

Return of Organization Exempt From Income Tax

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

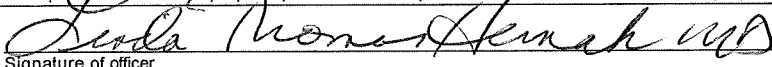
B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization THE WRIGHT CENTER MEDICAL GROUP		D Employer identification number 23-2772504	
	<input type="checkbox"/>	Name change	Doing business as WRIGHT CENTER FOR COMMUNITY HEALTH		E Telephone number (570) 343-2383	
	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 S. WASHINGTON AVENUE 1000		G Gross receipts \$ 58,362,262.	
	<input type="checkbox"/>	Final return/terminated Amended return Application pending	City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505		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 <small>If "No," attach a list. See instructions</small>	
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			F Name and address of principal officer: LINDA THOMAS-HEMAK MD 501 S. WASHINGTON AVENUE, SCRANTON, PA 18505		H(c) Group exemption number ▶	
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: <u>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.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	413
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE
	Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,092,274.
9		Program service revenue (Part VIII, line 2g)	44,801,585.	50,829,701.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,936.	63,058.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,706.	66,659.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,049,501.	58,362,262.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,468,246.	1,473,516.
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,702,716.	28,147,377.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE		
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,581,832.	21,476,545.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,752,794.	51,097,438.
	19	Revenue less expenses. Subtract line 18 from line 12	7,296,707.	7,264,824.
	20	Total assets (Part X, line 16)	Beginning of Current Year 30,573,835.	End of Year 36,548,255.
	21	Total liabilities (Part X, line 26)	13,844,856.	12,554,452.
	22	Net assets or fund balances. Subtract line 21 from line 20	16,728,979.	23,993,803.

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		Date 05/12/2023
	Signature of officer	
	LINDA THOMAS-HEMAK, MD CEO / PHYSICIAN	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name KRYSTAL K CREACH	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01248198
	Firm's name ▶ FORVIS, LLP			Firm's EIN ▶ 44-0160260	
	Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523			Phone no. 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.

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.**

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	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	THE WRIGHT CENTER MEDICAL GROUP	23-2772504
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	501 S. WASHINGTON AVENUE 1000	
File by the due date for filing your return. See instructions.	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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

- The books are in the care of ▶ RONALD DANIELS, CFO
501 S. WASHINGTON AVENUE, STE 1000 SCRANTON PA 18505
Telephone No. ▶ 570 343-2383 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until 05/15, 2023, 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, 2021, and ending 06/30, 2022.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
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 \$	NONE
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 \$	NONE

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 25,431,903. including grants of \$) (Revenue \$ 49,752,952.)

CLINICAL SERVICES:

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

4b (Code:) (Expenses \$ 9,367,723. including grants of \$) (Revenue \$)

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.

4c (Code:) (Expenses \$ 8,220,018. including grants of \$ 1,347,516.) (Revenue \$)

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 COMMUNITIES 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.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 1,134. including grants of \$ 126,000.) (Revenue \$ 1,076,749.)

4e Total program service expenses 43,020,778.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 413		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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? 13a 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? <i>If "No," provide an explanation on Schedule O</i>		
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 the 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
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 PRESIDENT & CEO / PHYSICIAN	40.00 15.00			X				561,002.	187,001.	39,016.
(2) JIGNESH SHETH, MD CMO / PHYSICIAN	40.00 15.00			X				369,052.	123,017.	39,016.
(3) WILLIAM DEMPSEY, MD DEPUTY CMO/PHYSICIAN	50.00 5.00				X			294,246.	32,694.	36,531.
(4) JUMEE BAROOAH, MD PHYSICIAN	30.00 25.00					X		180,880.	136,453.	39,003.
(5) MARY LOUISE DECKER, MD MEDICAL DIRECTOR/PHYSICIAN	55.00 NONE				X			329,662.	NONE	12,928.
(6) ENRIQUE SAMONTE, MD MEDICAL DIRECTOR/PHYSICIAN	50.00 5.00				X			270,698.	33,457.	36,213.
(7) TIMOTHY BURKE, DO PHYSICIAN	35.00 20.00					X		182,955.	107,450.	36,757.
(8) MAUREEN LITCHMAN, MD MEDICAL DIRECTOR/PHYSICIAN	40.00 15.00				X			205,386.	88,022.	29,171.
(9) RAJIV BANSAL, MD PHYSICIAN	50.00 5.00					X		243,307.	33,178.	35,631.
(10) JENNIFER WALSH, ESQ FORMER SVP / GENERAL COUNSEL	NONE 55.00						X	NONE	284,938.	25,901.
(11) RONALD DANIELS, CPA CFO	0.01 55.00			X				NONE	267,404.	27,027.
(12) ERIN MCFADDEN, MD MEDICAL DIRECTOR/PHYSICIAN	55.00 NONE				X			260,845.	NONE	31,822.
(13) DOUGLAS KLAMP, MD PHYSICIAN	50.00 5.00					X		226,323.	30,862.	34,863.
(14) MARIA ALEXIES SAMONTE, MD MEDICAL DIRECTOR/PHYSICIAN	50.00 5.00				X			254,256.	31,425.	5,546.

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) DEBORAH SPRING, MD PHYSICIAN	50.00 5.00					X		225,359.	30,731.	31,583.
(16) VINOD SHARMA, MD MEDICAL DIRECTOR / PHYSICIAN	50.00 5.00				X			232,450.	28,730.	21,285.
(17) GERARD GEOFFROY CHAIRMAN	5.00 1.00	X		X				NONE	NONE	NONE
(18) WILLIAM WATERS, PHD VICE CHAIRMAN	5.00 NONE	X		X				NONE	NONE	NONE
(19) MARY MARRARA SECRETARY	5.00 1.00	X		X				NONE	NONE	NONE
(20) DEBORAH KOLSOVSKY TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
(21) JAMES GAVIN DIRECTOR	1.00 5.00	X						NONE	NONE	NONE
(22) MARY ANN CHINDEMI, RN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) PATRICIA DESOUZA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) LEE ANN ESCHBACH, PHD DIRECTOR	1.00 1.00	X						NONE	NONE	NONE
(25) FRANCIS STEVENS DIRECTOR END 06/22	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								3,836,421.	1,415,362.	482,293.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								3,836,421.	1,415,362.	482,293.

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? 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		

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 ▶

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) MELISSA SIMRELL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(27) JODY CORDARO DIRECTOR END 05/22	1.00 NONE	X					NONE	NONE	NONE	
(28) KIM HERITSKO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(29) LEWIS MARCUS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(30) TRACY HUNT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(31) ELLEN WALKO DIRECTOR	1.00 1.00	X					NONE	NONE	NONE	
(32) KRISTEN HILL DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(33) RICHARD KREBS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(34) JASON KAVULICH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(35) CATHERINE GENCO DIRECTOR BEG 06/22	1.00 1.00	X					NONE	NONE	NONE	
(36) JEFFREY METZ DIRECTOR END 05/22	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
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 ▶

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

Section B. Independent Contractors

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

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

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 ▶ 12

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	963,630.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	6,306,943.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	132,271.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f ▶			7,402,844.			
	Program Service Revenue				Business Code			
2a		NET PATIENT SERVICES REVENUE		621400	45,762,359.	45,762,359.		
b		TEACHING REVENUE		621400	3,990,594.	3,990,594.		
c		OTHER PROGRAM SERVICE REVENUE		621400	1,076,748.	1,076,748.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			50,829,701.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			63,058.		63,058.	
	4	Income from investment of tax-exempt bond proceeds . ▶			NONE			
	5	Royalties ▶			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
					35,452.			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	35,452.	NONE			
	d	Net rental income or (loss) ▶			35,452.		35,452.	
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss) ▶			NONE			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events ▶			NONE				
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities ▶			NONE				
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory ▶			NONE				
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	14,846.		14,846.	
	b	PURCHASE DISCOUNTS		900099	16,361.		16,361.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			31,207.			
12	Total revenue. See instructions ▶			58,362,262.	50,829,701.		129,717.	

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	860,574.	860,574.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	612,942.	612,942.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,928,232.	2,492,685.	435,547.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	20,311,623.	16,480,274.	3,831,349.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,290,223.	1,070,093.	220,130.	
9 Other employee benefits	2,007,043.	1,509,569.	497,474.	
10 Payroll taxes	1,610,256.	1,230,639.	379,617.	
11 Fees for services (nonemployees):				
a Management	1,754,875.	1,754,875.		
b Legal	440,845.	9,350.	431,495.	
c Accounting	156,138.		156,138.	
d Lobbying	47,073.		47,073.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,455,784.	1,169,060.	286,724.	
12 Advertising and promotion	116,949.	115,734.	1,215.	
13 Office expenses	494,280.	465,468.	28,812.	NONE
14 Information technology.	539,068.	440,773.	98,295.	
15 Royalties.	NONE			
16 Occupancy	1,515,904.	1,099,725.	416,179.	
17 Travel	50,854.	48,402.	2,452.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	73,511.	70,209.	3,302.	
20 Interest	209,978.	184,095.	25,883.	
21 Payments to affiliates.	NONE			
22 Depreciation, depletion, and amortization	691,248.	690,544.	704.	
23 Insurance	418,326.	360,936.	57,390.	
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	6,008,928.	6,008,928.		
b ADMINISTRATION AND SUPPORT	4,730,390.	3,642,454.	1,087,936.	
c DIRECT MEDICAL EXPENSE	2,080,475.	2,044,041.	36,434.	
d REPAIRS & MAINTENANCE	404,771.	374,507.	30,264.	
e All other expenses	287,148.	284,901.	2,247.	
25 Total functional expenses. Add lines 1 through 24e	51,097,438.	43,020,778.	8,076,660.	NONE
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,150.	1	1,250.
	2 Savings and temporary cash investments	4,844,842.	2	8,362,651.
	3 Pledges and grants receivable, net	1,063,205.	3	1,025,712.
	4 Accounts receivable, net	11,298,464.	4	14,810,358.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	6,284,150.	7	6,284,150.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	170,250.	9	25,621.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,899,056.		
	b Less: accumulated depreciation	10b 3,860,543.		
		6,376,764.	10c	6,038,513.
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	534,010.	15	NONE	
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,573,835.	16	36,548,255.	
Liabilities	17 Accounts payable and accrued expenses	2,216,723.	17	2,157,240.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	88,900.	19	24,084.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	5,519,032.	23	4,234,610.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	6,020,201.	25	6,138,518.
	26 Total liabilities. Add lines 17 through 25	13,844,856.	26	12,554,452.
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	15,725,055.	27	23,786,336.
	28 Net assets with donor restrictions	1,003,924.	28	207,467.
	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	16,728,979.	32	23,993,803.
33 Total liabilities and net assets/fund balances	30,573,835.	33	36,548,255.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,362,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,097,438.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,264,824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,728,979.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,993,803.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	

**SCHEDULE A
(Form 990)**

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

2021

**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).)
- 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 on 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						

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 Portion of total contributions by each person exceeding 2%; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test - 2021. 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.
b 33 1/3% support test - 2020. 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.
17a 10%-facts-and-circumstances test - 2021. 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.
b 10%-facts-and-circumstances test - 2020. 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.
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.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,044,877.	3,016,314.	8,016,717.	8,092,274.	7,402,844.	28,573,026.
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	16,298,289.	17,363,071.	26,424,414.	44,801,585.	50,829,701.	155,717,060.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5	18,343,166.	20,379,385.	34,441,131.	52,893,859.	58,232,545.	184,290,086.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
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						NONE
c Add lines 7a and 7b.						NONE
8 Public support. (Subtract line 7c from line 6.)						184,290,086.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	18,343,166.	20,379,385.	34,441,131.	52,893,859.	58,232,545.	184,290,086.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	94,591.	133,673.	181,950.	62,936.	63,058.	536,208.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	94,591.	133,673.	181,950.	62,936.	63,058.	536,208.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,714.	51,244.	13,275.	92,706.	66,659.	251,598.
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,465,471.	20,564,302.	34,636,356.	53,049,501.	58,362,262.	185,077,892.

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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	99.57%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	99.47%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)),	17	0.29%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.39%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME	27,714.	51,244.	13,275.	92,706.	66,659.	251,598.
TOTALS	27,714.	51,244.	13,275.	92,706.	66,659.	251,598.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] 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), 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), 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).

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 2,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 54,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 64,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 34,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 495,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 147,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 577,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 39,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 164,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/> <hr/>	\$ 356,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	N/A <hr/> <hr/> <hr/>	\$ 1,683,135.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
14	N/A <hr/> <hr/> <hr/>	\$ 545,090.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
15	N/A <hr/> <hr/> <hr/>	\$ 179,593.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
16	N/A <hr/> <hr/> <hr/>	\$ 551,716.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
17	N/A <hr/> <hr/> <hr/>	\$ 305,847.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						
18	N/A <hr/> <hr/> <hr/>	\$ 139,280.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person <input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll <input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash <input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person <input checked="" type="checkbox"/>	Payroll <input type="checkbox"/>	Noncash <input type="checkbox"/>
Person <input checked="" type="checkbox"/>						
Payroll <input type="checkbox"/>						
Noncash <input type="checkbox"/>						

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	\$ 53,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 5,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 4,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 3,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 4,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 586,785.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A <hr/> <hr/> <hr/>	\$ 963,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A <hr/> <hr/> <hr/>	\$ 47,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A <hr/> <hr/> <hr/>	\$ 359,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

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
_____	_____ _____ _____	\$ _____	_____

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

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

(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
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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) 2021

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)		47,073.													
c Total lobbying expenditures (add lines 1a and 1b)		47,073.													
d Other exempt purpose expenditures		43,020,778.													
e Total exempt purpose expenditures (add lines 1c and 1d)		43,067,851.													
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-															
i Subtract line 1f from line 1c. If zero or less, enter -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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
c Total lobbying expenditures		68,750.	58,728.	47,073.	174,551.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 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).

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures. See instructions.

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

Blank lines for supplemental information.

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 \$45,000 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 AND PRIMARY CARE WORKFORCE 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 LIMITED IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2021-2022. IN ALL, TWCCH SPENT \$823 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES.

THE ORGANIZATION ALSO PAID \$1,250 TO THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC) SPECIFICALLY TO SUPPORT PACHC'S ADVOCACY EFFORTS TO PROMOTE PRIMARY CARE AND PUBLIC HEALTH INITIATIVES AND LEGISLATION.

Part IV Supplemental Information (continued)

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 WORKFORCE PROGRAMS. 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 WORKFORCE DEVELOPMENT 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 2021-2022. TWCGME PAID COZEN \$45,000 FOR THESE SERVICES, WHICH AMOUNTS ARE REFLECTED ON TWCGME'S FORM 990. ADDITIONALLY, TWCGME SPENT \$1,484 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES, WHICH IS ALSO REPORTED ON ITS FORM 990.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and reporting.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2021

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?

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?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for endowment fund details.

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

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

- (i) Unrelated organizations, (ii) Related organizations

Small table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	6,138,518.
(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 .

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 2022 AND 2021.

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

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

\$ 799,957 NET ASSETS RELEASED FROM RESTRICTION

FORM 990, SCHEDULE D, PART XI, LINE 4B

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

\$ 3,500 TEMPORARILY RESTRICTED CONTRIBUTIONS

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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) ENDLESS MOUNTAINS HEALTH SYSTEMS 100 HOSPITAL DRIVE MONTROSE, PA 18801	23-2720289	501(C)(3)	15,000.				SEE PART IV
(2) MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE 600 WILKES BARRE PA 18701	23-1856766	501(C)(3)	236,766.				SEE PART IV
(3) OUTREACH CENTER FOR COMMUNITY RESOURCES 431 N 7TH AVENUE SCRANTON, PA 18503	25-1562285	501(C)(3)	52,750.				SEE PART IV
(4) TELESPOUND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	23-7353444	501(C)(3)	293,807.				SEE PART IV
(5) TREHAB 36 PUBLIC AVENUE MONTROSE, PA 18801	23-1729514	501(C)(3)	20,000.				SEE PART IV
(6) WAYNE COUNTY DRUG AND ALCOHOL COMMISSION 318 TENTH STREET HONESDALE, PA 18431	24-6000758	501(C)(3)	46,250.				SEE PART IV
(7) WAYNE MEMORIAL COMMUNITY HEALTH CENTER 601 PARK STREET HONESDALE, PA 18431	23-2180889	501(C)(3)	20,000.				SEE PART IV
(8) THE WRIGHT CENTER GRADUATE MEDICAL EDUCATIO 501 S WASHINGTON AVENUE SCRANTON, PA 18505	23-2007832	501(C)(3)	126,000.				SEE PART IV
(9) THE WRIGHT CENTER PATIENT AND COMMUNITY ENG 501 S WASHINGTON AVENUE SCRANTON, PA 18505	81-3053323	501(C)(3)	50,000.				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) 2021

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	295	612,942.			
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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 THAT IS USED TO DETERMINE MISSION FIT, ACHIEVABILITY, AND SUSTAINABILITY FOR ANY POTENTIAL OPPORTUNITY. STRATEGIC STAGE- GATE ANALYSES, PROJECT PLANNING AND MANAGEMENT ENSURES

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

FEASIBILITY, READINESS, SUSTAINABILITY, AND HIGH-INTEGRITY STEWARDSHIP OF PUBLIC AND PRIVATE FUNDING. TWCCH COMPLETES ALL REQUIRED GRANT-RELATED AUDITING, AND TWCGME, ITS AFFILIATED ENTITY, EVEN ELECTS TO ENGAGE IN A YEARLY OPTIONAL SINGLE AUDIT EQUIVALENT FOR ITS THCGME PROGRAM, DESPITE FEDERAL PROGRAMMATIC EXEMPTION, TO ENSURE THE HIGHEST COMPLIANCE AND STEWARDSHIP AUTHENTICITY. THE GRANTS DEPARTMENT SPUN OFF A PROJECT MANAGEMENT OFFICE IN APRIL OF 2021 TO FOCUS ON SPONSORED PROJECT MONITORING AND COMPLIANCE, UTILIZING SMARTSHEET PROJECT MANAGEMENT SOFTWARE FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT OUTCOMES AND EXPENSE TRACKING. TWCCH IS COMPLIANT WITH ALL FEDERAL, STATE, COUNTY, AND

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

PRIVATE PHILANTHROPY REPORTING REQUIREMENTS FOR ALL GRANTS. FOR ALL COVID-19 PANDEMIC-RELATED FUNDING, TWCC AND TWCGME UTILIZE A NATIONALLY ESTABLISHED FUNDING MATRIX CROSS-WALK THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL-RESPECTED NATIONAL ACCOUNTING FIRM.

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

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

ENDLESS MOUNTAINS HEALTH SYSTEMS - \$15,000

TWCCH PROVIDES FUNDING TO ENDLESS MOUNTAIN HEALTH SYSTEMS TO INCREASE
MEDICATION-ASSISTED TREATMENT (MAT) CARE IN NORTHEAST PENNSYLVANIA AND
PROVIDE ADDITIONAL TRAINING TO STAFF IN THE ADMINISTRATION OF NARCAN
THROUGH THE PENNSYLVANIA COORDINATED MEDICATION-ASSISTED TREATMENT GRANT
AWARDED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH.

MATERNAL & FAMILY HEALTH SERVICES - \$236,766

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

TWCCH PROVIDES FUNDING TO MATERNAL & FAMILY HEALTH SERVICES TO ENABLE PERSONNEL AND SUPPORT OF THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM AND OPIOID SUPPORT PROGRAMS UNDER THE PENNSYLVANIA 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).

OUTREACH CENTER FOR COMMUNITY RESOURCES - \$52,750

TWCCH PROVIDES FUNDING TO THE OUTREACH CENTER FOR COMMUNITY RESOURCES TO ENABLE PERSONNEL AND SUPPORT OF THE HEALTHY MATERNAL OPIATE MEDICAL

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

SUPPORT (HEALTHY MOMS) PROGRAM AND OPIOID SUPPORT PROGRAMS UNDER THE
PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (PA DDAP).

TELESPOND SENIOR SERVICES - \$293,807

TWCCH ACTED AS THE FISCAL AGENT FOR A GRANT FROM THE ALLONE FOUNDATION TO
SUPPORT TELESPOND SENIOR SERVICES IN ENSURING THE ONGOING DELIVERY OF
CRITICAL PROGRAMMING CURRENTLY OFFERED TO OLDER ADULTS IN NORTHEAST
PENNSYLVANIA, INCLUDING INDIVIDUALS WHO MAY BE SOCIALLY ISOLATED AND
THEREFORE PRONE TO DEVELOPING BEHAVIORAL HEALTH ISSUES SUCH AS SUBSTANCE
USE DISORDER, ANXIETY, AND DEPRESSION.

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

TREHAB - \$20,000

TWCCH PROVIDED FUNDING TO TREHAB TO SUPPORT THE EMPLOYMENT OF A CERTIFIED RECOVERY SPECIALIST. THIS INDIVIDUAL WORKED TO ENGAGE INDIVIDUALS WITH OPIOID AND SUBSTANCE USE DISORDER IN RECOVERY AND HELP THEM TO STAY IN RECOVERY. THE FUNDING ALSO INCLUDES THE COMPLETION OF GOALS FOR A HRSA-FUNDED RURAL COMMUNITIES OPIOID RESPONSE PROGRAM GRANT (IMPLEMENTATION).

WAYNE COUNTY DRUG AND ALCOHOL COMMISSION - \$46,250

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

TWCCH PROVIDES FUNDING TO THE WAYNE COUNTY DRUG AND ALCOHOL COMMISSION TO PRESENT NALOXONE TRAINING (A MEDICATION TO REVERSE OPIOID OVERDOSE) TO COMMUNITY GROUPS BY CERTIFIED TRAINERS AND TO REDUCE THE OCCURRENCE AND ASSOCIATED RISK OF OPIOID USE DISORDER AMONG NEW AND AT-RISK USERS, INCLUDING POLYSUBSTANCE USERS. FUNDING ALSO SUPPORTS EFFORTS TO REDUCE FATAL OPIOID-RELATED OVERDOSES, AND PROMOTE INFECTIOUS DISEASE DETECTION AND TREATMENT THROUGH ACTIVITIES SUCH AS COMMUNITY, PROVIDER AND PATIENT EDUCATION, HARM REDUCTION STRATEGIES, AND REFERRALS/REFERRAL TRACKING. FUNDING FOR THESE SERVICES ORIGINATES FROM A HRSA-FUNDED RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (IMPLEMENTATION).

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

WAYNE MEMORIAL COMMUNITY HEALTH CENTER - \$20,000

TWCCH PROVIDES FUNDING TO WAYNE MEMORIAL COMMUNITY HEALTH CENTER TO SUPPORT A LICENSED CLINICAL SOCIAL WORKER POSITION SPECIFICALLY TO SUPPORT THE REDUCTION OF THE OCCURRENCE AND ASSOCIATED RISKS OF OPIOID USE DISORDER (OUD) AMONG NEW AND AT-RISK USERS, INCLUDING POLYSUBSTANCE USERS. FUNDING ALSO SUPPORTS EFFORTS TO REDUCE FATAL OPIOID-RELATED OVERDOSES, AND PROMOTE INFECTIOUS DISEASE DETECTION AND TREATMENT THROUGH ACTIVITIES SUCH AS COMMUNITY, PROVIDER AND PATIENT EDUCATION, HARM REDUCTION STRATEGIES, AND REFERRALS/REFERRAL TRACKING. FUNDING FOR THESE

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

SERVICES ORIGINATES FROM A HRSA-FUNDED RURAL COMMUNITIES OPIOID RESPONSE

PROGRAM (IMPLEMENTATION).

THE WRIGHT CENTER GRADUATE MEDICAL EDUCATION - \$126,000

TWCCH COMPENSATED TWC GME TO FACILITATE LEASEHOLD IMPROVEMENTS FOR TWCCH'S

BENEFIT AT THE CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 S.

WASHINGTON AVE, SCRANTON, PA TO COMPLY WITH REQUIREMENTS RELATED TO THE

NEW MARKET TAX CREDIT PROJECT AT THAT LOCATION.

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

TWCCH PROVIDES FUNDING TO THE WRIGHT CENTER PATIENT AND COMMUNITY ENGAGEMENT TO SUPPORT COMMUNITY NEEDS-RESPONSIVE ASSISTANCE TO PATIENTS, FAMILIES AND THE COMMUNITIES TWCCH SERVES AS A RESULT OF THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, SUCH AS TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS, CLOTHING AND FOOD DRIVES, PATIENT EDUCATION, AND COMMUNITY OUTREACH ACTIVITIES.

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

FORM 990, PART III

UNITED WAY:

TWCCH PROVIDED ASSISTANCE TO 295 INDIVIDUALS AS A SUBRECIPIENT OF A GRANT RECEIVED FROM THE UNITED WAY OF WYOMING VALLEY, WITH FUNDING UNDER THE RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT.

NUMBER OF RECIPIENTS: 295

AMOUNT OF GRANT: \$612,942

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2021

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 PRESIDENT & CEO / PHYSICIAN	(i)	546,041.	NONE	14,961.	17,400.	11,862.	590,264.	NONE
	(ii)	182,014.	NONE	4,987.	5,800.	3,954.	196,755.	NONE
2 JIGNESH SHETH, MD CMO / PHYSICIAN	(i)	341,981.	12,300.	14,771.	17,400.	11,862.	398,314.	NONE
	(ii)	113,993.	4,100.	4,924.	5,800.	3,954.	132,771.	NONE
3 RONALD DANIELS, CPA CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	247,052.	NONE	20,352.	13,877.	13,150.	294,431.	NONE
4 JUMEE BAROOAH, MD PHYSICIAN	(i)	162,918.	6,680.	11,282.	13,224.	9,008.	203,112.	NONE
	(ii)	122,902.	5,040.	8,511.	9,976.	6,795.	153,224.	NONE
5 TIMOTHY BURKE, DO PHYSICIAN	(i)	165,407.	5,079.	12,469.	13,545.	9,612.	206,112.	NONE
	(ii)	97,144.	2,983.	7,323.	7,955.	5,645.	121,050.	NONE
6 RAJIV BANSAL, MD PHYSICIAN	(i)	236,403.	6,732.	172.	17,952.	13,403.	274,662.	NONE
	(ii)	32,237.	918.	23.	2,448.	1,828.	37,454.	NONE
7 DOUGLAS KLAMP, MD PHYSICIAN	(i)	222,626.	2,564.	1,133.	17,292.	13,387.	257,002.	NONE
	(ii)	30,358.	350.	154.	2,358.	1,826.	35,046.	NONE
8 DEBORAH SPRING, MD PHYSICIAN	(i)	219,051.	4,129.	2,179.	17,883.	9,910.	253,152.	NONE
	(ii)	29,871.	563.	297.	2,439.	1,351.	34,521.	NONE
9 MARY LOUISE DECKER, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	315,823.	NONE	13,839.	10,662.	2,266.	342,590.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 WILLIAM DEMPSEY, MD DEPUTY CMO/PHYSICIAN	(i)	269,251.	5,216.	19,779.	20,880.	11,998.	327,124.	NONE
	(ii)	29,916.	580.	2,198.	2,320.	1,333.	36,347.	NONE
11 ENRIQUE SAMONTE, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	245,254.	7,343.	18,101.	19,731.	12,498.	302,927.	NONE
	(ii)	30,312.	908.	2,237.	2,439.	1,545.	37,441.	NONE
12 MAUREEN LITCHMAN, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	186,879.	3,123.	15,384.	15,158.	5,262.	225,806.	NONE
	(ii)	80,091.	1,338.	6,593.	6,496.	2,255.	96,773.	NONE
13 MARIA ALEXIES SAMONTE, MEDICAL DIRECTOR/PHYSICIAN	(i)	246,307.	NONE	7,949.	3,765.	1,171.	259,192.	NONE
	(ii)	30,443.	NONE	982.	465.	145.	32,035.	NONE
14 VINOD SHARMA, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	227,972.	NONE	4,478.	7,325.	11,619.	251,394.	NONE
	(ii)	28,177.	NONE	553.	905.	1,436.	31,071.	NONE
15 ERIN MCFADDEN, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	257,277.	3,373.	195.	20,260.	11,562.	292,667.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16 JENNIFER WALSH, ESQ FORMER SVP / GENERAL COUNSEL	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	254,739.	10,250.	19,949.	20,531.	5,370.	310,839.	NONE

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 PERIODICALLY 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, COMPREHENSIVE ANNUAL PERFORMANCE EVALUATION OF THE CEO'S AND ORGANIZATION'S PERFORMANCE. ANY ADJUSTMENTS TO THE CEO'S COMPENSATION IN BETWEEN CONTRACT TERMS ARE ASSESSED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE OVERALL COMPENSATION OF THE CEO IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT AND THE OVERALL PERFORMANCE OF THE ORGANIZATION, WITH DUE CONSIDERATION OF THE THIRD-PARTY COMPENSATION STUDY, COMPARABILITY, AND AFFORDABILITY. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS, AND DECISIONS REGARDING EXECUTIVE

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.

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
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 FOR PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT
LIMITED TO SPECIFIED, ACTIVE PARTICIPATION IN TWCCH'S PLAN/DO/STUDY/ACT

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.

(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 PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT SUPERVISOR. THE 2021-2022 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.

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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, NONDISCRIMINATORY PRIMARY HEALTH SERVICES IN A PATIENT CENTERED MEDICAL HOME (PCMH) FRAMEWORK FOR PATIENTS AND FAMILIES REGARDLESS OF THEIR ABILITY TO PAY, WHILE EDUCATING THE CURRENT AND FUTURE PHYSICIAN AND INTERPROFESSIONAL PRIMARY CARE WORKFORCE. WE PROVIDE FULL-SCOPE INTEGRATED PRIMARY HEALTH CARE SERVICES, INCLUSIVE OF MEDICAL, GENERAL DENTAL, MENTAL AND BEHAVIORAL, ADDICTION TREATMENT AND RECOVERY, OBESITY, INFECTIOUS DISEASE/RYAN WHITE, RHEUMATOLOGICAL, AND LIFESTYLE MEDICINE SERVICES. AS AN ESSENTIAL COMMUNITY PROVIDER, TWCCH'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEMS AND THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. OUR NICHE IS WORLD CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTH SERVICES THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL.

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

TWCCH WAS ORIGINALLY INCORPORATED IN 1994 AS THE WRIGHT CENTER MEDICAL GROUP, PC, A TAX-EXEMPT PROFESSIONAL CORPORATION (PC) AND THE AMBULATORY PRACTICE PLAN AFFILIATED WITH THE WRIGHT CENTER FOR GRADUATE MEDICAL

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EDUCATION (TWCME). TWCME IS A NONPROFIT ACGME-ACCREDITED SPONSORING INSTITUTION AND THE FOUNDING EDUCATIONAL MEMBER OF A TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (THC GME-SNC). TWCME INTEGRATES FEDERAL GME FUNDING FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), THE VETERAN ADMINISTRATION (VA), AND THE CENTERS FOR MEDICARE AND MEDICAID (CMS) FUNDED HOSPITALS AND INPATIENT REHABILITATION FACILITIES. THE WRIGHT CENTER MEDICAL GROUP, PC INTENTIONALLY CONVERTED ITS CORPORATE STRUCTURE FROM A PC TO A NONPROFIT CORPORATION IN 2018, AND TRANSFORMED ITS IDENTITY INTO AN AUTONOMOUS, COMMUNITY-OWNED AND GOVERNED, INDEPENDENT 501(C)(3) ENTITY THAT WAS ELIGIBLE TO PURSUE HRSA DESIGNATION AS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC 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. PROUDLY, AT THE CLOSE OF THE FISCAL YEAR ENDING JUNE 30, 2022, 93% OF THE GOVERNING BOARD MEMBERS WERE "USERS" OF TWCCH'S PRIMARY HEALTH SERVICES AS DEFINED IN THE HRSA COMPLIANCE MANUAL.

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TWCCH SERVED 41,203 UNIQUE PATIENTS AND ENGAGED IN 127,032 TOTAL BILLABLE VISITS BETWEEN JULY 2021 AND JUNE 2022, WHICH INCLUDED 76,824 MEDICAL VISITS, 17,473 BEHAVIORAL HEALTH VISITS, 10,533 DENTAL VISITS, AND 22,202 INPATIENT VISITS.

WE OPERATE LEVEL 3 NCQA-DESIGNATED PATIENT-CENTERED MEDICAL HOMES (PCMH) WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION. WE HAVE MEMORANDA OF UNDERSTANDING AND SHARED CARE CONTRACTS 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 THE PCMH FRAMEWORK, COORDINATING A FULL SPECTRUM OF HEALTH SERVICES FOR OUR PATIENTS. WE ARE DEEPLY INVESTED IN COMMUNITY-BASED LIVING AND AGING IN PLACE AND OFFER EMPOWERING SERVICES OF COMMUNITY HEALTH WORKERS, CERTIFIED RECOVERY SPECIALISTS, SPIRITUAL AIDES, CASE WORKERS, AND NURSE CARE MANAGERS. WE OPERATE NINE FQHC LOOK-ALIKE TEACHING HEALTH CENTERS THAT ALSO PROVIDE HOUSE CALLS AND HOSPITALIST, SKILLED NURSING FACILITY, AND INPATIENT ACUTE REHABILITATION

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SERVICES FOR OUR PATIENTS IN PARTNERING COMMUNITY-BASED INSTITUTIONS, INCLUDING GERIATRIC SERVICES. WE ARE PASSIONATE CHAMPIONS FOR ELECTRONIC MEDICAL RECORD (EMR)/ELECTRONIC HEALTH RECORD (EHR) MEANINGFUL USE, HEALTH INFORMATION EXCHANGES AND CONNECTIVITY/HEALTH INFORMATION INTEROPERABILITY, AND THE ACTIVE, EMPOWERED ENGAGEMENT OF PATIENTS AND FAMILIES IN THEIR HEALTH CARE AND PRIMARY CARE WORKFORCE DEVELOPMENT. WE ARE A FUNDAMENTAL CLINICAL LEARNING ENVIRONMENT FOR TWCME'S INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY RESIDENTS, AND GERIATRICS FELLOWS AND ADDICTION FELLOWS TRAINING IN THE AFFILIATED HRSA-FUNDED GEISINGER ADDICTION FELLOWSHIP. ADDITIONALLY, IN 2021, TWCCH BECAME A TRAINING SITE FOR ADVANCED EDUCATION GENERAL DENTISTRY RESIDENTS IN COLLABORATION WITH NYU LANGONE DENTAL. DURING THE FISCAL YEAR 2021-2022, TWCCH TRAINED 275 INTERPROFESSIONAL STUDENTS IN PARTNERSHIP WITH MORE THAN A DOZEN ACADEMIC INSTITUTIONS, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE AND THE A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA. WE ARE AN ACTIVE PARTICIPATING PROVIDER IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION, A MEMBER OF THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AND A COLLABORATING PARTNER OF THE NORTHEAST PENNSYLVANIA AREA FOR HEALTH EDUCATION CENTER (AHEC).

FORM 990, PART III, LINE 2

NEW PROGRAM SERVICES:

IN APRIL 2022, TWCCH OPENED ITS NEWEST LOCATION IN COVINGTON TOWNSHIP, PENNSYLVANIA (THE "NORTH POCONO PRACTICE"), BROADENING ITS OPERATIONAL FOOTPRINT TO NINE BRICK-AND-MORTAR LOCATIONS AND ONE MOBILE MEDICAL/DENTAL UNIT ("DRIVING BETTER HEALTH"). TWCCH OFFERS CLINICAL

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SERVICES UP TO 83 HOURS PER WEEK AT ITS LARGEST CLINIC, WITH 24/7 ON-CALL ACCESS FOR ALL SERVICE LINES AT ALL LOCATIONS, INCLUDING BOTH AMBULATORY AND HOSPITAL VENUES.

DURING THE FISCAL YEAR, TWCCH WAS NOTIFIED THAT OUR EDUCATIONAL AFFILIATE COMMONWEALTH HEALTH SYSTEMS (CHS) WAS CLOSING ITS PSYCHIATRIC HOSPITAL IN KINGSTON, A FACILITY WHERE OUR TWCCH KINGSTON CLINIC IN LUZERNE COUNTY LEASED SPACE FOR MORE THAN TWENTY YEARS, SERVING JUST UNDER 5,000 PATIENTS. ALTHOUGH TWCCH HAD BEGUN THE FEASIBILITY STUDY PROCESS TO ASSESS MOVING THAT CLINIC TO A NEW LARGER LOCATION, THE UNANTICIPATED CLOSURE OF THE BUILDING CREATED AN URGENCY TO RESPONSIBLY RELOCATE BOTH CLINICAL AND EDUCATIONAL SERVICES. TWCCH QUICKLY IDENTIFIED AN AMAZING LOCATION IN WILKES-BARRE AND CREATED THE STAGE-GATE STRATEGIC BUSINESS PLAN AND LOGIC MODEL FOR THE TRANSITION, WHICH WAS PRESENTED TO AND APPROVED BY THE BOARD OF DIRECTORS. THAT ANALYSIS INCLUDES PROJECTIONS FOR LONG-TERM SUSTAINABILITY AND COMMUNITY BENEFIT IMPACT. AS OF JANUARY 2023, WE ARE PROUD TO SHARE THAT THE NEW CLINIC IS A STATE-OF-THE-ART CLINICAL AND EDUCATIONAL SPACE, AND IS ALREADY OPEN TO PATIENTS AND FAMILIES.

AS PART OF ITS RESPONSIBILITY AS AN FQHC LOOK-ALIKE, TWCCH ENGAGED TRIPP UMBACH AND THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT THROUGH A REQUEST FOR PROPOSALS PROCESS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT TO INFORM AND IMPROVE THE DELIVERY OF HEALTH CENTER SERVICES. THE NEEDS ASSESSMENT UTILIZES THE MOST RECENTLY AVAILABLE DATA

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FOR THE SERVICE AREA TO ASSESS THE FOLLOWING: FACTORS ASSOCIATED WITH ACCESS TO CARE AND HEALTH CARE UTILIZATION; THE MOST SIGNIFICANT CAUSES OF MORBIDITY AND MORTALITY AS WELL AS ANY ASSOCIATED HEALTH DISPARITIES; AND ANY OTHER UNIQUE HEALTH CARE NEEDS OR CHARACTERISTICS THAT IMPACT HEALTH STATUS OR ACCESS TO, OR UTILIZATION OF, PRIMARY CARE. THE HEALTH NEEDS ASSESSMENT WILL SUPPORT TWCCH'S FUTURE STRATEGIC OPERATIONS WITH DATA RELATING TO THE HEALTH RESOURCES AVAILABLE IN RELATION TO THE SIZE OF THE AREA AND ITS POPULATION, HEALTH INDICES FOR THE POPULATION OF THE AREA, AND ECONOMIC FACTORS AFFECTING THE POPULATION'S ACCESS TO HEALTH SERVICES. TWCCH ALSO ACTIVELY PARTICIPATES IN LARGER COMMUNITY-BASED MULTI-INSTITUTIONAL REGIONAL HEALTH NEEDS ASSESSMENTS TO ASSURE OUR ACCESS TO BROADER COMMUNITY DATA THAT INFORMS DECISIONS RELATED TO HEALTH CENTER SERVICES AND STRATEGIC PLANNING.

TWCCH CONTINUED ITS ACTIVE PARTICIPATION IN RESPONSE TO THE GLOBAL HEALTH EMERGENCY OF THE COVID-19 PANDEMIC AS AN FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER. AS PREVIOUSLY REPORTED, WE EXPERIENCED SOME CHALLENGES DURING THE FIRST THREE MONTHS OF THE COVID-19 VACCINE ROLL-OUT BEGINNING IN DECEMBER 2020 THAT WE FULLY REMEDIATED DURING THE FISCAL YEAR 2021-2022. OUR CHALLENGES WERE RELATED, IN LARGE PART, TO OUR INTENTIONAL PUBLIC-HEALTH-CENTERED STRATEGY TO CONDUCT PRIMARY HEALTH VISITS ASSOCIATED WITH THE COVID-19 VACCINE BECAUSE 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

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COMPANIES WITH WHICH TWCCH WAS NEGOTIATING. DESPITE TRANSPARENTLY AND REPEATEDLY 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, TWCCH IMMEDIATELY CONTACTED THE PENNSYLVANIA DEPARTMENT OF HEALTH, HRSA, AND THE CDC FOR CLARIFICATION AND DIRECTION. 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 THE ACHIEVEMENT OF HERD IMMUNITY, BY RETURNING ALL PAYMENTS FROM PATIENTS RELATED TO SERVICES RECEIVED DURING VISITS THAT WERE PRIMARILY PURSUED FOR THE PURPOSE OF GETTING VACCINATED. TWCCH ALSO RETURNED FEES FROM SERVICES DELIVERED AND/OR ADJUSTED ALL RELATED CLAIMS SUBMITTED TO INSURANCE COMPANIES FOR SUCH VISITS. RECOGNIZING AND EXPERIENCING THE WIDE-SCALE TRAUMA OF THE COVID-19 PANDEMIC, INCLUDING THE DEATHS OF MORE THAN ONE MILLION AMERICANS, TWCCH'S REMEDIATION PLAN INTENTIONALLY 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,

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TREATMENT, AND VACCINATION INFORMED CONSENT PROCESSES AND PROCEDURES.

UPON COMPLETION OF THE CORRECTIVE ACTION PLAN, TWCCH SHARED THESE

CHALLENGES WITH THE OFFICE OF INSPECTOR GENERAL THROUGH A VOLUNTARY

REQUEST FOR AN ADVISORY OPINION TO ENSURE THAT NO ADDITIONAL STEPS WERE

NECESSARY TO FULLY REMEDIATE THE CHALLENGES.

DURING THE FISCAL YEAR 2021-2022, TWCCH CONTINUED TO EXPAND ITS OUTREACH

WITHIN THE COMMUNITIES IT SERVES THROUGH 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 CONTINUED TO USE AND

IMPROVE TELEHEALTH SERVICES FOR ALL SERVICE LINES WITH THE CERTIFICATION

OF MANY OF TWCCH'S PROVIDERS IN TELEHEALTH, FUNDED BY GRANTS FROM THE

FEDERAL COMMUNICATIONS COMMISSION (FCC) AND DIRECT RELIEF.

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 AMBULATORY

CARE, HOME-BASED, LONG-TERM CARE FACILITIES AND HOSPITAL-BASED SETTINGS.

THIS INCLUDES OUR TIRELESS DELIVERY OF OPEN ACCESS TO COMPREHENSIVE

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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. DRIVEN BY OUR COMMITMENT TO PRIMARY CARE AND PUBLIC HEALTH, TWCCH CONTINUES TO COMPASSIONATELY AND AGGRESSIVELY ADDRESS THE MULTITUDE OF PANDEMIC-EXACERBATED HEALTH CARE GAPS, INCLUDING THE CDC'S CATCH-UP-TO-GET-AHEAD CAMPAIGN TO ADDRESS THE UNMET PRIMARY SERIES VACCINATION NEEDS OF OUR CHILDREN.

NOTABLY, TWCCH, THE 8TH HEALTH CARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S JOHN A. HARTFORD FOUNDATION-FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL, SERVED ALMOST 150 PATIENTS SUFFERING FROM DEMENTIA, WHILE OFFERING ADC REFERRAL SERVICES TO THE LARGER COMMUNITY AND OPEN INVITATIONS TO PARTNERS TO HELP US BUILD THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN OUR REGION. TWCCH EXPANDED ITS WORK IN GERIATRICS AS A CLINICAL LEARNING ENVIRONMENT FOR TWCGME'S EXPANDED GERIATRICS FELLOWSHIP PROGRAM. GAINING AN ADDITIONAL THREE HRSA TEACHING HEALTH CENTER FUNDED FTES, TWCGME'S GERIATRICS FELLOWS TRAINED WITH TWCCH'S BOARD-CERTIFIED GERIATRICIANS. THE IMPORTANCE OF DEVELOPING AN AGE-FRIENDLY HEALTH SYSTEM AND QUALIFIED, COMPASSIONATE GERIATRICIANS HAS NEVER BEEN SO URGENT: PENNSYLVANIA RANKS 9TH OUT OF THE 50 STATES FOR THE PERCENTAGE OF THE STATE POPULATION 65 AND OLDER, AND LACKAWANNA AND LUZERNE COUNTIES HAVE A SIGNIFICANTLY HIGHER NUMBER OF PERSONS 65 YEARS AND OLDER COMPARED TO STATE AND NATIONAL AVERAGES. THE DEVELOPMENT OF GERIATRICS COMPETENCIES SUPPORTS

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THE SHIFT INTO AGE-FRIENDLY HEALTH SERVICES BY HELPING PRIMARY CARE DOCTORS ALIGN WITH WHAT MATTERS TO OLDER ADULTS. DESPITE THE EXPECTED NATIONAL SHORTAGE OF NEARLY 30,000 FULL-TIME GERIATRICIANS BY 2025, THERE ARE NATIONAL RECRUITMENT CHALLENGES IN GERIATRICS: IN THE 2022 NRMP MATCH, THERE WERE 411 GERIATRIC MEDICINE FELLOWSHIPS SLOTS AVAILABLE, AND JUST 210 (51%) OF THESE FELLOWSHIPS WERE FILLED.

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 THIRD 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 COLLABORATION TO HELP SUSTAIN TELESPOOND SENIOR SERVICES, INC., A LEGACY GERIATRICS NONPROFIT ORGANIZATION IN OUR COMMUNITY, THAT IS A PROVIDER OF ADULT DAYCARE PROGRAMMING, A HRSA FEDERALLY SUPPORTED SENIOR COMPANIONSHIP PROGRAM, AND AN IN-HOME PERSONAL CARE PROGRAM. TELESPOOND DEVELOPED AND IMPLEMENTED STRATEGIC PARTNERSHIPS WITH EXTERNAL COMMUNITY-BASED ORGANIZATIONS AND OTHERS IN ITS CAPACITY AS A DAY CENTER AND WITH ITS RELATED ACTIVITIES, SUCH AS THE LACKAWANNA COUNTY SENIOR ISOLATION INITIATIVE LED BY THE LACKAWANNA COUNTY AREA AGENCY ON AGING TO DEVELOP A MODEL FOR SENIOR ADVOCACY. TWCCH ALSO SUPPORTED COMMUNITY INTEREST IN DESIGNATING TELESPOOND AS THE FUTURE HAVEN FOR VULNERABLE ELDERLY VICTIMS OF ABUSE.

LAST FISCAL YEAR, TWCCH ALSO WELCOMED ADDITIONAL PSYCHIATRY RESIDENTS AS

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TRAINEES AS A RESULT OF TWCME'S HRSA-FUNDED EXPANSION GRANT TO INCREASE THE NUMBER OF LEARNERS IN THE PROGRAM BY THREE ADDITIONAL FTES (FROM 22 TO 25). RESPONSIVELY, TWCCH ALSO SUCCESSFULLY RECRUITED AN EXPERIENCED ACADEMIC PSYCHIATRY THOUGHT LEADER IN PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION AS A PHYSICIAN PROVIDER AND CORE FACULTY, IN COLLABORATION WITH THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE. ADDITIONALLY, AFTER YEARS OF DISCUSSION, EXPLORATION, AND PLANNING, TWCME'S PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCY PROGRAM LAUNCHED SUCCESSFULLY ON JULY 1, 2022, WITH FIVE EXCITED PGY1 RESIDENTS. TWCCH EMBRACED THE OPPORTUNITY TO HOST THESE PM&R RESIDENTS IN OUR AMBULATORY AS WELL AS INPATIENT HOSPITAL TEACHING VENUES TO IMPROVE AND ENHANCE THE SCOPE AND QUALITY OF CARE AND SEAMLESS CARE TRANSITIONS FOR THE PATIENTS WE SERVE ACROSS THE FULL SPECTRUM CONTINUUM ACROSS COMMUNITY, HOSPITAL, AND INPATIENT-BASED VENUES WHILE ENRICHING THE EDUCATIONAL EXPERIENCE OF ALL LEARNERS. DESPITE CMS GME FUNDING CHALLENGES FOR RESIDENCY PROGRAMS OPERATED WITHIN INPATIENT REHABILITATION FACILITIES, THE GME-SNC MODEL OF TRAINING ENABLED THIS PROGRAM TO LAUNCH THROUGH A COLLABORATION WITH AN IPHS HOSPITAL TO HOST INPATIENT ACUTE CARE CLINICAL EDUCATIONAL EXPERIENCES. OUR MORE ROBUST CONSORTIUM NOW INCLUDES ALLIED SERVICES (AND JOHN HEINZ INSTITUTE), REGIONAL HOSPITAL, NORTHEAST REHABILITATION ASSOCIATES, AND OTHER CLINICAL LEARNING ENVIRONMENT PARTNERS TO PROMOTE THE DEVELOPMENT OF THE PHYSIATRIST WORKFORCE IN NORTHEAST PENNSYLVANIA.

TWCCH'S CLINICAL TRAINING PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE (SOMA) GREW TO HOST 31 OSTEOPATHIC MEDICAL

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STUDENTS TRAINING IN SCRANTON. OF THOSE, TWO WERE HOMETOWN SCHOLARS RECRUITED FROM THE POPULATION SERVED, WITH ANOTHER SCHOLAR IN THE PIPELINE, PROMOTING THE DEVELOPMENT OF OUR LONGITUDINAL REGIONAL PHYSICIAN WORKFORCE PIPELINE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY ALIGNED WITH TWCCCH'S MISSION, AND WE WILL CONTINUE TO ENCOURAGE QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE MEDICAL FIELD AND OTHER HEALTH PROFESSIONS.

IN ADDITION, TWCCCH LAUNCHED A NEW PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF HEALTH SCIENCES, NACHC, AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST AS A TRAINING SITE FOR A NEW PHYSICIAN'S ASSISTANT (PA) PROGRAM. TWCCCH IS BLESSED TO BE TRAINING EIGHT AMAZING PA STUDENTS. ADDITIONALLY, OUR EFFORTS TO DEVELOP MEDICAL ASSISTANTS (MAS) WERE BOLSTERED THROUGH THE STRATEGIC INVESTMENT OF COVID-19 RESOURCES THROUGH THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS TO PROMOTE HEALTH WORKFORCE CREATION. IN COLLABORATION WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA), WE ENCOURAGED STAFF TO DEVELOP THEIR CAREERS THROUGH A MEDICAL ASSISTANT CERTIFICATION PROGRAM, AND REIMBURSE TUITION COSTS SHOULD THEY BE INELIGIBLE FOR ANY OTHER FUNDING. TWCCCH ALSO CONTINUED ITS ENGAGEMENT IN HOSTING CANDIDATES FOR A NORTHEAST PA AHEC-AFFILIATED COMMUNITY HEALTH WORKER (CHW) CERTIFICATION INITIATIVE AND SPONSORING ELIGIBLE PATIENTS ENGAGED IN OUR OPIOID CENTER OF EXCELLENCE PROGRAM TO PURSUE TRAINING AND EMPLOYMENT AS CERTIFIED RECOVERY SPECIALISTS (CRSS).

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NEW PROGRAM SERVICES CONTINUED:

IN THE FISCAL YEAR 2021-2022, TWCCH SUCCESSFULLY TRAINED TWO DENTAL RESIDENTS IN ITS FIRST YEAR AS A TRAINING SITE AND COLLABORATING PARTNER IN NYU LANGONE'S HRSA-FUNDED ADVANCED EDUCATION IN GENERAL DENTISTRY RESIDENCY PROGRAM AND WELCOMED TWO ADDITIONAL TRAINEES FOR THE FISCAL YEAR 2022-2023. ADDITIONALLY, WITH DENTAL SERVICES IN HIGH DEMAND, TWCCH'S MID VALLEY PRACTICE EXPANDED ITS CAPACITY FOR DENTAL SERVICES BY ADDING TWO ADDITIONAL STATE-OF-THE-ART DENTAL CHAIRS AND INCREASING STAFF BY THREE NEW FTES. EXPANSION OF DENTAL SERVICES IN THE SCRANTON PRACTICE AND BRINGING DENTAL SERVICES TO THE NEW WILKES-BARRE PRACTICE IS A PRIORITY FOR TWCCH IN THE FISCAL YEAR 2022-2023.

IN THE FISCAL YEAR 2021-2022, TWCCH SUCCESSFULLY UNDERWENT A RYAN WHITE SITE VISIT, COMPETITIVELY AND PROUDLY RETAINING ITS FEDERAL PART B AND PART C GRANTS TO CONTINUE PROVIDING RYAN WHITE SERVICES TO MORE THAN 500 PATIENTS. TWCCH ALSO IMPLEMENTED A NEW DATA MANAGEMENT SYSTEM FOR RYAN WHITE SERVICES CALLED ECOMPAS (ELECTRONIC COMPREHENSIVE OUTCOMES MEASUREMENT PROGRAM FOR ACCOUNTABILITY AND SUCCESS), A SYSTEM THAT PROVIDES CONTRACT MANAGEMENT, QUALITY IMPROVEMENT, CLIENT OUTREACH, AND CLIENT SATISFACTION FOR RYAN WHITE, HOPWA, AND HIV PREVENTION PROGRAMS. ADDITIONALLY, TWCCH MADE SUBSTANTIAL PROGRESS IN ALIGNING RYAN WHITE'S POLICIES WITH THE ALREADY EXISTING HEALTH CENTER POLICIES. SUBSTANTIVELY, TWCCH ACHIEVED A VIRAL LOAD SUPPRESSION RATE OF 93.47% AS OF MARCH 30, 2022 (THE END OF THE GRANT CYCLE), A 9% INCREASE OVER THE 84.4% RATE OBSERVED DURING COVID-19 IN THE 2019-2020 PROGRAM YEAR. TWCCH EXECUTIVE

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AND RYAN WHITE LEADERSHIP ALSO SUPPORTED LACKAWANNA COUNTY'S EXPLORATION
AND EMERGING EFFORTS TO LAUNCH A MUNICIPAL PUBLIC HEALTH AUTHORITY.

TWCCH'S IMPLEMENTATION OF IDASHBOARDS LAST FISCAL YEAR HAS IMPROVED ITS
ACCESS TO REAL-TIME DATA IN A DIGESTIBLE VISUAL FORMAT. RE-BRANDED AS
TRUOI, TWCCH USES THE FUNCTIONALITY OF IDASHBOARDS TO TRACK A MYRIAD OF
OPERATIONAL AND FINANCIAL MEASURES AND GENERATES REPORTS TO SHARE DATA
ACROSS THE ENTERPRISE AND WITH GOVERNANCE ON TOPICS SUCH AS COVID-19
VACCINES, POSITIVE TEST RESULTS, MONOCLONAL ANTIBODY INFUSIONS, ETC.

IN FURTHERANCE OF ITS COMMITMENT TO HEALTH INFORMATION INTEROPERABILITY
AND THE POWER OF ACCURATE DATA TO IMPROVE OPERATIONS AND HEALTH OUTCOMES,
TWCCH DEEPENED ITS COLLABORATION WITH THE HEALTH FEDERATION OF
PHILADELPHIA, WHICH SERVES AS A CONVENER SUPPORTING A NETWORK OF
PENNSYLVANIA-BASED COMMUNITY HEALTH CENTERS AS WELL AS THE BROADER BASE
OF PUBLIC AND PRIVATE-SECTOR ORGANIZATIONS THAT DELIVER HEALTH AND HUMAN
SERVICES TO VULNERABLE POPULATIONS. THE FEDERATION TAKES A COLLABORATIVE
APPROACH TO PROMOTE HEALTH BY IMPROVING ACCESS TO AND QUALITY OF HEALTH
CARE; IDENTIFYING, TESTING, AND IMPLEMENTING SOLUTIONS TO HEALTH
DISPARITIES; AND PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO HELP
OTHER ORGANIZATIONS OPERATE MORE EFFICIENTLY AND EFFECTIVELY. TWCCH
CONTINUES TO DEEPEN AND EVOLVE ITS COLLABORATION WITH THE HEALTH
FEDERATION OF PHILADELPHIA TO PROMOTE PUBLIC HEALTH IMPROVEMENTS THROUGH
INNOVATIONS IN COMPLIANCE, HEALTH EQUITY, AND HEALTH INFORMATION
TECHNOLOGY INTEROPERABILITY AND DATA SHARING AMONG HEALTH CENTERS AND

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HEALTH AGENCIES.

TWCCH IS FULLY COMMITTED TO CHANGING THE WAY WE WORK TO PROMOTE AN AWARENESS OF THE IMPORTANCE OF JUSTICE, EQUITY, DIVERSITY, AND INCLUSION (JEDI). WITH THE APPOINTMENT OF A VICE PRESIDENT OF DIVERSITY, EQUITY, AND INCLUSION (DEI), WE LAUNCHED IN-PERSON AND VIRTUAL MONTHLY DEI ACTIVITIES AND CREATED A DEI BLOG ON OUR WEBSITE WITH MONTHLY TOPICS PROMOTING A SHARED UNDERSTANDING OF DEI ISSUES. THERE IS ALSO A DEI WORKGROUP IN PLACE TO PLAN AND CHAMPION VARIOUS INITIATIVES FOR STAFF, RESIDENTS, AND FELLOWS AS WELL AS FOR COLLABORATIVE WORK WITH COMMUNITY PARTNERS. ADDITIONALLY, TWCCH AND TWCGME, TOGETHER WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION COUNCIL (AHEC), WERE SELECTED IN A COMPETITIVE APPLICATION TO PARTICIPATE IN A ROBERT WOOD JOHNSON FOUNDATION DESIGN SPRINT ACTIVITY FACILITATED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) AND THE ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS (AAPCHO). DESIGN SPRINTS ARE FOCUSED ON BUILDING CROSS-SECTOR PARTNERSHIPS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, AND TWCCH'S FOCUS IN THAT PROJECT WAS THE DEVELOPMENT OF A SHARED MODEL FOR INTEGRATING JEDI INTO THE PHYSICIAN AND INTERPROFESSIONAL HEALTH EDUCATION CURRICULA AS A METHOD TO COMBAT STRUCTURAL BIAS IN HEALTH CARE. WE HAVE BEEN WORKING ON DEVELOPING AND INTEGRATING A DEI CURRICULUM ACROSS ALL RESIDENCY AND FELLOWSHIP PROGRAMS AND PROMOTING THE DEVELOPMENT AND SHARING OF EMPLOYEE TRAINING MATERIALS INTO THE LEARNING MANAGEMENT SYSTEM. WE HAVE ALSO RELEASED AN ENTERPRISE-WIDE DEI SURVEY TO HELP GATHER BASELINE DATA TO INFORM HER WORK MOVING FORWARD.

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IN RESPONSE TO CONTINUING CHALLENGES OF THE HEALTH CARE DELIVERY SYSTEM THAT WERE EXACERBATED IN THE WAKE OF THE COVID-19 PANDEMIC AND ITS CONTINUING NEGATIVE IMPACT ON AND BURN-OUT OF PHYSICIANS AND PROVIDER TEAMS, TWCCH CONTINUED ITS WORK TO PROGRESS SANCTUARY MODEL CERTIFICATION TO BECOME A TRAUMA-INFORMED EMPLOYER. THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE WHICH, AT ITS CORE, PROMOTES SAFETY AND RECOVERY FROM ADVERSITY THROUGH THE ACTIVE CREATION OF A TRAUMA-INFORMED COMMUNITY. A RECOGNITION THAT TRAUMA IS PERVASIVE IN THE EXPERIENCE OF HUMAN BEINGS FORMS THE BASIS FOR THE SANCTUARY MODEL'S FOCUS, NOT ONLY FOR THE PEOPLE WHO SEEK TREATMENT BUT EQUALLY FOR THE PEOPLE AND SYSTEMS WHO PROVIDE THAT TREATMENT. "CREATING 'SANCTUARY' IN AN ORGANIZATION IS NOT A TEXTBOOK OR MANUALIZED PROTOCOL, BUT AN ORGANIC PROCESS THAT HAPPENS OVER THE COURSE OF TIME TO MOVE AN ORGANIZATION TOWARD CREATING A TRAUMA-INFORMED CULTURE. A TRAUMA-INFORMED ORGANIZATION IS ONE THAT RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS OF TRAUMA AND ORGANIZES SYSTEM-WIDE INTERVENTIONS AIMED AT MITIGATING THE NEGATIVE EFFECTS OF ADVERSITY AND STRESS THAT ARE MANIFESTED IN THE CLIENTS SERVED AND THE ORGANIZATION ITSELF." THE TRAUMA IMPOSED BY THE GLOBAL HEALTH PANDEMIC COMPOUNDED THE PRE-EXISTING, TOO OFTEN UNADDRESSED, VICARIOUS AND EXPERIENTIAL TRAUMA OF THE SUBOPTIMALLY PREPARED AND UNDER-RESOURCED PRIMARY HEALTHCARE WORKFORCE THAT IS RELATED TO THE HEALTH AND WELFARE CHALLENGES OF THE PATIENTS, FAMILIES AND COMMUNITIES THEY SERVE, FORCE-MULTIPLIED BY NON-ENABLING BUREAUCRACIES AND INADEQUACIES OF THE HISTORICAL HEALTHCARE DELIVERY SYSTEM TO

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RESPONSIVELY AND EFFECTIVELY ADDRESS THEM. IT IS OUR MORAL AND ETHICAL RESPONSIBILITY TO ADDRESS THIS ONGOING , NOW EXACERBATED TRAUMA THROUGH RELENTLESS PROMOTION OF WELLNESS AND RESILIENCY, AND PROVISION OF A SAFE SPACE FOR OUR FACULTY, PROVIDER TEAMS, STAFF, AND LEARNERS TO MEANINGFULLY PROCESS THIS AS WELL AS OTHER TRAUMATIC EXPERIENCES THEY HAVE ENDURED.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

IN SUMMARY, TWCCH SERVED 41,203 UNIQUE PATIENTS AND ENGAGED IN 127,032 TOTAL BILLABLE VISITS BETWEEN JULY 2021 AND JUNE 2022. THEY INCLUDED 76,824 MEDICAL, 17,473 BEHAVIORAL HEALTH, 10,533 DENTAL, AND 22,202 INPATIENT VISITS. 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. AS OF JUNE 30, 2022, 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, FROM PEDIATRICS TO GERIATRICS, 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, 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

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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 MORE THAN A DOZEN REGIONAL AND NATIONAL ACADEMIC AFFILIATED INSTITUTIONS. TWCC PRACTICING PHYSICIANS SERVE AS FACULTY EDUCATORS TRAINING OUR INCUMBENT AND FUTURE INTERPROFESSIONAL PRIMARY HEALTH CARE DELIVERY WORKFORCE. TWCC'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEM AND THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE OUR NICHE IS WORLD-CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTH CARE THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE CONTINUED:

HOWEVER, WITH THE JUNE 1, 2019 DESIGNATION OF TWCC 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 TWCC AT SIGNIFICANTLY REDUCED PRICES FOR REINVESTMENT INTO TWCC COMPREHENSIVE HEALTH SERVICES AND SOCIAL SERVICE PROGRAMS AND ALSO FOR INCREASING ACCESS TO AND EXPANDING HEALTH AND SOCIAL NEEDS-RESPONSIVE HEALTH

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SERVICES.

SOME OF THE SERVICES THAT HAVE BEEN MADE POSSIBLE BY 340B FUNDING INCLUDE FREE HEALTH SCREENINGS (E.G., BLOOD SUGAR, BLOOD PRESSURE, BODY MASS INDEX, AND CHOLESTEROL), EXPANDED CARE THROUGH RURAL HEALTH FQHC LOOK-ALIKE PATIENT-CENTERED MEDICAL HOME (PCMH) CLINICS, AND 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. ADDITIONALLY, 340B FUNDING SUPPORTS PEOPLE LIVING WITH HIV/AIDS THROUGH MEDICAL SERVICES, LABORATORY SERVICES, TELEHEALTH SERVICES, MEDICAL CASE MANAGEMENT, MEALS DELIVERED TO THE HOME, INSURANCE PREMIUM COST-SHARING ASSISTANCE, EMERGENCY FINANCIAL ASSISTANCE, MENTAL HEALTH SERVICES, TRANSPORTATION SERVICES, DURABLE MEDICAL EQUIPMENT AND EXPANDED AND ENHANCED DENTAL SERVICES. FURTHER, 340B FUNDING HAS ENABLED US TO IMPROVE ACCESS BY EXTENDING HOURS AT THE KINGSTON PRACTICE TO BE OPEN SATURDAYS, AND OPENING NEW FQHC LOOK-ALIKE CLINICAL LOCATIONS IN RURAL HAWLEY AND COVINGTON TOWNSHIP, PENNSYLVANIA, GIVING PATIENTS ADDITIONAL AMBULATORY, COMMUNITY-BASED ALTERNATIVES TO EMERGENCY DEPARTMENTS. THIS INCREASED ACCESS TO PRIMARY HEALTH SERVICES, IN TURN, REDUCES COSTS AND GIVES PATIENTS NONDISCRIMINATORY ACCESS TO COMPREHENSIVE PRIMARY HEALTH CARE UNDER ONE ROOF IN A PATIENT-CENTERED MEDICAL HOME. LIKewise, INVESTMENTS HAVE BEEN MADE IN NEW TECHNOLOGY, HEALTH CARE INFORMATION TECHNOLOGY INTEROPERABILITY, UPGRADED MEDICAL AND INFORMATION TECHNOLOGY EQUIPMENT, AND RENOVATED FACILITIES.

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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 ZIP CODE, INSURANCE STATUS, OR ABILITY TO PAY.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE CONTINUED:

WE VET ALL POTENTIAL MISSION-ALIGNED GRANT INITIATIVES FOR COMMUNITY HEALTH NEEDS-RESPONSIVENESS, OUTCOMES ACHIEVABILITY AND SUSTAINABILITY. WITH A 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; FOSTER SHARED PURPOSE, COLLECTIVE IMPACT-ORIENTED ACTION STRATEGIES; AND 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:

A.T. STILL UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA
(TOTAL: \$22,000)

PURPOSE OF GRANT ASSISTANCE: A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) SUPPORTED THE WRIGHT CENTER FOR COMMUNITY

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THE WRIGHT CENTER MEDICAL GROUP

23-2772504

HEALTH 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.

AMERICARES (TOTAL: \$2,332)

PURPOSE OF GRANT ASSISTANCE: AMERICARES AWARDED FUNDS TO THE WRIGHT
CENTER FOR COMMUNITY HEALTH FOR A MENTAL HEALTH FIRST AID COURSE
DEVELOPED TO TEACH INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO
SIGNS OF MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. THE TRAINING
PROVIDES THE SKILLS NEEDED TO REACH OUT AND PROVIDE INITIAL HELP AND
SUPPORT TO SOMEONE WHO MAY BE DEVELOPING A MENTAL HEALTH OR SUBSTANCE USE
PROBLEM OR EXPERIENCING A CRISIS. THE TRAINING WILL BE ROLLED OUT
INITIALLY TO FRONT-LINE CLINICAL STAFF, THEN PHYSICIAN LEARNERS, AND
LATER THE LARGER COMMUNITY.

APPALACHIAN REGIONAL COMMISSION (TOTAL: \$54,220)

PURPOSE OF GRANT ASSISTANCE: THE APPALACHIAN REGIONAL COMMISSION (ARC)
AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO ADDRESS THE
SUBSTANCE ABUSE CRISIS BY EXPANDING A RECOVERY ECOSYSTEM LEADING TO
WORKFORCE ENTRY OR REENTRY. ENHANCED JOB TRAINING IS PROVIDED FOR PEER

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RECOVERY SUPPORT SPECIALISTS AND COMMUNITY HEALTH WORKERS IN CONJUNCTION WITH THE INSTITUTE, AREA HEALTH EDUCATION CENTERS (AHEC), LUZERNE COUNTY COMMUNITY COLLEGE, AND OTHER COMMUNITY PARTNERS. THE GOAL OF THIS GRANT IS TO IMPROVE THE EDUCATION, KNOWLEDGE, SKILLS, AND HEALTH OF RESIDENTS TO WORK AND SUCCEED IN APPALACHIA. THE TARGET POPULATION IS ADULTS IN RECOVERY (AGES 18 AND OLDER) WHO SELF-IDENTIFY OR HAVE BEEN NOMINATED AS GOOD CANDIDATES TO WORK AS CERTIFIED RECOVERY SPECIALISTS AND/OR COMMUNITY HEALTH WORKERS.

CDC FOUNDATION (TOTAL: \$64,076)

PURPOSE OF GRANT ASSISTANCE: THE CDC FOUNDATION AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO PROVIDE A COORDINATED COVID-19 RESPONSE IN GREATER HAZLETON, AN INITIAL CORONAVIRUS HOT SPOT IN LUZERNE COUNTY, PENNSYLVANIA. THE INITIATIVE INCLUDES ENGAGING AN INCLUSIVE, COMMUNITY-BASED STEERING COMMITTEE TO GUIDE THE STRATEGIC DEPLOYMENT OF THE MOBILE CLINIC (DRIVING BETTER HEALTH). A MULTIDISCIPLINARY PRIMARY CARE TEAM STAFFED THE VEHICLE TO PROVIDE COVID-19 SYMPTOM SCREENING/TESTING AND COVID-19 VACCINES, AS WELL AS CATCH-UP CHILDHOOD VACCINES THAT MIGHT HAVE BEEN POSTPONED DURING THE PANDEMIC. TARGETED SITES INCLUDE NON-PROFIT COMMUNITY CENTERS, SCHOOL DISTRICTS, AND SOCIAL SERVICE ORGANIZATIONS.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF COMMUNITY AND ECONOMIC

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DEVELOPMENT (DCED) (TOTAL: \$34,733)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT THE EFFORTS OF LOCAL ORGANIZATIONS IN PENNSYLVANIA CONDUCTING GRASSROOTS OUTREACH TO COMMUNITIES ABOUT COVID-19 VACCINES. THE PROGRAM STRIVES TO INCREASE VACCINATION RATES ACROSS DIFFERENT RACIAL AND ETHNIC ADULT POPULATIONS CURRENTLY EXPERIENCING DISPARITIES. TWCCH WILL WORK TO EDUCATE COMMUNITIES ON THE COVID-19 VACCINE TO IMPROVE UPTAKE OF THE VACCINE, ADDRESS HESITANCY CONCERNS AND BARRIERS, AND OVERALL, THE HEALTH AND SAFETY OF PENNSYLVANIA. THE COMMUNITIES OF PRIORITY INCLUDE RACIAL AND ETHNIC MINORITIES, LGBTQ+, PERSONS EXPERIENCING HOMELESSNESS, LOW-INCOME PERSONS, AND PERSONS WITH MENTAL AND OR PHYSICAL DISABILITIES, AMONG OTHERS.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (DDAP) (TOTAL \$495,756)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (DDAP), AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR 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)

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AS WELL AS PREGNANCY AND POST-PARTUM MATERNAL AND CHILD SUPPORT SERVICES
IN COMMUNITIES THAT DO NOT CURRENTLY BENEFIT FROM A STRONG NETWORK OF
COLLABORATING HEALTH AND SOCIAL SERVICE AGENCIES TO ADDRESS THIS NEED.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL:
\$147,307)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH
AWARDED FUNDING TO SUPPORT THE WRIGHT CENTER FOR COMMUNITY HEALTH HAWLEY
PRACTICE, LOCATED AT 103 SPRUCE STREET, HAWLEY, PA, WITHIN A
HRSA-DESIGNATED RURAL AND MEDICALLY UNDERSERVED AREA. THE PROJECT
INCREASES ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES FOR
PATIENTS IN WAYNE COUNTY AND SUPPORTS THE COSTS OF CLINICAL STAFF WHO
WORK AT THE PRACTICE.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL:
\$577,728)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY
HEALTH CENTERS (PACHC) AND THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED
FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO INCREASE ACCESS TO
COVID-19 VACCINES. THE PURPOSE OF THIS GRANT IS TO PROVIDE ADDITIONAL
SUPPORT FOR COVID-19 VACCINE ADMINISTRATION SERVICES AND COVID-19 VACCINE
EDUCATION AND OUTREACH TO CITIZENS OF THE COMMONWEALTH TO REACH

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VULNERABLE POPULATIONS AND PREVENT THE SPREAD OF THE DISEASE WITHIN
COMMUNITIES.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL: \$39,777)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH
AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO
ADDRESS THE CDC-IDENTIFIED COMMON BARRIERS TO COVID-19 VACCINE CONFIDENCE
AND UPTAKE. THE THREE MAJOR OBJECTIVES ARE REDUCING THE STRUCTURAL,
BEHAVIORAL, AND INFORMATIONAL BARRIERS RELATED TO COVID-19. TWCCH WILL
ESTABLISH NEW AND LEVERAGE EXISTING PARTNERSHIPS TO PROVIDE PERSONAL
PROTECTIVE EQUIPMENT (PPE), TESTING, VACCINATIONS, AND OTHER WRAP-AROUND
SERVICES AND RESOURCES TO MEET THE NEEDS OF INDIVIDUALS AND MITIGATE THE
SPREAD OF COVID-19 AMONG VULNERABLE POPULATIONS INCLUDING THE MEDICALLY
UNDERSERVED, LOW-INCOME, PERSONS RESIDING IN RURAL OR GEOGRAPHICALLY
ISOLATED AREAS, PERSONS WHO DO NOT SPEAK ENGLISH FLUENTLY, RACIAL AND
ETHNIC MINORITIES, REFUGEES, UNDOCUMENTED IMMIGRANTS, THE LGBTQ+
COMMUNITY, AND YOUTH/ADOLESCENTS. THIS WILL BE ACCOMPLISHED THROUGH
TARGETED COVID-19 OUTREACH, EVENTS, AND MARKETING INITIATIVES DESIGNED TO
REACH THE IDENTIFIED VULNERABLE POPULATIONS UTILIZING OUR MOBILE
HEALTHCARE CLINIC CALLED DRIVING BETTER HEALTH.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL \$164,884)

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PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO OPERATE A HUB-AND-SPOKE MODEL THAT EMPLOYS ADDICTION SPECIALISTS TO PROVIDE EXPERT GUIDANCE AND SUPPORT TO PRIMARY CARE PRACTICES ON EVIDENCE-BASED MEDICATION-ASSISTED TREATMENT (MAT). TWCCH OPERATES THE HUB WHICH INCLUDES A TEAM LED BY A BOARD-CERTIFIED ADDICTION SPECIALIST. THE HUB IS THE CENTER OF THE PENNSYLVANIA COORDINATED MEDICATION ASSISTED TREATMENT (PACMAT) PROGRAM, PROVIDING TECHNICAL ASSISTANCE AND SUPPORT TO THE SPOKES. A SPOKE IS DEFINED AS A LICENSED PRIMARY CARE PROVIDER PRACTICE THAT PROVIDES MAT TO PATIENTS IN THEIR COMMUNITY WITH SUPPORT FROM THE HUB.

FORM 990, PART III, LINE 4C CONTINUED

PROGRAM SERVICE CONTINUED:

DUKE UNIVERSITY (TOTAL: \$16,500)

PURPOSE OF GRANT ASSISTANCE: DUKE UNIVERSITY AWARDED A SUB-AWARD TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FUNDED BY THE NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES. THIS PROJECT WILL INCREASE ACCESS TO AND UPTAKE OF DIAGNOSTIC COVID-19 TESTING AMONG MEDICALLY UNDERSERVED RESIDENTS OF NORTHEASTERN PENNSYLVANIA WITH A FOCUS ON URBAN AND RURAL COUNTIES, SERVING DIVERSE PATIENTS INCLUDING PERSONS WHO DO NOT SPEAK ENGLISH FLUENTLY, RACIAL AND ETHNIC MINORITIES, THE

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LGBTQ+ COMMUNITY, AND PERSONS RESIDING IN GEOGRAPHICALLY ISOLATED AREAS.
TWCCH WILL UTILIZE A MOBILE HEALTHCARE CLINIC CALLED DRIVING BETTER
HEALTH TO DELIVER THESE SERVICES TO TEN SITES, INCLUDING NONPROFIT
COMMUNITY CENTERS, BUSINESSES, AND FAITH-BASED ORGANIZATIONS. OUR
EXPERIENCED BILINGUAL HEALTHCARE PROFESSIONALS HAVE UTILIZED THE MOBILE
CLINIC TO NIMBLY RESPOND TO THE FAST-CHANGING PANDEMIC. THE SERVICES
INCLUDE SCREENING PATIENTS FOR COVID-19, PROVIDING EDUCATION,
ADMINISTERING TESTS, AND PROVIDING VITAL HEALTH INFORMATION IN ENGLISH
AND SPANISH.

FEDERAL COMMUNICATIONS COMMISSION (TOTAL: \$356,939)

PURPOSE OF GRANT ASSISTANCE: THE FEDERAL COMMUNICATIONS COMMISSION (FCC)
AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH AND OUR CRITICAL
ACCESS PARTNER, ENDLESS MOUNTAINS HEALTH SYSTEMS, TO PURCHASE AND INSTALL
DEVICES AND SUPPORTING INFORMATION SERVICES RELATED TO TELEHEALTH.
TWCCH'S ELECTRONIC HEALTH RECORD PLATFORM, MEDENT, HAS INTEGRATED
TELEHEALTH CAPABILITIES AND WILL SERVE AS THE PLATFORM FOR THE REQUESTED
TELEHEALTH DEVICES AND INFORMATION SERVICES. THE DEVICES WILL UTILIZE
EXISTING HIGH-SPEED BROADBAND CONNECTIONS WITH A HIPAA-COMPLIANT
PATIENT/DOCTOR INTERFACE. THE SERVICES WILL BE UTILIZED TO ENHANCE
PATIENT PORTALS, DIGITAL APPLICATIONS, AND OTHER TOOLS TO SUPPORT
SCHEDULING, SHOW RATES, AND FOLLOW-UP FOR TELEHEALTH VISITS FOR
COVID-19-RELATED SERVICES AND WILL NOT DUPLICATE ANY ADEQUATE ESTABLISHED

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TELEHEALTH SERVICES.

HRSA ARP-LAL (TOTAL: \$1,683,135)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED A GRANT TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH THROUGH THE AMERICAN RESCUE PLAN (ARP) LOOK-ALIKE (LAL) FUNDING
PROGRAM TO SUPPORT FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKES TO
RESPOND TO AND MITIGATE THE SPREAD OF COVID-19, AND TO ENHANCE HEALTH
CARE SERVICES AND INFRASTRUCTURE. IT INCLUDES THE FOLLOWING ITEMS IN THE
BUDGET: PERSONNEL, BENEFITS, AND HEALTH INFORMATION TECHNOLOGY TO SUPPORT
TELEHEALTH, COVID TESTING AND VACCINE ADMINISTRATION, CALL CENTER
CONTRACT, CONSULTANT FOR A NEED'S ASSESSMENT ON HOW COVID HAS IMPACTED
OUR WELL-BEING, TRAINING AND EDUCATION, SOFTWARE, DENTAL EQUIPMENT AND
SUPPLIES, AND CARGO AND PATIENT TRANSPORT VEHICLES.

HRSA DENTISTRY (TOTAL \$545,090)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH (TWCC) TO COLLABORATE WITH THE NEW YORK UNIVERSITY (NYU) LANGONE
DENTAL ADVANCED EDUCATION GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM TO
BECOME A CLINICAL LEARNING ENVIRONMENT IN AN EXPANSION OF THEIR AEGD
PROGRAM. THE TWCC NYU LANGONE RESIDENCY FOCUSES ON VULNERABLE AND

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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 IS EMBEDDED IN
TWCCH'S NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) CERTIFIED
PATIENT-CENTERED MEDICAL HOME (PCMH) FOR COMPREHENSIVE INTEGRATION OF
ORAL HEALTH WITH PHYSICAL AND MENTAL/BEHAVIORAL HEALTH.

HRSA RCorp-NAS (TOTAL: \$179,593)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH FOR THE RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (RCORP) NEONATAL
ABSTINENCE SYNDROME (NAS) GRANT PROJECT WHICH WAS DEVELOPED TO REDUCE THE
MORBIDITY AND MORTALITY OF SUBSTANCE USE DISORDER (SUD), INCLUDING OPIOID
USE DISORDER (OUD), IN RURAL COMMUNITIES. THESE FUNDS ARE TARGETED TO
PATIENTS WHO RESIDE IN WAYNE AND SUSQUEHANNA COUNTIES, FOCUSING ON
FEMALES IN THEIR CHILD-BEARING YEARS WHO ARE AT RISK OF HAVING A BABY
EXPOSED TO HARMFUL SUBSTANCES. FUNDS ARE UTILIZED FOR PERSONNEL,
SUBCONTRACT SERVICES, TRAVEL AND OTHER COSTS, AND PREVENTION EDUCATION.

HRSA-RURAL MAT (TOTAL: \$551,716)

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PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
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HEALTH (TWCCH) FOR A RURAL COMMUNITIES OPIOID RESPONSE PROGRAM
IMPLEMENTATION (RCORP-I) GRANT TO ESTABLISH A COMMUNITY CONSORTIUM TO
ADDRESS THE OPIOID EPIDEMIC. THROUGH THIS FUNDING, TWCCH IS ENGAGING
COMMUNITY RESOURCES THROUGHOUT RURAL NORTHEASTERN PENNSYLVANIA TO
MAXIMIZE MEDICATION-ASSISTED TREATMENT (MAT) EFFORTS IN A TEAM-BASED CARE
INFRASTRUCTURE SPECIFICALLY TARGETED TO SERVING RURAL POPULATIONS.

HRSA - RYAN WHITE (TOTAL: \$305,847)

PURPOSE OF THE GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH (TWCCH) TO PROVIDE A COMPREHENSIVE SYSTEM OF HIV PRIMARY MEDICAL
CARE, ESSENTIAL SUPPORT SERVICES, AND MEDICATIONS FOR LOW-INCOME PATIENTS
WITH HIV/AIDS, WHO RESIDE ACROSS A SEVEN-COUNTY AREA. HRSA EARLY
INTERVENTION SERVICES PROGRAM FUNDING ALLOWS TWCCH TO PROVIDE HIV
COUNSELING, MEDICAL EVALUATION, AND CLINICAL DIAGNOSTIC SERVICES FOR
PATIENTS. THE WRIGHT CENTER RYAN WHITE CLINIC (TWCRC) IS THE DESIGNATED
SERVICE AREA'S SOLE PROVIDER OF HIV/AIDS PRIMARY CARE AND READILY
COLLABORATES WITH ALL COMMUNITY-BASED AGENCIES OPERATING IN THE SERVICE
AREA WITH THE SHARED GOAL TO REDUCE THE NUMBER OF PEOPLE INFECTED WITH
HIV, FACILITATE BETTER ACCESS TO A CONTINUUM OF CARE, ENROLL AND MAINTAIN

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PATIENTS IN CARE, AND REDUCE HIV-RELATED HEALTH DISPARITIES WHILE
AVOIDING DUPLICATION OF EFFORT. TWCRWC TARGETS PEOPLE LIVING WITH
HIV/AIDS (PLWHA) IN SEVEN COUNTIES, REACHING RURAL, LOW-INCOME,
HARD-TO-REACH, AND TRADITIONALLY UNDERSERVED AREAS IN NORTHEASTERN
PENNSYLVANIA.

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL (TOTAL: \$139,280)

PURPOSE OF GRANT ASSISTANCE: THE NATIONAL HEALTH CARE FOR THE HOMELESS
COUNCIL IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH
CENTERS AWARDED FUNDS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION
(CDC) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO CREATE A
COMMUNITY VACCINE AMBASSADOR PROGRAM FOR A HEALTH CARE ENABLING SERVICES
WORKFORCE THAT WILL CONDUCT COMMUNITY OUTREACH TO INCREASE VACCINATION
RATES IN PEOPLE WHO ARE EXPERIENCING HOMELESSNESS AND PEOPLE WITH
SUBSTANCE USE DISORDERS. TWCCH WILL UTILIZE OUR COMMUNITY HEALTH
WORKERS, MEDICAL CLINICS, AND OUR DRIVING BETTER HEALTH MOBILE CLINIC TO
INCREASE IMMUNIZATION RATES IN THESE UNDERSERVED POPULATIONS.

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (TOTAL: \$53,750)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY
HEALTH CENTERS (PACHC) AND THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED

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HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TITLE V FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT ENGAGEMENT AMONG PENNSYLVANIA'S FEDERALLY QUALIFIED HEALTH CENTERS, CHILDREN WITH SPECIAL HEALTHCARE 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 CARE.

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PROGRAM SERVICE CONTINUED:

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (TOTAL: \$5,428)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH'S "FIRST FOODS CONTRACT" AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT THE IMPROVED BREASTFEEDING INITIATION AMONG MOMS 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.

ROCKEFELLER PHILANTHROPY ADVISORS, INC. (TOTAL: \$4,810)

PURPOSE OF GRANT ASSISTANCE: ROCKEFELLER PHILANTHROPY ADVISORS, THROUGH THE FUND FOR SHARED INSIGHT, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO ADMINISTER SURVEYS TO STUDENTS AND PARENTS TO CLOSE

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THE FEEDBACK LOOP WITHIN THE "TOGETHER IN HEALTH" SCHOOL-BASED HEALTH
CENTER SERVICE LINE.

SCRANTON AREA COMMUNITY FOUNDATION (TOTAL: \$3,500)

PURPOSE OF GRANT ASSISTANCE: THE WRIGHT CENTER FOR COMMUNITY HEALTH WAS
AWARDED A \$3,500 GRANT BY THE WOMEN IN PHILANTHROPY INITIATIVE FUND OF
THE SCRANTON AREA COMMUNITY FOUNDATION WHICH FOCUSES ON EMPOWERING AND
TRANSFORMING THE LIVES OF WOMEN AND GIRLS IN THE LACKAWANNA COUNTY
REGION. THE FUNDS WILL PROVIDE INITIAL CHILD CARE ASSISTANCE TO HELP THE
WRIGHT CENTER'S HEALTHY MOMS (MATERNAL OPIATE MEDICAL SUPPORT) PROGRAM
PARTICIPANTS RETURN TO WORK.

SPITZ FOUNDATION (TOTAL: \$4,400)

PURPOSE OF GRANT ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION (ADMINISTERED
BY THE SCRANTON AREA COMMUNITY FOUNDATION) AWARDED FUNDS TO THE WRIGHT
CENTER FOR COMMUNITY HEALTH TO SUPPORT THE NEWLY FORMED COMMUNITY HEALTH
WORKERS (CHWS) TEAM. THE TEAM REQUIRES FUNDS TO STOCK NECESSITIES SUCH AS
CLOTHES, PERSONAL CARE ITEMS, ETC., FOR EMERGENCY DISTRIBUTION TO
PATIENTS IN DIRE SITUATIONS. THE CHWS WILL SUPPLY THESE BASICS AS NEEDED,
GUIDE ELIGIBLE INDIVIDUALS TO APPLY FOR HEALTH INSURANCE AND FOOD
ASSISTANCE PROGRAMS, AND CONNECT WITH COMMUNITY RESOURCES SUCH AS GED

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THE WRIGHT CENTER MEDICAL GROUP

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PROGRAMS AND JOB TRAINING. THE GOAL IS TO HELP PATIENTS OVERCOME PRESSING
ECONOMIC HARDSHIPS SO THAT THEY CAN GAIN THE FOCUS AND FINANCIAL
STABILITY TO PROPERLY ADDRESS THEIR HEALTH ISSUES.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
(TOTAL: \$586,785)

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

UNITED WAY OF WYOMING VALLEY (TOTAL \$963,630)

PURPOSE OF GRANT ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY (UWWV), IN
WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR
COMMUNITY HEALTH AS A SUB-GRANTEE, TO OFFER RYAN WHITE PART B MEDICAL
CASE MANAGEMENT SERVICES ACROSS A SIX-COUNTY AREA TO PEOPLE LIVING WITH

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HIV/AIDS, AND TO PROVIDE SUPPORT SERVICES FOR MEDICAL TRANSPORTATION,
EMERGENCY FINANCIAL ASSISTANCE, ORAL HEALTHCARE, HEALTH INSURANCE
PREMIUMS, HEALTHCARE REFERRALS, AND MENTAL HEALTH SERVICES.

UNITED WAY OF WYOMING VALLEY (TOTAL: \$47,725)

PURPOSE OF GRANT ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY (UWWV), IN
WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR
COMMUNITY HEALTH FOR THE "SEE TO SUCCEED" PROGRAM FROM A PRIME AWARD
THROUGH THE MOSES TAYLOR FOUNDATION. THIS PROGRAM COORDINATES
PARTNERSHIPS AND ESTABLISHED AN EYE CARE CLINIC THAT ROTATES AMONG
SCHOOLS WITHIN THE WILKES-BARRE AREA SCHOOL DISTRICT AND HANOVER AREA
SCHOOL DISTRICT IN LUZERNE COUNTY, PENNSYLVANIA TO ENSURE THAT EVERY
STUDENT HAS ACCESS TO AN EYE EXAM AND CORRECTIVE EYEWEAR FOLLOWING STATE
MANDATES. A BUDGET LINE IS INCLUDED TO COVER COSTS FOR UNINSURED OR
UNDERINSURED STUDENTS.

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, AN ECONOMICALLY DISTRESSED
CITY. 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

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TWCCH'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCCH'S AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO TWCGME. 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 THE BOARD OF DIRECTORS OF TWCCH AND TWCGME 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 TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 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 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

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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 AND ENTERPRISE INTEGRITY DEPARTMENT WITH INPUT FROM THE PRESIDENT & CEO, AND IS THEN REVIEWED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND THEN 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 PRESIDENT & CEO AND FILED WITH THE IRS. TWCCH'S THREE MOST RECENTLY FILED 990S ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY MAY BE REVIEWED IN EVERY LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

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

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KEY EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OF INTEREST 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 INTERNAL COUNSEL AND
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 THE 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 THE 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 PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO), IS LED BY THE
EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE ENGAGES A
THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT PERIODICALLY (GENERALLY
EVERY THREE TO FIVE YEARS) 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 ANNUALLY PERFORMS A ROBUST AND
COMPREHENSIVE REVIEW OF THE CHIEF EXECUTIVE'S PERFORMANCE AND THE
ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER BASE CHANGES OR MERIT
BONUS PAYMENT ADJUSTMENTS TO THE SALARY AND BENEFITS OF THE PRESIDENT &

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CEO SERVICES ARE APPROPRIATE AND, IF SO, FAIR MARKET VALUE BASED ON ALL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION.

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

COMPENSATION DETERMINATION:

IN ADDITION TO THE PRESIDENT & CEO, THE CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF ALL OTHER TWCCH STAFF ARE CONTRACTED FROM TWCME, TWCCH'S AFFILIATED ENTITY AND COMMON PAYMASTER. COMPENSATION OF OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE ORGANIZATION'S PRESIDENT & CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED BY HUMAN RESOURCES TO PERFORM AN ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS PERIODICALLY (USUALLY EVERY THREE TO FIVE YEARS), WHICH IS PRESENTED TO THE CHIEF EXECUTIVE AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF TWCME'S AND TWCCH'S BOARDS OF DIRECTORS. MOREOVER, ADDITIONAL DATA MAY BE CONSIDERED, SUCH AS INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY AND COMPENSATION RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENT AVAILABILITY:

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

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▶ Attach to Form 990 or 990-EZ.

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

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COASTAL CALLNET 1908 EASTWOOD ROAD, SUITE 330 WILMINGTON, NC 28403	PROFESSIONAL FEES	686,702.
MYERS, BRIER & KELLY, LLP 425 BIDEN STREET, SUITE 200 SCRANTON, PA 18503	PROFESSIONAL FEES	390,524.
MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, SUITE 600 WILKES-BARRE, PA 18701	PROFESSIONAL FEES	345,963.
COMMUNITY COMPUTER SERVICE, INC. 15 HULBERT STREET, PO BOX 980 AUBURN, NY 13021	PROFESSIONAL FEES	307,688.
TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	PROFESSIONAL FEES	276,295.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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 AVE, STE 100 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(2) COMMUNITY HEALTH HUB 27-3582779 501 S. WASHINGTON AVE, STE 100 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(3) THE WRIGHT CENTER ALLIANCE 81-2982874 501 S. WASHINGTON AVE, STE 100 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12A1	TWCGME		X
(4) PATIENT ENGAGEMENT COUNCIL 81-3053323 501 S. WASHINGTON AVE, STE 100 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) 2021

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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)													

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. TWCC AND TWCGME SHARE MISSION AND PURPOSE AS ALIGNED ENTITIES IN A TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM.

NAME OF RELATED ORGANIZATION:

COMMUNITY HEALTH HUB

PRIMARY ACTIVITY: PROMOTES THE HEALTH AND WELFARE OF OUR COMMUNITIES AND OUR NATION. HOWEVER, EFFECTIVE JULY 23, 2021, COMMUNITY HEALTH HUB AMENDED ITS BYLAWS, WHICH TRANSFERRED CONTROL OF THE COMMUNITY HEALTH HUB BOARD OF DIRECTORS TO THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS. AS OF THAT DATE, COMMUNITY HEALTH HUB WAS NO LONGER A RELATED ORGANIZATION TO TWCC.

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY: CREATED AS SUPPORTING PARENT ORGANIZATION TO TWCGME AND

Part VII Supplemental Information

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

TO ALIGN NON-PROFIT WRIGHT CENTER AFFILIATED ORGANIZATIONS WITH SHARED
PURPOSE IN OPTIMIZING SHARED MISSION DELIVERY ACHIEVEMENT.

NAME OF RELATED ORGANIZATION:

PATIENT ENGAGEMENT COUNCIL D/B/A THE WRIGHT CENTER FOR PATIENT &
COMMUNITY ENGAGEMENT

PRIMARY ACTIVITY: EMPOWERS PATIENTS TO MAKE MEANINGFUL CONTRIBUTIONS TO
THE DELIVERY, ENHANCEMENT AND TRANSFORMATION OF HEALTH CARE SERVICES AND
INTER-PROFESSIONAL WORKFORCE DEVELOPMENT AND IMPROVES THE HEALTH OF THE
COMMUNITY THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES AND
EFFORTS DIRECTED TOWARD THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH.

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

THE WRIGHT CENTER MEDICAL GROUP

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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>58362262.</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 V, 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	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 FORVIS, LLP ERO firm name to enter my PIN 46455 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 05/12/2023

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.

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 [Signature] Date 05-11-2023

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

2021

For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 2022

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed.		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	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE, STE 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) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A		C Book value of all assets at end of year ▶ 36548255.	
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
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	
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	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	NONE
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	NONE

For Paperwork Reduction Act Notice, see instructions.

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.**

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.	Taxpayer identification number (TIN)
	THE WRIGHT CENTER MEDICAL GROUP	23-2772504
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	501 S. WASHINGTON AVENUE 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)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

- The books are in the care of ► RONALD DANIELS, CFO
501 S. WASHINGTON AVENUE, STE 1000 SCRANTON PA 18505
Telephone No. ► 570 343-2383 Fax No. ► _____

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

1 I request an automatic 6-month extension of time until 05/15, 2023, 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, 2021, and ending 06/30, 2022.

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
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 \$	NONE
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 \$	NONE

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

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 NONE
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. 4 NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5
6 a Payments: A 2020 overpayment credited to 2021 6a
b 2021 estimated tax payments. Check if section 643(g) election applies Form 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: Form 2439
Form 4136 Other Total Form 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. Form 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed Form 9 NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. Form 10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax Refunded Form 11

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

1 At any time during the 2021 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 Form Yes No X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Form Yes No X
3 Enter the amount of tax-exempt interest received or accrued during the tax year Form \$
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.
Business Activity Code Available post-2017 NOL carryover
\$
\$
\$
\$
6 a Did the organization change its method of accounting? (see instructions) Form Yes No X
b If 6a 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 6b. 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.
LINDA THOMAS-HEMAK, MD Signature of officer 05/12/2023 Date CEO / PHYSICIAN Title
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
KRYSTAL K CREACH
Firm's name FORVIS, LLP Firm's EIN 44-0160260
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 6 Phone no. 417-865-8701

SUPPLEMENTAL INFORMATION

=====

PART NUMBER: 1
LINE NUMBER: 1

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 e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

THE WRIGHT CENTER MEDICAL GROUP

EIN or SSN

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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 V, 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 <u>NONE</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 FORVIS, LLP ERO firm name to enter my PIN 46455 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 ▶ 05/12/2023

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.

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ Kristal Acach Date ▶ 05-11-2023

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

STRP Medical Group, P.C.

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.

STRP Medical Group, P.C.

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

STRP Medical Group, P.C.

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