARE OF THE CONFLICT OF
 INTEREST, AND GIVEN THE INTENSITY OF THE PANDEMIC AND THE LACK OF
 SUITABLE COMPARABLE COMPANIES TO PROVIDE THE SAME SERVICES, THE BOARDS
 APPROVED THE ENGAGEMENT OF SCE FOR THESE LIMITED PURPOSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

23-2772504

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

WE DO THIS THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE
SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS
PRIVILEGED TO SERVE. WE DELIVER COMPREHENSIVE, WHOLE-PERSON,
NON-DISCRIMINATORY PRIMARY HEALTH SERVICES WITHIN A PATIENT CENTERED
MEDICAL HOME (PCMH) MODEL FRAMEWORK FOR PATIENTS AND FAMILIES FROM OUR
REGIONAL COMMUNITY, REGARDLESS OF THEIR ABILITY TO PAY, WHILE EDUCATING
CURRENT AND FUTURE INTERPROFESSIONAL PRIMARY CARE WORKFORCE. WE PROVIDE
FULL-SCOPE INTEGRATED PRIMARY HEALTH CARE DELIVERY, INCLUSIVE OF MEDICAL,
MENTAL, BEHAVIORAL, ADDICTION, OBESITY, INFECTIOUS DISEASE/RYAN WHITE,
RHEUMATOLOGICAL, AND LIFESTYLE SERVICES. TWCCH'S PASSIONATE PURPOSE IS TO
PROVIDE COMPREHENSIVE, NON-DISCRIMINATORY PRIMARY HEALTH SERVICES,
ADDRESS HEALTH AND HEALTHCARE ACCESS DISPARITIES, AND CO-CREATE
TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES
AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH. OUR NICHE IS WORLD
CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTHCARE THROUGH
COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL.

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

ORIGINALLY INCORPORATED AS A TAX-EXEMPT PROFESSIONAL CORPORATION
AFFILIATED WITH NONPROFIT ENTITY THE WRIGHT CENTER FOR GRADUATE MEDICAL

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

EDUCATION (TWCGME) WHICH IS A TEACHING HEALTH CENTER GME CONSORTIUM THAT INTEGRATES FEDERAL GME FUNDING FROM U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION, THE VETERAN AFFAIRS, AND CENTERS FOR MEDICARE AND MEDICAID AFFILIATED HOSPITALS, THE WRIGHT CENTER MEDICAL GROUP, PC INTENTIONALLY TRANSFORMED ITS CORPORATE IDENTITY IN 2019 INTO AN AUTONOMOUS, COMMUNITY OWNED AND GOVERNED INDEPENDENT 501(C)(3) NONPROFIT CORPORATION ELIGIBLE TO PURSUE DESIGNATION AS A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE. THIS WAS ACHIEVED THROUGH THE SELFLESS, UNANIMOUS VOTES OF PHYSICIAN AND NON-PHYSICIAN PRIMARY CARE PROVIDER STAKEHOLDERS (THEN BOARD MEMBERS) TO REMOVE THEMSELVES FROM GOVERNANCE ENTIRELY TO ALLOW ROOM FOR COMMUNITY MEMBERS, PRIMARILY PATIENTS AND CONSUMERS OF THE ENTITY'S HEALTH SERVICES, TO ASSUME THOSE BOARD SEATS AND TO GAIN EMPOWERED OFFICIAL VOICE IN THE FIDUCIARY STEWARDSHIP AND DIRECTIONAL OVERSIGHT OF THE ORGANIZATION. AS MENTIONED, THIS INTENTIONAL AND COMMUNITY EMPOWERING GOVERNANCE TRANSFORMATION ALLOWED THE ENTITY TO APPLY FOR AND SUCCESSFULLY EARN THE DESIGNATION AS A HRSA-RECOGNIZED AUTONOMOUS, INDEPENDENT, COMMUNITY AND PATIENT GOVERNED FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER OF PRIMARY HEALTH AND CONTINUED RYAN WHITE SERVICES DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). PROUDLY, 94% OF CURRENT GOVERNING BOARD MEMBERS ARE CONSUMERS OF OUR PRIMARY HEALTH CARE SERVICES.

WE SERVED 44,782 UNIQUE PATIENTS AND ENGAGED IN 163,289 VISITS (AS RECORDED IN OUR ELECTRONIC HEALTH RECORD) BETWEEN JUNE 2020 AND JUNE

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

2021.

WE OPERATE LEVEL 3 NCQA DESIGNATED PATIENT CENTERED MEDICAL HOMES WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION. WE HAVE MEMORANDA OF UNDERSTANDING AND SHARED CARE COMPACTS WITH NUMEROUS PRIMARY AND SPECIALTY MEDICAL, DENTAL AND MENTAL HEALTH PROVIDERS, HOSPITALS, INTEGRATED DELIVERY SYSTEMS AND SOCIAL SERVICE RESOURCE AGENCIES COMPRISING AN EXTENSIVE, ENRICHED NONDISCRIMINATORY COMMUNITY RESOURCE NETWORK. WE ARE A PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (COE), A PENNSYLVANIA COORDINATING CENTER FOR MEDICATION ASSISTED TREATMENT (PACMAT) AND THE CONVENING, PRIMARY ORGANIZATION OF A MULTI-INSTITUTION HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (MOMS) PROGRAM. WE OFFER ROBUST PRIMARY PHYSICAL, MENTAL, BEHAVIORAL, DENTAL AND RYAN WHITE HEALTH SERVICES WITHIN A PATIENT CENTERED MEDICAL HOME (PCMH) FRAMEWORK, COORDINATING A FULL SPECTRUM OF HEALTH SERVICES FOR OUR PATIENTS WITHIN AN ENRICHED COMMUNITY RESOURCE NETWORK. WE ARE DEEPLY INVESTED IN COMMUNITY-BASED LIVING AND AGING IN PLACE, AND OFFER EMPOWERING SERVICES OF COMMUNITY HEALTH WORKERS, CERTIFIED RECOVERY SPECIALISTS, SPIRITUAL AIDE, CASE WORKERS AND NURSE CARE MANAGERS. WE PROVIDE HOUSE CALLS AS WELL AS HOSPITALIST, SKILLED NURSING FACILITY AND INPATIENT ACUTE REHABILITATION SERVICES FOR OUR PATIENTS IN PARTNERING COMMUNITY-BASED INSTITUTIONS, INCLUSIVE OF GERIATRIC SERVICES. WE ARE PASSIONATE CHAMPIONS FOR EMR/EHR MEANINGFUL USE, HEALTH INFORMATION EXCHANGES AND CONNECTIVITY/INTEROPERABILITY, AND THE ACTIVE, EMPOWERED ENGAGEMENT OF PATIENTS AND FAMILIES IN THEIR HEALTHCARE AND PRIMARY CARE

Name of the organization THE WRIGHT CENTER MEDICAL GROUP	Employer identification number 23-2772504
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WORKFORCE DEVELOPMENT. WE ARE A FUNDAMENTAL CLINICAL LEARNING ENVIRONMENT FOR TWCGME'S INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY RESIDENTS AND GERIATRICS FELLOWS AS WELL AS FOR ADDICTION FELLOWS TRAINING IN THE AFFILIATED GEISINGER ADDICTION FELLOWSHIP AND IN THE REPORTING YEAR WERE PLANNING TO BECOME A SITE FOR ADVANCED EDUCATION GENERAL DENTISTRY RESIDENTS FROM NYU LANGONE DENTAL. WE TRAIN OVER 250 INTERPROFESSIONAL STUDENTS ANNUALLY IN PARTNERSHIP WITH OVER A DOZEN ACADEMIC INSTITUTIONS, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE AND THE A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA. WE ARE AN ACTIVE PARTICIPATING PARTNER IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION, THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE NORTHEAST PENNSYLVANIA AREA FOR HEALTH EDUCATION CENTER.

FORM 990, PART III, LINE 2

NEW PROGRAM SERVICES:

IN RESPONSE TO THE GLOBAL HEALTH EMERGENCY OF THE COVID-19 PANDEMIC HITTING NORTHEAST PENNSYLVANIA IN MARCH 2020, AS AN FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER, TWCCH LAUNCHED A MULTI-DIMENSIONAL COVID-19 RESPONSE PLAN. FROM THE OUTSET, TWCCH OFFERED COVID-19 TESTING AND TREATMENT SERVICES, AND SIGNIFICANTLY EXPANDED TELEHEALTH SERVICES TO ENSURE CONTINUED ACCESS AND CONTINUITY OF CARE IN ALL OF OUR PRIMARY HEALTH SERVICE LINES. OTHER THAN ONE SMALL CLINICAL SITE WITHIN A MENTAL HEALTH FACILITY WHICH CLOSED IN RESPONSE TO THE PANDEMIC PRECLUDING OUR CONTINUED OPERATIONS FOR A BRIEF TIME, WE PROUDLY MAINTAINED ONSITE (UP TO 83 HOURS AT OUR LARGEST CLINIC) OPERATIONS WITH 24/7 ON-CALL ACCESS

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FOR ALL SERVICE LINES AT ALL LOCATIONS THROUGHOUT THE COVID-19 PANDEMIC.

WE ACTIVELY PARTICIPATED IN COUNTLESS STATE AND REGIONAL STRATEGIC PLANNING PANDEMIC RESPONSE INITIATIVES. AS SOON AS THE COVID-19 VACCINES BECAME AVAILABLE, TWCCH WAS ONE OF THE FIRST AND ONLY INITIAL OUTPATIENT HEALTHCARE FACILITIES IN OUR REGION TO OFFER VACCINATIONS, FIRST TO BOTH INTERNAL AND EXTERNAL HEALTHCARE PERSONNEL IN ALIGNMENT WITH GOVERNOR WOLF'S VACCINATION ELIGIBILITY PARADIGM. WE FULLY ENGAGED IN METICULOUS VACCINE ADMINISTRATION REPORTING WITHIN THE PENNSYLVANIA VACCINE REGISTRY AND RELIABLY REPORTED ADVERSE EVENTS AND POTENTIAL SIDE EFFECTS TO VACCINES, EVEN IF DELIVERED BY AN ALTERNATIVE PROVIDER, TO THE FEDERAL VACCINE ADVERSE EVENTS REPORTING SYSTEM. AT EVERY ELIGIBILITY PHASE OF THE VACCINE INITIATIVE, TWCCH OFFERED VACCINES TO THE REGIONAL COMMUNITY, FROM FIRST RESPONDERS TO HIGH-RISK PATIENTS TO PUBLIC AND PRIVATE EMPLOYERS AND THE LARGER COMMUNITY.

IN THE SPIRIT OF FULL TRANSPARENCY, WE SHARE SOME OF THE CHALLENGES WE EXPERIENCED DURING THE FIRST THREE MONTHS OF THE VACCINE ROLL-OUT BEGINNING IN DECEMBER 2020, ALONG WITH THE DETAILS OF OUR RECENTLY COMPLETED REMEDIATION PLAN. IN LARGE PART, OUR CHALLENGES WERE RELATED TO OUR INTENTIONAL PUBLIC-HEALTH CENTERED STRATEGY TO CONDUCT PRIMARY HEALTH VISITS ASSOCIATED WITH THE COVID-19 VACCINE BECAUSE OF OUR KNOWLEDGE OF ESCALATING PRIMARY HEALTH CARE GAPS RESULTING FROM THE PANDEMIC. TWCCH'S COMMITMENT TO THE STRATEGY WAS NOTABLY MADE WITH FULL AWARENESS AND FRANK DISCUSSIONS THAT THE MEDICAL NECESSITY OF VISITS WOULD POSSIBLY BE DENIED BY INSURANCE COMPANIES WITH WHICH TWCCH WAS NEGOTIATING. DESPITE

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TRANSPARENTLY SHARING OUR GOVERNING BOARD SUPPORTED STRATEGY FROM THE OUTSET WITH FEDERAL AND STATE AGENCIES, INSURANCE COMPANIES, NUMEROUS PARTNERING COMMUNITY RESOURCE AGENCY STAKEHOLDERS AND THE MEDIA, IN LATE FEBRUARY 2021, THE CDC ISSUED NEW GUIDANCE THAT CALLED THE PERMISSIBILITY OF OUR VISIT-BASED PUBLIC HEALTH-ORIENTED STRATEGY INTO QUESTION. UPON LEARNING OF THE NEWLY-ISSUED GUIDANCE, WE IMMEDIATELY REACHED OUT TO THE PENNSYLVANIA DEPARTMENT OF HEALTH, HRSA AND THE CDC FOR CLARIFICATION AND DIRECTION. ADDITIONALLY, OUR PRESIDENT & CEO, TOGETHER WITH THE CHAIR OF OUR BOARD OF DIRECTORS AND OUR COO, SHARED THESE CIRCUMSTANCES WITH OUR PROJECT OFFICER AND THE DEPUTY DIRECTOR OF HRSA. BEFORE RECEIVING A SUBSTANTIVE RESPONSE FROM THE CDC, TWCCH INDEPENDENTLY ELECTED TO REMEDIATE THE SITUATION GIVEN THE STRESS OF THE PANDEMIC, TOXIC MEDIA DYNAMICS AND THE RESULTING CONFUSION IN OUR COMMUNITY, WHICH TWCCH BELIEVED WOULD IMPAIR ACHIEVEMENT OF HERD IMMUNITY, BY RETURNING ALL PAYMENTS FROM PATIENTS RELATED TO SERVICES RECEIVED THAT WERE PRIMARILY PURSUED FOR THE PURPOSE OF GETTING VACCINATED. TWCCH ALSO RETURNED REVENUES AND ADJUSTED ALL RELATED CLAIMS SUBMITTED TO INSURANCE COMPANIES FOR SUCH VISITS. TWCCH BELIEVES THAT ITS REMEDIATION PLAN OVERCORRECTED ANY POSSIBLE BILLING ISSUES RELATED TO THE PUBLIC HEALTH-ORIENTED VISIT-BASED STRATEGY. NOTABLY, AT THE RECOMMENDATION OF THE CDC, TWCCH CONTINUED TO PROMOTE AND ENCOURAGE A PUBLIC HEALTH-ORIENTED VISIT-BASED VACCINATION STRATEGY THROUGH A METICULOUSLY DETAILED REFINEMENT OF THE COVID-19 TESTING, TREATMENT AND VACCINATION INFORMED CONSENT PROCESSES AND PROCEDURES.

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TWCCH ALSO EXPANDED ITS OUTREACH WITHIN THE COMMUNITIES IT SERVES WHEN, IN SEPTEMBER 2020, IT LAUNCHED ITS MEDICAL/DENTAL MOBILE UNIT ("DRIVING BETTER HEALTH"), WHICH WAS ACQUIRED WITH EXPANDED CAPACITY FOR CORONAVIRUS TESTING (ECT) FUNDING PROVIDED BY HRSA. DRIVING BETTER HEALTH ALSO PROVIDED ADDITIONAL ACCESS POINTS TO DELIVER PRIMARY HEALTH SERVICES, INCLUDING BUT NOT LIMITED TO "CATCH-UP TO GET AHEAD" IMMUNIZATION CLINICS FOR SCHOOL-AGED CHILDREN, COVID-19 TESTING AND VACCINE CLINICS AT SENIOR CITIZEN HIGH-RISES AND DROP-IN SHELTERS FOR PEOPLE WHO LACK ACCESS TO STABLE HOUSING. TWCCH EXPANDED ITS DEPLOYMENT OF TELEHEALTH SERVICES FOR ALL SERVICE LINES WITH THE CERTIFICATION OF MANY TWCCH'S PROVIDERS IN TELEHEALTH, FUNDED BY GRANTS FROM THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AND DIRECT RELIEF. TWCCH ALSO JOINED IN THE PENNSYLVANIA DEPARTMENT OF HEALTH'S INITIATIVE WITH LATINO CONNECTION, HIGHMARK BLUE SHIELD AND THE INDEPENDENCE BLUE CROSS FOUNDATION TO PROVIDE CLINICAL SUPPORT FOR THE STATE'S FIRST MOBILE TESTING AND RESOURCE UNIT, THE LATINO CONNECTION OWNED CATE (COMMUNITY-ACCESSIBLE TESTING AND EDUCATION FOR COVID-19). TWCCH WAS SELECTED AS ONE OF EIGHT CLINICAL PARTNERS TO VOLUNTEER WITH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES' EDUCATIONAL SUPPORT AND CLINICAL COACHING PROGRAM (ESCCP) FOR WHICH IT REPURPOSED A LEARNING CENTER AND MOBILIZED OUR PROVIDERS AND RESIDENTS TO PROACTIVELY OUTREACH AND OFFER COLLABORATIVE, EDUCATIONAL SUPPORT TO NURSING HOMES AND LONG-TERM CARE FACILITIES DURING THE COVID-19 PANDEMIC. GUIDED AND SUPPORTED BY THE CDC'S COVID-19 TREATMENT TEAM, TWCCH BECAME ONE OF THE FIRST AND ONLY OUTPATIENT PROVIDERS TO REPURPOSE PHYSICAL FACILITIES AND

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STAFF TO OFFER COVID-19 MONOCLONAL ANTIBODY INFUSION THERAPY TO OUR LARGER COMMUNITY IN AN EFFORT TO PREVENT COVID-19-RELATED HOSPITAL ADMISSIONS AND DEATH IN A REGION WHERE THE ACUTE CARE HOSPITAL EMERGENCY ROOMS AND INPATIENT AND ESPECIALLY INTENSIVE CARE UNITS WERE EXPERIENCING DANGEROUS CAPACITY DEMANDS AND CONSTRAINTS. THROUGHOUT THE COVID-19 PANDEMIC (AND CONTINUING TODAY), TWCCH'S PHYSICIAN FACULTY AND INTERPROFESSIONAL PROVIDER TEAMS PLAYED A SIGNIFICANT LEADERSHIP ROLE IN ORGANIZING AND DELIVERING CRUCIAL COMPONENTS OF THE REGION'S PUBLIC HEALTH COVID-19 RESPONSE IN BOTH THE AMBULATORY CARE AND HOSPITAL-BASED SETTINGS. THIS INCLUDES OUR TIRELESS DELIVERY OF OPEN ACCESS TO COMPREHENSIVE PRIMARY HEALTH SERVICES, AS WELL AS OUR WELL-INTENDED, PUBLIC HEALTH-ORIENTED VISIT-BASED TESTING, VACCINE DEPLOYMENT, AND MONOCLONAL ANTIBODY INFUSION SERVICES, AS WELL AS OUR ONGOING RELENTLESS EFFORTS TO ADDRESS COVID-19 VACCINE HESITANCY. ENGINED BY OUR COMMITMENT TO PRIMARY CARE AND PUBLIC HEALTH, WE ALSO CONTINUE TO COMPASSIONATELY AND AGGRESSIVELY ADDRESS THE MULTITUDE OF PANDEMIC RELATED HEALTH CARE GAPS THAT UNFORTUNATELY CONTINUE TO ESCALATE, INCLUDING THE CDC'S CATCH UP AND GET AHEAD CAMPAIGN TO ADDRESS THE UNMET PRIMARY SERIES VACCINATION NEEDS OF OUR CHILDREN.

FORM 990, PART III, LINE 2 CONTINUED

NEW PROGRAM SERVICES CONTINUED:

IN SUPPORT OF TWCCH'S EFFORTS TO HELP BUILD A REGIONAL GERIATRIC CENTER OF EXCELLENCE AND WITHIN THE SECOND FUNDED YEAR OF A THREE-YEAR GRANT FROM THE ALLONE FOUNDATION DESCRIBED BELOW, TWCCH EXPANDED ALIGNED OPERATIONAL ACTIVITIES THAT SHARED PURPOSE IN A MULTI-ORGANIZATIONAL

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COLLABORATION TO HELP SUSTAIN TELESPOOND SENIOR SERVICES, INC., A LEGACY GERIATRICS ORGANIZATION IN OUR COMMUNITY, THAT IS A PROVIDER OF ADULT DAYCARE PROGRAMMING, A FEDERALLY SUPPORTED SENIOR COMPANIONSHIP PROGRAM AND AN IN-HOME PERSONAL CARE PROGRAM. TWCCH ALSO HIRED A PRACTICING GERIATRICIAN AND BECAME A CLINICAL LEARNING ENVIRONMENT FOR THREE GERIATRIC FELLOW PHYSICIANS TRAINING WITHIN THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION'S (TWCME) HRSA TEACHING HEALTH CENTER NEWLY FUNDED GERIATRICS FELLOWSHIP. NOTABLY, TWCCH BECAME THE 8TH HEALTHCARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S JOHN A. HARTFORD FOUNDATION FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL AND LAUNCHED ADC SERVICES FOR THE REGIONAL COMMUNITY. A DIRECTOR OF THE GERIATRICS SERVICE LINE, A SECOND GERIATRICIAN AND TWO GERIATRIC NURSE PRACTITIONERS WERE HIRED TO MEET THE COMPLEX CARE NEEDS OF PATIENTS WHO ENGAGED IN THE ADC CENTERS OF EXCELLENCE AND ALSO THE LARGER, WELL RECOGNIZED GERIATRICS POPULATION IN OUR NOTABLY AGED AND INCREASINGLY AGED REGIONAL COMMUNITY. TWCCH ALSO CONGRUENTLY IMPLEMENTED THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN ALL OF ITS PRIMARY HEALTH SERVICES SITES FOR SENIORS THROUGH AN ORGANIZATION-WIDE ROLL-OUT OF THE IHI'S "4MS" (WHAT MATTERS, MENTATION, MOBILITY, AND MEDICATION), WHICH ARE NOW ASSIMILATED INTO TWCCH'S WELCOME TO MEDICARE AND ANNUAL MEDICARE WELL VISIT EHR-GUIDED, TEAM-BASED DAILY WORKFLOWS.

TWCCH EXPANDED CHRONIC CARE MANAGEMENT SERVICES WITH THE DEPLOYMENT OF HOME HEALTH MONITORING KITS DEPLOYED TO PATIENTS AND ALSO THE INTEGRATION OF A NEW CARE MANAGEMENT IT INFRASTRUCTURE CALLED HUMHEALTH. TWCCH

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CONTINUED TO EXPAND ITS GENERAL, MULTI-COUNTY OPIOID CENTER OF EXCELLENCE MEDICATION ASSISTED TREATMENT AND RECOVERY SUPPORT SERVICES AND ALSO EXPANDED ITS HEALTHY MOMS (MATERNAL OPIATE MEDICAL SUPPORT) PROGRAM WITH FEDERAL AND STATE GRANT FUNDS, NOTABLY EXPANDING SERVICES INTO NEIGHBORING RURAL WAYNE AND PIKE COUNTIES. TWCCH NOTABLY SYSTEMATIZED AND EXPANDED HIV AND HEPATITIS C SCREENING EFFORTS AND TREATMENT SERVICE LINES WITH THE HIRING OF AN INFECTIOUS DISEASE SPECIALIST. PROUDLY, TWCCH JOINED THE APPALACHIAN REGIONAL COMMISSION'S INSPIRE INITIATIVE TO SUPPORT RECOVERY-TO-WORK EFFORTS IN NORTHEAST PENNSYLVANIA FOR PATIENTS RECOVERING FROM SUBSTANCE USE DISORDERS THROUGH PROVIDING FUNDING FOR TRAINING FOR CERTIFIED RECOVERY SPECIALISTS WITH LUZERNE COUNTY COMMUNITY COLLEGE AND THE ALLONE RECOVERY EDUCATION INSTITUTE AND TRAINING FOR COMMUNITY HEALTH WORKERS THROUGH THE NORTHEAST PA AHEC.

IN AUGUST 2020, TWCCH WAS HONORED, AFTER NEARLY TWO YEARS OF PREPARATION, TO BECOME A CLINICAL TRAINING ROTATION SITE FOR ITS FIRST GROUP OF SECOND YEAR MEDICAL STUDENTS FROM A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA). THROUGH THIS ENDEAVOR, WE JOYFULLY WELCOMED HOME OUR FIRST HOMETOWN SCHOLAR, AN ATSU-SOMA MEDICAL STUDENT RECRUITED FROM THE PATIENT POPULATION WE SERVE, WHILE CELEBRATING THE SUCCESSFUL IDENTIFICATION AND ENGAGEMENT OF OUR SECOND FUTURE PHYSICIAN HOMETOWN SCHOLAR FROM THE COMMUNITY WE SERVE. TWCCH ALSO BROADENED ITS STRATEGIC COLLABORATION WITH GEISINGER TO BECOME A CLINICAL LEARNING ENVIRONMENT FOR ITS HRSA-FUNDED EXPANSION OF ITS ACGME-ACCREDITED ADDICTION MEDICINE FELLOWSHIP, EVENTUALLY HIRING THE PROGRAM'S FIRST

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GRADUATE, A NOW BOARD-CERTIFIED ADDICTION MEDICINE PHYSICIAN LEADER IN
OUR OPIOID COE AND HEALTHY MOMS PROGRAMS.

IN JULY OF 2020, TWCCH OPENED A NEW FQHC LOOK-ALIKE CLINICAL LOCATION IN
THE MEDICALLY UNDERSERVED, CMS AND HRSA RURAL-DESIGNATED COMMUNITY OF
HAWLEY, PA. TWCCH CLOSED ITS OLD RIVER ROAD PRACTICE IN NOVEMBER OF
2020, AFTER CONSOLIDATION OF ITS CLINICAL OPERATIONS INTO TWCCH'S
KINGSTON FQHC LOOK-ALIKE PRACTICE. TWCCH ALSO CO-LOCATED A NEW FQHC
LOOK-ALIKE PATIENT CENTERED MEDICAL HOME (PCMH) CLINICAL LOCATION WITHIN
THE NEWLY CONSTRUCTED SCRANTON COUNSELING CENTER MENTAL AND BEHAVIORAL
HEALTH FACILITY IN SCRANTON, PA TO OFFER ON-SITE PHYSICAL HEALTH SERVICES
AND COORDINATION OF COMPREHENSIVE PRIMARY HEALTH SERVICES WITHIN THIS
LEGACY COMMUNITY OWNED AND GOVERNED MENTAL HEALTH SERVICE AGENCY.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

TWCCH DELIVERS CARE THROUGH PRIMARY CARE TEACHING HEALTH CENTER FQHC
LOOK-ALIKE AMBULATORY CARE CENTERS, A MEDICAL/DENTAL MOBILE UNIT AND ALSO
IN LOCAL HOSPITAL SYSTEMS. TWO OF THESE CLINICAL ENVIRONMENTS ARE
CO-LOCATED WITHIN REGIONAL, COMMUNITY OWNED AND GOVERNED, LEGACY MENTAL
HEALTH SERVICE AGENCIES AND ANOTHER IS CO-LOCATED IN A PUBLIC SCHOOL
DISTRICT BASED SETTING WITH SERVICES OPEN TO THE LARGER COMMUNITY.
PRIMARY HEALTH SERVICES OFFERED ACROSS THE LIFESPAN INCLUDE PRIMARY
MEDICAL CARE, WOMEN'S HEALTH, HEPATITIS C AND INFECTIOUS DISEASE
SERVICES, PRIMARY AND SECONDARY PREVENTION AND TREATMENT OF HIV,
NUTRITION COUNSELING, CARE AND CASE MANAGEMENT, MENTAL/BEHAVIORAL HEALTH,

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DENTAL, AND ADDICTION AND RECOVERY SERVICES. TWCCH IS A PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE AND COORDINATING CENTER FOR MEDICATION-ASSISTED TREATMENT AND RECOVERY SERVICES. TWCCH'S CLINICAL PRACTICE LOCATIONS SERVE AS TEACHING HEALTH CENTER CLINICAL LEARNING ENVIRONMENTS FOR THE AFFILIATED TWCGME ORGANIZATION'S FAMILY MEDICINE, INTERNAL MEDICINE AND PSYCHIATRY RESIDENTS AS WELL AS GERIATRICS FELLOWS, GEISINGER'S ADDICTION MEDICINE FELLOWS, ALLOPATHIC AND OSTEOPATHIC MEDICAL STUDENTS AND DIVERSE INTERPROFESSIONAL STUDENTS FROM OVER A DOZEN REGIONAL AND NATIONAL ACADEMIC AFFILIATED INSTITUTIONS. TWCCH PRACTICING PHYSICIANS SERVE AS FACULTY EDUCATORS TRAINING OUR INCUMBENT AND FUTURE INTERPROFESSIONAL PRIMARY HEALTH CARE DELIVERY WORKFORCE. TWCCH'S PASSIONATE PURPOSE IS TO PROVIDE COMPREHENSIVE, NON-DISCRIMINATORY PRIMARY HEALTH SERVICES, ADDRESS HEALTH AND HEALTHCARE ACCESS DISPARITIES, AND CO-CREATE TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH. OUR NICHE IS WORLD CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTHCARE THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE CONTINUED:

WE VET ALL POTENTIAL MISSION-ALIGNED GRANT INITIATIVES FOR OUTCOMES ACHIEVABILITY AND SUSTAINABILITY. WITH FERVENT COMMITMENT TO AUTHENTICITY AND THE HIGHEST INTEGRITY STANDARDS, THROUGH ACTIVE PARTNERSHIPS WITH A WIDE VARIETY OF LOCAL, REGIONAL, STATE AND NATIONAL FUNDERS, WE STRIVE TO PROMOTE UNPRECEDENTED, HIGH-IMPACT, CROSS-ORGANIZATIONAL COLLABORATION;

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FOSTER SHARED PURPOSE, COLLECTIVE IMPACT-ORIENTED ACTION STRATEGIES; AND
TO DEMONSTRATE TRUSTED TRANSFORMATIONAL STEWARDSHIP OF PUBLIC RESOURCES
TO PROMOTE COMMUNITY HEALTH AND ADDRESS COMMUNITY HEALTH NEEDS.

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

UNITED WAY OF WYOMING VALLEY (\$816,270)

PURPOSE OF GRANT ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY (UWWV), IN
WILKES-BARRE, PA, DIRECTED FUNDS TO TWCCH FOR FOUR PURPOSES. THE FIRST
AWARD (\$640,920) ALLOWS TWCCH, AS A RYAN WHITE PART B PROGRAM
SUB-RECIPIENT, TO OFFER CASE MANAGEMENT SERVICES ACROSS A SEVEN-COUNTY
AREA TO INDIVIDUALS WHO ARE INFECTED WITH/AFFECTED BY HIV/AIDS. SUPPORT
SERVICES INCLUDE: MEDICAL TRANSPORTATION, HEALTH CARE REFERRALS, HOUSING
ASSISTANCE, HOME DELIVERED MEALS, AND OTHER SUPPORT SERVICES, AND
SUBSTANCE ABUSE TREATMENT SERVICES. THE SECOND AWARD (\$170,141) IS FOR
PATIENT SERVICES FUNDING, WHICH SUPPORTS PRIMARY CARE AND SUPPORT
SERVICES FOR PEOPLE WITH HIV/AIDS TO IMPROVE HEALTH OUTCOMES AND REDUCE
HIV TRANSMISSION. THE THIRD AWARD (\$284) IS FOR PREVENTION SERVICES,
WHICH ENABLES TWCCH TO IMPROVE PATIENT-PROVIDER COMMUNICATION ABOUT SAFER
SEX, DISCLOSURE OF HIV STATUS AND HIV PREVENTION. THE FOURTH AWARD
(\$4,925) ALLOCATED FUNDS FOR THE "SEE TO SUCCEED" PROGRAM THAT
COORDINATES PARTNERSHIPS AND ESTABLISHED AN EYE CARE CLINIC THAT ROTATES
AMONG SITES WITHIN THE WILKES-BARRE AREA PUBLIC SCHOOL DISTRICT (IN
LUZERNE COUNTY, PA) TO ENSURE THAT EVERY STUDENT WHO NEEDS AN EYE EXAM

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RECEIVES ONE IN ACCORDANCE WITH STATE MANDATES. A BUDGET LINE IS INCLUDED TO COVER COSTS OF ASSOCIATED EXAMS AND PRESCRIPTION GLASSES FOR STUDENTS WHO ARE UNINSURED OR UNDERINSURED.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (\$247,139)

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

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN SERVICES (\$374,640)

PURPOSE OF GRANT ASSISTANCE: THROUGH THE DEPARTMENT OF HUMAN SERVICES, THE COMMONWEALTH OF PA AWARDED TWCCH A "SUPPORT SERVICES NAVIGATION AND HOUSING SERVICES" GRANT FOR INDIVIDUALS LIVING WITH OPIOID USE DISORDER (OUD). THIS FUNDING EXTENDED A PILOT PROGRAM TO SUPPORT THE RECOVERY OF INDIVIDUALS WITH OUD IN LACKAWANNA AND LUZERNE COUNTIES VIA THE PROVISION OF SOCIAL AND CARE SERVICES NAVIGATION AND DIRECT HOUSING ASSISTANCE.

DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS, COMMONWEALTH OF PENNSYLVANIA (\$444,242)

PURPOSE OF GRANT ASSISTANCE: THROUGH THE PA DEPARTMENT OF DRUG AND

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ALCOHOL PROGRAMS (DDAP), THE COMMONWEALTH OF PA AWARDED TWCCH A PREGNANCY SUPPORT SERVICES GRANT TO EXTEND THE REACH OF ITS HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM INTO LUZERNE, WAYNE, AND SUSQUEHANNA COUNTIES. IN CONCERT WITH ITS PARTNERS, TWCCH IS COORDINATING THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) AS WELL AS PREGNANCY AND POST-PARTUM MATERNAL AND CHILD RECOVERY SUPPORT SERVICES IN COMMUNITIES IN ORDER TO BUILD AND SUSTAIN A STRONG NETWORK OF COLLABORATING HEALTH AND SOCIAL SERVICE AGENCIES TO ADDRESS THE COMPLEX NEEDS OF THIS POPULATION.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (\$449,657)
PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PROVIDES IMPORTANT OPERATIONAL FUNDING FOR TWCCH'S RYAN WHITE HIV/AIDS PROGRAM, WHICH DELIVERS RYAN WHITE HEALTHCARE SERVICES TO PATIENTS FROM ACROSS SEVEN-COUNTIES IN OUR SERVICE AREA. TOTAL FUNDING UNDER THE RYAN WHITE (PART C) GRANT AMOUNTED TO \$383,344. ADDITIONALLY, HRSA AWARDED TWCCH A COVID-19 SUPPLEMENT (\$66,313 EXPENDED THIS YEAR) FOR PREVENTING, PREPARING FOR AND RESPONDING TO COVID-19 AS NEEDS EVOLVED FOR ITS RYAN WHITE HIV/AIDS PROGRAM RECIPIENTS.

FEDERAL COMMUNICATIONS COMMISSION (\$240,863)
PURPOSE OF GRANT ASSISTANCE: THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AWARDED TWCCH A COVID-19 TELEHEALTH PROGRAM GRANT TO PURCHASE AND INSTALL TELEHEALTH EQUIPMENT, MONITORS AND SOFTWARE. FUNDS WERE ALSO AWARDED FOR

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THE DEVELOPMENT OF 50 TELEHEALTH KITS, AND SUPPORTING PROTOCOLS, FOR PATIENTS TO USE FROM THEIR OWN HOMES FOR PRIMARY MEDICAL CARE, REMOTE MONITORING AND MANAGEMENT OF CHRONIC MEDICAL CONDITIONS.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA-RURAL MAT) (\$335,752)

PURPOSE OF GRANT ASSISTANCE: HRSA AWARDED TWCCH A RURAL COMMUNITIES OPIOID RESPONSE PROGRAM IMPLEMENTATION (RCORP-I) GRANT TO ESTABLISH A MULTI-INSTITUTIONAL COMMUNITY CONSORTIUM AIMED AT ADDRESSING THE COMPLEX OPIOID EPIDEMIC. THROUGH THIS FUNDING, TWCCH IS ENGAGING COMMUNITY RESOURCES AND STAKEHOLDERS THROUGHOUT RURAL NORTHEAST PA TO MAXIMIZE ACCESS AND IMPACT MEDICATION-ASSISTED TREATMENT (MAT) DELIVERED THROUGH A TEAM-BASED CARE INFRASTRUCTURE SPECIFICALLY TARGETED TOWARD ADDICTION AND RECOVERY SERVICES FOR RURAL POPULATIONS LIVING WITH OPIOID USE DISORDER (OUD).

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (\$453,476)

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

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A.T. STILL UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (\$17,000)

PURPOSE OF GRANT ASSISTANCE: A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA SUPPORTED TWCCH WITH A SUBAWARD OF A HRSA-FUNDED PRIMARY CARE TRAINING AND ENHANCEMENT (PCTE) GRANT. THIS SUPPORTED CLINICAL AND ADMINISTRATIVE LEADERSHIP TO BUILD AND NURTURE THE INTEGRATION OF PRIMARY CARE WITH BEHAVIORAL AND MENTAL HEALTH SERVICES TO SUPPORT FULLY-INTEGRATED, "WHOLE PERSON" CARE DELIVERY AND CLINICAL LEARNING ENVIRONMENTS FOR ATSU-SOMA MEDICAL STUDENTS.

ALLONE FOUNDATION (\$149,407)

PURPOSE OF GRANT ASSISTANCE: ALLONE FOUNDATION AWARDED TWO GRANTS TO TWCCH. THE FIRST AWARD IN COLLABORATION WITH TELESPOOND SENIOR SERVICES (TELESPOOND), PROVIDES FUNDING THAT SUPPORTS THE ABILITY FOR OLDER ADULTS WHO RESIDE IN LACKAWANNA AND LUZERNE COUNTIES TO LIVE INDEPENDENTLY AND AGE IN PLACE, WHILE AVOIDING THE POTENTIAL NEGATIVE PHYSICAL, SOCIAL AND MENTAL HEALTH CONSEQUENCES OF SOCIAL ISOLATION. TWCCH, ACTING AS THE FISCAL AGENT, USED THE FUNDING TO ENSURE THE ONGOING DELIVERY OF CRITICAL ADMINISTRATIVE AND OPERATIONAL PROGRAMMING OF SENIOR DAY AND SENIOR COMPANION SERVICES CURRENTLY OFFERED BY TELESPOOND. THE FUNDS WERE USED TO SUPPORT TELESPOOND GOVERNANCE AND OPERATIONAL EVOLUTION TO RECOVER, EXPAND AND SUSTAIN SERVICES TO SOCIALLY ISOLATED SENIORS WHO HAVE INCREASED RISK OF DEVELOPING BEHAVIORAL HEALTH ISSUES, SUCH AS SUBSTANCE USE DISORDER, ANXIETY, DEPRESSION AND MEMORY IMPAIRMENT. THIS AWARD WAS RELEASED FROM RESTRICTIONS IN FY21, AND IS REFLECTED AS NET ASSETS RELEASED FROM RESTRICTIONS IN THE AMOUNT OF \$210,151 AND IS NOT REFLECTED

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ON SCHEDULE B AS IT WAS RECORDED AS A CONTRIBUTION IN A PRIOR YEAR. THE SECOND AWARD PROVIDED FUNDING (\$149,407) FOR COMMUNITY OUTREACH INITIATIVES FOR DELIVERY OF COVID-19 VACCINES AND OTHER CHILDHOOD CATCH-UP PRIMARY SERIES AND OVERDUE IMMUNIZATIONS.

FORM 990, PART III, LINE 4B CONTINUED

PROGRAM SERVICE CONTINUED:

ROCKEFELLER PHILANTHROPY ADVISORS, INC. (\$294)

PURPOSE OF GRANT ASSISTANCE: THROUGH THE FUND FOR SHARED INSIGHT, ROCKEFELLER PHILANTHROPY ADVISORS AWARDED TWCCH GRANT FUNDING TO CLOSE THE FEEDBACK LOOP WITHIN THE "TOGETHER IN HEALTH" SCHOOL-BASED HEALTH CENTER SERVICE LINE. FUNDS FOR THIS REPORTING PERIOD REPRESENT THE FINAL EXPENSES OF THE MULTI-YEAR GRANT AND WERE USED TO ADMINISTER SATISFACTION SURVEYS TO PATIENTS AND PARENTS ENGAGED IN OUR SCHOOL-BASED HEALTH SERVICES.

MOSES TAYLOR FOUNDATION (\$3,965)

PURPOSE OF GRANT ASSISTANCE: THE MOSES TAYLOR FOUNDATION AWARDED THREE GRANTS TO TWCCH. THE FIRST GRANT (\$1,200) WAS A MINI-GRANT TO SUPPORT PARTICIPATION IN MENTAL HEALTH WEEK WEBINARS HOSTED BY THE MOSES TAYLOR FOUNDATION. A SECOND GRANT (\$2,157) SUPPORTED THE DEVELOPMENT AND INTRODUCTION OF A GERIATRICS SERVICE LINE TO SUPPORT SENIORS AND PHYSICALLY CHALLENGED INDIVIDUALS IN LACKAWANNA COUNTY. THE GOAL OF THIS PROJECT IS, IN PART, TO ALLEVIATE THE DETRIMENTAL MENTAL AND PHYSICAL EFFECTS OF PROLONGED ISOLATION. THE THIRD GRANT (\$608) WAS FOR NALOXONE DISTRIBUTION, A LIFE-SAVING DRUG USED TO REVERSE THE LETHAL EFFECTS OF AN

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ACUTE OPIOID OVERDOSE.

DIRECT RELIEF (\$6,858)

PURPOSE OF GRANT ASSISTANCE: THE FUNDING SUPPORTED TELEHEALTH CERTIFICATION TRAINING FOR 145 MEDICAL RESIDENTS AND FACULTY TO CREATE AND PROVIDE A TELEHEALTH PLATFORM FOR A CONTINUUM OF CARE THAT PREVENTS DISRUPTIONS IN COMPREHENSIVE HEALTH SERVICES BY ELIMINATING LONG-DISTANCE COMMUTES AND INCREASING ACCESS TO BEHAVIORAL HEALTHCARE FOR PATIENTS WITH OPIOID USE DISORDER (OUD) IN THE RURAL COUNTIES OF WAYNE AND SUSQUEHANNA IN NORTHEAST PA. FUNDING AS REPORTED FOR THIS PERIOD REFLECTS EXPENDITURES FOR THIS PROJECT DURING THE REPORTING YEAR.

VILLAUME FOUNDATION (\$23,824)

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

THE HARRY AND JEANETTE WEINBERG FOUNDATION (\$50,000)

PURPOSE OF GRANT ASSISTANCE: THE HARRY AND JEANETTE WEINBERG FOUNDATION AWARDED THREE GRANTS TO ASSIST WITH THE STARTUP OF THE NEW SCRANTON PRACTICE. THE FIRST AWARD WAS A CAPITAL GRANT (\$450,000) FOR THAT SITE THAT SUPPORTED THE BUILD-OUT OF THE PRIMARY HEALTH SERVICES CLINICAL DELIVERY SPACE FOR THE INTEGRATION OF MEDICAL, DENTAL, MENTAL AND BEHAVIORAL, ADDICTION AND RECOVERY HEALTH SERVICES, AS WELL AS RYAN WHITE

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HIV/AIDS PROGRAM SERVICES. THIS GRANT WAS RECOGNIZED IN FY20 UPON COMPLETION AND MOVE INTO THE FACILITY AT 501 S. WASHINGTON AVE. THE SECOND AWARD (\$50,000) WAS USED FOR OFFSETTING EXPENSES RELATED TO THE NEW CONSTRUCTION OF OUR FQHC LOOK-ALIKE PATIENT CENTERED MEDICAL HOME (PCMH) IN THE NEWLY CONSTRUCTED SCRANTON COUNSELING CENTER. THIS AWARD WAS RECOGNIZED UPON PROJECT COMPLETION AS A CURRENT YEAR CONTRIBUTION ON SCHEDULE B. THE THIRD AWARD WAS AN OPERATING GRANT (\$487,224) THAT PARTIALLY SUPPORTED THE INITIAL SALARY AND BENEFITS OF SCRANTON PRACTICE PRIMARY CARE PROVIDERS AND PERSONNEL AND SUPPORTED OPERATIONS DURING PROVIDER CREDENTIALING AND UNTIL THEIR POSITIONS COULD BECOME FULLY SUSTAINABLE THROUGH FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE AND OUT OF SCOPE COMMERCIAL CLINICAL REVENUES. THIS AWARD WAS RELEASED FROM RESTRICTIONS IN FY21, AND IS REFLECTED AS NET ASSETS RELEASED FROM RESTRICTIONS IN THE AMOUNT OF \$487,224 AND IS NOT REFLECTED ON SCHEDULE B AS IT WAS RECORDED AS A CONTRIBUTION IN A PRIOR YEAR.

HRSA LOOK-ALIKE EXPANDING CAPACITY FOR CORONAVIRUS TESTING (\$372,002)
PURPOSE OF GRANT ASSISTANCE: THE MAJORITY OF THE HRSA LOOK-ALIKE EXPANDING CAPACITY COVID-19 GRANT WAS UTILIZED TO PURCHASE A STATE-OF-THE-ART MOBILE CLINIC CALLED DRIVING BETTER HEALTH, FOR THE PURPOSE OF EXTENDING THE REACH OF OUR COMMUNITY WIDE COVID-19 TESTING EFFORTS. SOME FUNDS WERE USED TO PURCHASE SUPPLIES, ADMINISTER AND TO REPURPOSE SPACE TO EXPAND CAPACITY FOR TESTING TO DETECT, MONITOR AND SUPPRESS THE CIRCULATION OF COVID-19 IN THE GENERAL BUT SPECIFICALLY UNDERSERVED, VULNERABLE POPULATIONS.

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CDC FOUNDATION (\$48,424)

PURPOSE OF GRANT ASSISTANCE: THE FUNDING SUPPORTS EFFORTS TO PROVIDE A COORDINATED COVID-19 RESPONSE IN GREATER HAZLETON, A HARD HIT, EARLY COVID-19 HOT SPOT IN LUZERNE COUNTY, PA. THIS PUBLIC HEALTH-ORIENTED INITIATIVE INCLUDED ENGAGING AN INCLUSIVE, COMMUNITY-BASED STEERING COMMITTEE TO GUIDE THE STRATEGIC DEPLOYMENT OF OUR DRIVING BETTER HEALTH MOBILE CLINIC. THE VEHICLE IS STAFFED BY AN INTERPROFESSIONAL PRIMARY CARE PROVIDER TEAM TO PROVIDE COVID-19 EDUCATION, SYMPTOM SCREENING/TESTING AND ALSO COVID-19 VACCINES, AS WELL AS CATCH-UP CHILDHOOD PRIMARY SERIES AND OVERDUE IMMUNIZATIONS THAT WERE POSTPONED DURING THE PANDEMIC. TARGETED SITES INCLUDE NON-PROFIT COMMUNITY CENTERS, SCHOOL DISTRICTS, AND SOCIAL SERVICE ORGANIZATIONS.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (\$130,544)

PURPOSE OF GRANT ASSISTANCE: THE FUNDING WILL SUPPORT THE TWCCH HAWLEY PRACTICE, LOCATED AT 103 SPRUCE ST., HAWLEY, PA, WHICH IS WITHIN A HRSA AND CMS DESIGNATED RURAL AND HRSA DESIGNATED MEDICALLY UNDERSERVED AREA. THE PROJECT SUPPORTED START-UP EXPENSES AND THE COSTS OF CLINICAL STAFF WHO WORK AT THE PRACTICE TO INCREASE ACCESS TO PRIMARY MEDICAL, MENTAL, BEHAVIORAL, ADDICTION AND RECOVERY HEALTH SERVICES, AND SPECIFICALLY MEDICATION ASSISTED TREATMENT FOR PATIENTS IN WAYNE COUNTY.

THE LUZERNE FOUNDATION (\$3,795)

PURPOSE OF GRANT ASSISTANCE: TWCCH RECEIVED FUNDING FROM THE LUZERNE

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FOUNDATION'S YOUTH ADVISORY COMMITTEE TO BUY A SUBSCRIPTION TO A LANGUAGE TRANSLATION APPLICATION (APP) FOR USE WITH HEARING-IMPAIRED PATIENTS AT ITS FQHC LOOK-ALIKE PATIENT CENTERED MEDICAL HOME (PCMH) CLINICAL DELIVERY SITES.

HRSA POSTDOCTORAL TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY (\$136,476)

PURPOSE OF GRANT ASSISTANCE: THE PURPOSE OF THIS PROJECT IS TO COLLABORATE WITH NYU LANGONE IN BECOMING A FQHC LOOK-ALIKE TRAINING SITE FOR ITS COMMISSION ON DENTAL ACCREDITATION (CODA) ACCREDITED ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM NETWORK. THE TWCCH NYU LANGONE AEGD RESIDENCY WILL FOCUS ON VULNERABLE AND MEDICALLY COMPLEX POPULATIONS INCLUDING OLDER ADULTS, HOMELESS INDIVIDUALS, VICTIMS OF ABUSE AND/OR TRAUMA, INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE-RELATED DISORDERS, INDIVIDUALS WITH DISABILITIES, AND INDIVIDUALS WITH HIV/AIDS AND HCV. THE AEGD RESIDENCY WILL BE EMBEDDED IN TWCCH'S NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) CERTIFIED PATIENT CENTERED MEDICAL HOME (PCMH) FOR COMPREHENSIVE INTEGRATION OF ORAL HEALTH WITH PHYSICAL, MENTAL, BEHAVIORAL HEALTH AND ADDICTION AND RECOVERY SERVICES.

PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT-NEIGHBORHOOD ASSISTANCE PROGRAM (\$10,000)

PURPOSE OF GRANT ASSISTANCE: THE PA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT AWARDED TWCCH A NEIGHBORHOOD ASSISTANCE PROGRAM (NAP) GRANT

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WITH SPECIAL PROGRAM PRIORITIES. FUNDS ENABLED TWCCH'S SCRANTON BASED FQHC LOOK-ALIKE PATIENT CENTERED MEDICAL HOME (PCMH) TO INCORPORATE AND EXPAND ACCESS TO BEHAVIORAL HEALTH SERVICES, ALONG WITH ACCESS TO DENTAL SERVICES, FOR INDIVIDUALS AFFECTED BY OPIOID USE DISORDER (OUD).

SPITZ FOUNDATION (\$3,600)

PURPOSE OF GRANT ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION (ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION) AWARDED FUNDING TO SUPPORT TWCCH'S NEWLY FORMED COMMUNITY HEALTH WORKERS (CHWS) TEAM. THE TEAM REQUIRES FUNDS TO STOCK NECESSITIES SUCH AS CLOTHES, PERSONAL HYGIENE ITEMS, ETC., FOR EMERGENCY DISTRIBUTION TO PATIENTS IN DIRE SITUATIONS. THE CHWS SUPPLY THESE BASICS AS NEEDED, THEN GUIDE ELIGIBLE INDIVIDUALS TO APPLY FOR HEALTH INSURANCE AND FOOD ASSISTANCE PROGRAMS, AND CONNECT WITH COMMUNITY RESOURCES (E.G., GED PROGRAMS AND JOB TRAINING). THE GOAL IS TO HELP PATIENTS IDENTIFY, REPORT AND OVERCOME PRESSING ECONOMIC HARDSHIPS SO THAT THEY CAN GAIN THE FOCUS AND FINANCIAL ABILITY TO PROPERLY ADDRESS THEIR COMPLEX HEALTH ISSUES.

HRSA RCORP-NAS (\$126,000)

PURPOSE OF GRANT ASSISTANCE: THE HRSA RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (RCORP) NEONATAL ABSTINENCE SYNDROME (NAS) GRANT PROJECT IS DESIGNED TO REDUCE THE MORBIDITY AND MORTALITY OF SUBSTANCE USE DISORDER (SUD), INCLUDING OPIOID USE DISORDER (OUD), IN RURAL COMMUNITIES AT THE HIGHEST RISK FOR SUD. THESE FUNDS ARE TARGETED FOR PATIENTS WHO RESIDE IN WAYNE AND SUSQUEHANNA COUNTIES, FOCUSING ON FEMALES IN THEIR

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CHILD-BEARING YEARS WHO ARE AT RISK FOR HAVING A BABY EXPOSED TO HARMFUL SUBSTANCES. FUNDS ARE UTILIZED FOR PERSONNEL, SUBCONTRACTED SERVICES FOR TRAVEL/TRANSPORTATION, OTHER COSTS, AND PREVENTION EDUCATION.

FORM 990, PART III, LINE 4B CONTINUED 1

PROGRAM SERVICE ACCOMPLISHMENTS:

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (\$35,833)

PURPOSE OF GRANT ASSISTANCE: THE PA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE PA DEPARTMENT OF HEALTH AWARDED TWCCH HRSA TITLE V FUNDING TO SUPPORT ENGAGEMENT AMONG PENNSYLVANIA'S FEDERALLY QUALIFIED HEALTH CENTERS, CHILDREN WITH SPECIAL HEALTH CARE NEEDS AND THEIR FAMILIES. THE PROJECT AIMS TO INCREASE ACCESS TO QUALITY HEALTHCARE FOR LOW-INCOME MOTHERS AND THEIR CHILDREN INCLUDING PREVENTIVE HEALTH SERVICES, REHABILITATIVE SERVICES AND COMMUNITY-BASED SYSTEMS OF COORDINATED HEALTH SERVICES AND SYSTEM OF CARE.

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION (\$7,644)

PURPOSE OF GRANT ASSISTANCE: THE DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP) AWARDED A FOOD RECOVERY INFRASTRUCTURE GRANT TO TWCCH TO PURCHASE FOOD RECOVERY EQUIPMENT FOR THE PROPER MANAGEMENT AND OPERATION OF DISTRIBUTED FOOD SAFETY, AS WELL AS FOOD WASTE REDUCTION AND RECOVERY.

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (\$3,495)

PURPOSE OF GRANT ASSISTANCE: THE GRANT WAS AWARDED FROM THE PA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS THROUGH THE PA DEPARTMENT OF HEALTH'S "FIRST FOODS CONTRACT." FUNDING WILL SUPPORT THE IMPROVED BREASTFEEDING

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INITIATION AMONG HEALTHY MOMS PARTICIPANTS WITH SUBSTANCE USE DISORDER
PROJECT TO IMPROVE BREASTFEEDING INITIATION AND DURATION RATES. ENROLLEES
WILL BE CONNECTED WITH BREASTFEEDING PEER SUPPORT AND PROVIDED WITH
BREASTFEEDING-RELATED SUPPLIES.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (COVID-19 TESTING)
(\$444,126)

PURPOSE OF GRANT ASSISTANCE: THE FUNDING WAS AWARDED TO TWCCH FOR
COVID-19 TESTING AND TESTING-RELATED EXPENSES. THE FUNDS AUGMENTED OUR
DRIVING BETTER HEALTH MOBILE CLINIC. FUNDS WERE USED FOR PROVIDER TEAM
MEMBER STAFFING, TRAVEL EXPENSES FOR MOBILE TESTING, PERSONAL PROTECTIVE
EQUIPMENT (PPE), TEST KITS AND INFRASTRUCTURE FOR TESTING.

MARGARET BRIGGS FOUNDATION (\$12,255)

PURPOSE OF GRANT ASSISTANCE: THE MARGARET BRIGGS FOUNDATION AWARDED TWCCH
A GRANT FOR THE USE OF A VACCINE STORAGE SYSTEM THAT INTERFACES WITH
TWCCH'S ELECTRONIC HEALTH RECORD TO PROVIDE INVENTORY TRACKING AND SAFE
ADMINISTRATION OF VACCINES.

FORM 990, PART III, LINE 4C

HOWEVER, WITH THE JUNE 1, 2019 DESIGNATION OF TWCCH AS A FQHC LOOK-ALIKE,
THE 340B DRUG PRICING PROGRAM ENGAGEMENT WAS EXPANDED ACROSS ALL PRIMARY
HEALTH SERVICES AS WELL. THIS IMPORTANT FEDERAL PROGRAM PROVIDES
OUTPATIENT DRUGS TO SAFETY-NET COMMUNITY PROVIDERS SUCH AS TWCCH AT
SIGNIFICANTLY REDUCED PRICES FOR REINVESTMENT INTO TWCCH COMPREHENSIVE
HEALTH SERVICES AND SOCIAL SERVICE PROGRAMS AND ALSO FOR INCREASING

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ACCESS TO AND EXPANDING HEALTH AND SOCIAL NEEDS-RESPONSIVE HEALTH SERVICES.

SOME OF THE SERVICES THAT HAVE BEEN MADE POSSIBLE BY 340B FUNDING INCLUDE: (1) FREE HEALTH SCREENINGS (E.G., BLOOD SUGAR, BLOOD PRESSURE, BODY MASS INDEX AND CHOLESTEROL); (2) EXPANDED CARE THROUGH RURAL HEALTH FQHC LOOK-ALIKE PATIENT CENTERED MEDICAL HOME (PCMH) CLINICS; (3) VIRTUAL HEALTHCARE OPTIONS THAT OFFER CARE ONLINE; AND (4) RESOURCES AND EDUCATION TO HELP PUT PATIENTS WITH CHRONIC DISEASES SUCH AS SUBSTANCE USE DISORDER, HIV/AIDS, HEPATITIS C, OBESITY, DIABETES AND HEART DISEASE ON A PATH TO A HEALTHIER, MORE ACTIVE LIFESTYLE. SIMILARLY, TWCCH HAS EXTENDED HOURS AT THE KINGSTON PRACTICE TO BE OPEN SATURDAYS, AND OPENED A NEW FQHC LOOK-ALIKE CLINICAL LOCATION IN RURAL HAWLEY, PENNSYLVANIA, GIVING PATIENTS ADDITIONAL AMBULATORY, COMMUNITY-BASED ALTERNATIVES TO EMERGENCY ROOMS. THIS INCREASED ACCESS TO PRIMARY HEALTH SERVICES, IN TURN, REDUCES COSTS AND GIVES PATIENTS NON-DISCRIMINATORY ACCESS TO COMPREHENSIVE PRIMARY HEALTH CARE UNDER ONE ROOF IN A PATIENT CENTERED MEDICAL HOME. LIKEWISE, INVESTMENTS HAVE BEEN MADE IN NEW TECHNOLOGY, HEALTHCARE INFORMATION TECHNOLOGY INTEROPERABILITY, UPGRADED MEDICAL AND INFORMATION TECHNOLOGY EQUIPMENT, AND RENOVATED FACILITIES.

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

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FORM 990, PART IV, LINE 28

BUSINESS TRANSACTIONS:

IN NOVEMBER 2017, TWCCH AND ITS AFFILIATED ORGANIZATION, TWCME, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ. FT. FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A VOLUNTEER DIRECTOR ON THE BOARD OF DIRECTORS OF TWCCH AS WELL AS TWCME UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCCH'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCCH'S AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO TWCME. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APPROVED BY TWCCH'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING AND MANAGING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL, WITH ALL GUIDANCE BEING FOLLOWED. ON JULY 25, 2019, THE 15 YEAR LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCCH'S AFFILIATED ENTITY, TWCME, BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCME WAS THE PRIMARY LESSEE OF 41,990 SQ. FT. OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER OF 2019, WITH

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THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE
FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

FORM 990, PART V, LINE 2

COMMON PAYMASTER:

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

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

FORM 990 REVIEW:

TWCCH'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT WITH INPUT FROM
THE CEO AND SENIOR EXECUTIVES ACROSS ALL DEPARTMENTS, AND IT IS THEN
REVIEWED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT
COMMITTEE OF THE BOARD OF DIRECTORS AND TO THE FULL BOARD OF DIRECTORS
FOR REVIEW PRIOR TO FILING. UPON COMPLETION OF THIS REVIEW AND ANY
NECESSARY REVISIONS, THE FORM 990 IS FINALIZED AND SIGNED BY THE
ORGANIZATION'S CEO AND FILED WITH THE IRS. TWCCH'S THREE MOST RECENTLY

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FILED 990S ARE AVAILABLE ON LOCATION BY REQUEST CONSISTENT WITH IRS
APPLICABLE LAWS, RULES AND REGULATIONS AND ALSO IN DOWNLOADABLE FORMAT ON
OUR WEBSITE.

FORM 990, PART VI, SECTION B, LINE 12A, B, & C

CONFLICT OF INTEREST POLICY:

A WRITTEN CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF
DIRECTORS AND IS REVIEWED AND UPDATED, IF NECESSARY OR APPROPRIATE,
ANNUALLY. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS
COMPLETED ANNUALLY BY THE DIRECTORS, OFFICERS AND ALL STAFF INCLUDING KEY
EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OR POTENTIAL CONFLICT
ARISE DURING THE YEAR, THE CONFLICT OF INTEREST DISCLOSURE FORM IS
UPDATED AND REVIEWED. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY
DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD WITH
OUTSIDE ETHICS CONSULTATION OBTAINED WHEN APPROPRIATE. EDUCATION ON
CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING REVIEW AND
RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS' COMPLIANCE WITH
THE POLICY IS MONITORED BY THE AUDIT COMMITTEE AND SUPPORTED BY THE
GOVERNANCE OFFICER. COMPLIANCE OF STAFF WITH THE CONFLICT OF INTEREST
POLICY IS MONITORED BY MANAGERS WITH SUPPORT OF THE HUMAN RESOURCES AND
LEGAL DEPARTMENTS.

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

COMPENSATION DETERMINATION:

THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCCH'S TOP MANAGEMENT
OFFICIAL, THE CHIEF EXECUTIVE OFFICER (CEO) IS LED BY THE EXECUTIVE

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COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE ENGAGES A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT WHO IS RETAINED TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY, ASSESSMENT AND ANALYSIS EACH TIME THE CEO'S CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONALLY, THE EXECUTIVE COMMITTEE OF THE BOARD PERFORMS A DETAILED, REGULAR INTERVAL, COMPREHENSIVE PERFORMANCE EVALUATION OF THE CEO'S AND ORGANIZATION'S PERFORMANCE. ULTIMATELY, COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT OF THE CEO AND OVERALL PERFORMANCE OF THE ORGANIZATION, WITH DUE CONSIDERATION OF THE THIRD-PARTY COMPENSATION STUDY AND AFFORDABILITY. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE COMPENSATION DECISION.

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

COMPENSATION DETERMINATION:

THE CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF ALL OTHER TWCCH STAFF ARE CONTRACTED FROM TWCGME, TWCCH'S AFFILIATED ENTITY AND THE COMMON PAYMASTER FOR THE WRIGHT CENTER MULTI-ORGANIZATION ENTERPRISE AS OUTLINED IN ORGANIZATIONAL AGREEMENTS. COMPENSATION OF ALL OTHER EMPLOYEES INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS, KEY EMPLOYEES AND THE HIGHEST COMPENSATED EMPLOYEES AND STAFF ARE DETERMINED BY THE ORGANIZATION'S CEO AND HUMAN RESOURCES DEPARTMENT. TO SUPPORT THE INTEGRITY OF THESE DETERMINATIONS, A THIRD-PARTY EXTERNAL CONSULTANT IS ENGAGED TO PERFORM A COMPREHENSIVE ORGANIZATIONAL COMPENSATION STUDY AND ANALYSIS PERIODICALLY (TYPICALLY

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EVERY THREE TO FIVE YEARS), WHICH IS PRESENTED TO THE CEO, EXECUTIVE MANAGEMENT TEAM, AND ALSO THE PERSONNEL AND FINANCE COMMITTEES OF THE BOARDS OF DIRECTORS. MOREOVER, DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED FROM TIME TO TIME TO PROVIDE ADDITIONAL COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS, PHYSICIANS, INTERPROFESSIONAL PROVIDER TEAM MEMBERS, AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENT AVAILABILITY:

TWCCH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS, WITH COPIES PROVIDED UPON REQUEST. TWCCH'S THREE MOST RECENTLY FILED 990S ARE AVAILABLE ON LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES AND REGULATIONS AND ALSO IN DOWNLOADABLE FORMAT ON OUR WEBSITE.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

\$697,375 NET ASSETS RELEASED FROM RESTRICTION

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UNITED WAY WYOMING VALLEY, INC. 100 N. PENNSYLVANIA AVENUE, 2ND FLOOR WILKES-BARRE, PA 18701	PROFESSIONAL FEES	604,277.

Name of the organization	Employer identification number
THE WRIGHT CENTER MEDICAL GROUP	23-2772504
ATTACHMENT 1 (CONT'D)	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMMUNITY COMPUTER SERVICE, INC. 15 HULBERT STREET, PO BOX 980 AUBURN, NY 13021	PROFESSIONAL FEES	549,543.
COASTAL CALLNET 1908 EASTWOOD ROAD, SUITE 330 WILMINGTON, NC 28403	PROFESSIONAL FEES	450,689.
TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	PROFESSIONAL FEES	252,267.
RANDSTAD NORTH AMERICA, INC. 3625 CUMBERLAND BOULEVARD ATLANTA, GA 30339	PROFESSIONAL FEES	188,020.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER FOR GRADUATE MEDICAL E 23-2007832 501 S. WASHINGTON AVENUE, SUIT SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(2) COMMUNITY HEALTH HUB 27-3582779 501 S. WASHINGTON AVENUE, SUIT SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(3) THE WRIGHT CENTER ALLIANCE 81-2982874 501 S. WASHINGTON AVENUE, SUIT SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12A1	TWCGME		X
(4) PATIENT ENGAGEMENT COUNCIL 81-3053323 501 S. WASHINGTON AVENUE, SUIT SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

JSA

OE1307 1.000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART II

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME)

PRIMARY ACTIVITY: TWCGME IS THE ACGME-ACCREDITED SPONSORING INSTITUTION FOR SEVERAL ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION PRIMARY CARE RESIDENCY AND SPECIALTY FELLOWSHIP PROGRAMS. TWCCH AND TWCGME SHARE MISSION AND PURPOSE AS ALIGNED ENTITIES IN A TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM MODEL.

NAME OF RELATED ORGANIZATION:

COMMUNITY HEALTH HUB

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

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY: CREATED AS SUPPORTING PARENT ORGANIZATION TO TWCGME AND TO ALIGN NON-PROFIT WRIGHT CENTER AFFILIATED ORGANIZATIONS WITH SHARED PURPOSE IN OPTIMIZING SHARED PURPOSE MISSION DELIVERY ACHIEVEMENT.

NAME OF RELATED ORGANIZATION:

PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT & COMMUNITY

Part VII **Supplemental Information**

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

ENGAGEMENT

PRIMARY ACTIVITY: PROMOTES PATIENT AND COMMUNITY ENGAGEMENT AND
EMPOWERMENT FOR MEANINGFUL CONTRIBUTIONS TO OWN AND OPTIMIZE HEALTH,
PRIMARY HEALTHCARE DELIVERY, AND WORKFORCE DEVELOPMENT, WITH A
PARTICULAR FOCUS ON THE IDENTIFICATION OF AND PROGRAMMATIC, SYSTEMATIZED
RESPONSE TO THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH NEEDS IN OUR
COMMUNITY.

Form **8879-EO****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, 20 21

▶ 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

THE WRIGHT CENTER MEDICAL GROUP

Taxpayer identification number

23-2772504

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CEO / PHYSICIAN**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 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 6 4 5 5 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)JSA
0E1678 1,000

0051SE K929 5/13/2022 10:00:50 A V 20-7.21

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

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue ServiceFor calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021▶ 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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WRIGHT CENTER MEDICAL GROUP	D Employer identification number 23-2772504
B Exempt under section		Number, street, and room or suite no. If a P.O. box, see instructions. C/O RONALD DANIELS, CFO 501 S. WASHINGTON AVENUE 1000	E Group exemption number (see instructions)
<input checked="" type="checkbox"/> 501(c)(3)		City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505	F <input type="checkbox"/> Check box if an amended return.
<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		C Book value of all assets at end of year 28,333,835.	
G 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			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶			
K 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 ▶			
L The books are in care of ▶ RONALD DANIELS, CFO		Telephone number ▶ 570-343-2383	

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

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

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 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).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

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	Total credits. 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 <input type="checkbox"/> Other (attach statement)	3	
4	Total tax. 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 Total	6g	
7	Total payments. Add lines 6a through 6g.	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.	9	
10	Overpayment. 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: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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

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	Yes	No
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		\$
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

Sign Here	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
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Firm's name	Firm's EIN	
	Firm's address	Phone no.	
	Check <input type="checkbox"/> if self-employed		

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

**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 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.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH	Taxpayer identification number (TIN) 23-2772504
	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

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

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

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

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

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: 1
LINE NUMBER:

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §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

Department of the Treasury

Washington, DC 20224

▷
STRP Medical Group, P.C.
c/o Robert E. Wright, M.D.
746 Jefferson Avenue
Scranton, PA 18510

Contact Person: Steve Jankowitz
Telephone Number: 202-622-7426
In Reference to: CP:E:EO:T:1

Date:

DEC 4 1997

Employer Identification Number: 23-2772504
Key District: Northeast (Brooklyn, NY)
Accounting Period Ending: June 30
Foundation Status Classification: 509(a)(2)
Advance Ruling Period Begins: July 15, 1994
Advance Ruling Period Ends: June 30, 1999
Form 990 Required: Yes

Dear Applicant:

Based on the information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in the section(s) indicated above.

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins and ends on the dates indicated above.

Within 90 days after the end of your advance ruling period, you must submit to your key district office information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate

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and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Donors (including private foundations) may rely on the advance ruling that you are not a private foundation until 90 days after your advance ruling period ends. If you submit the required information within the 90 days, donors may continue to rely on the advance ruling until we make a final determination of your foundation status. However, if notice that you will no longer be treated as the type of organization indicated above is published in the Internal Revenue Bulletin, donors may not rely on this advance ruling after the date of such publication. Also, donors (other than private foundations) may not rely on the classification indicated above if they were in part responsible for, or were aware of, the act that resulted in your loss of that classification, or if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification. Private foundations may rely on the classification as long as you were not directly or indirectly controlled by them or by disqualified persons with respect to them. However, private foundations may not rely on the classification indicated above if they acquired knowledge that the Internal Revenue Service had given notice that you would be removed from that classification.

If your sources of support, or your purposes, character, or method of operation change, please let your key district know so that office can consider the effect of the change on your exempt status. In the case of an amendment to your organizational document or bylaws, please send a copy of the amended document or bylaws to your key district. Also, you should inform your key district office of all changes in your name or address.

You are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act.

Because you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fund-raising events may not necessarily qualify as fully deductible contributions, depending on the circumstances. If your organization conducts fund-raising events such as benefit dinners, shows, membership drives, etc., where something of value is received in return for payments, you are required to provide a written disclosure statement informing the donor of the fair market value of the specific items or services being provided. To do this you should, in advance of the event, determine the fair market value of the benefit received and state it in your fund-raising materials such as solicitations, tickets, and receipts in such a way that the donor can determine how much is deductible and how much is not. Your disclosure statement should be made, at the latest, at the time payment is received. Subject to certain exceptions, your disclosure responsibility applies to any fund-raising circumstance where each complete payment, including the contribution portion, exceeds \$75. In addition, donors must have written substantiation from the charity for any charitable contribution of \$250 or more. For further details regarding these substantiation and disclosure requirements, see the enclosed copy of Publication 1771. For additional guidance in this area, see Publication 1391, Deductibility of Payments Made to Organizations Conducting Fund-Raising Events, which is available at many IRS offices or by calling 1-800-TAX-FORM (1-800-829-3676).

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt from Income Tax. If "Yes" is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. If your gross receipts each year are not normally more than \$25,000, we ask that you establish that you are not required to file Form 990 by completing Part I of that Form for your first year. Thereafter, you will not be required to file a return until your gross receipts exceed the \$25,000 minimum. For guidance in determining if your gross receipts are "normally" not more than the \$25,000 limit, see the instructions for the Form 990. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. The maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not

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exceed \$50,000. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Please use the employer identification number indicated in the heading of this letter on all returns you file and in all correspondence with the Internal Revenue Service.

We are informing your key district office of this ruling. Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any immediate questions about this ruling, please contact the person whose name and telephone number are shown in the heading of this letter. For other matters, including questions concerning reporting requirements, please contact your key district office.

Sincerely,



Marvin Friedlander
Chief, Exempt Organizations
Technical Branch 1

Enclosures:
Form 872-C
Pub. 1771



Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0241792400
Mar 13, 2019 LTR 147C
23-2772504

WRIGHT CENTER MEDICAL GROUP
WRIGHT CENTER FOR COMMUNITY HEALTH
111 N WASHINGTON AVE 1ST FLOOR
SCRANTON PA 18503-1841 018

Taxpayer Identification Number: 23-2772504

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of March 13th, 2019.

Your Employer Identification Number (EIN) is 23-2772504. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

T Childers Dardy
1003657897
Customer Service Representative