Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01 , 2024, and ending 06/30 , 20 25

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: PATIENT ENGAGEMENT COUNCIL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 501 S. WASHINGTON AVENUE

Room/suite: STE 1000

City or town, state or province, country, and ZIP or foreign postal code: SCRANTON, PA 18505

D Employer identification number: 81-3053323

E Telephone number: (570) 343-2383

G Gross receipts $ 214,296

F Name and address of principal officer: LINDA THOMAS-HEMAK MD
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: THEWRIGHTCENTER.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2016

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	227,580	188,181
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(2,753)	(1,785)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	224,827	186,396
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	134,495	153,043
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	134,495	153,043
	19	Revenue less expenses. Subtract line 18 from line 12	90,332	33,353
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	184,197	239,129
	21	Total liabilities (Part X, line 26)	13,108	34,687
	22	Net assets or fund balances. Subtract line 21 from line 20	171,089	204,442

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

Linda Thomas-Hemak MD | 5/13/26

Signature of officer — Date

LINDA THOMAS-HEMAK, MD, CO-CHAIR, DIRECTOR

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRYSTAL CREACH	KRYSTAL CREACH			P01248198

Firm's name: FORVIS MAZARS, 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. Cat. No. 11282Y Form **990** (2024)

Form **8868**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
PATIENT ENGAGEMENT COUNCIL	81-3053323
Number, street, and room or suite no. If a P.O. box, see instructions.	
501 S. WASHINGTON AVENUE, STE 1000	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
SCRANTON, PA 18505	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

• The books are in the care of SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, 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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or

☑ tax year beginning 07/01, 20 24, and ending 06/30, 20 25.

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

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

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

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**	
b	Enter the payment amount attached.	**1b**	**$**
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**	

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

(SEE ON 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? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 153,043 including grants of $ 0) (Revenue $ 0)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses 153,043

Part IV Checklist of Required Schedules

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

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

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

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

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

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

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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
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)?		4a		✔
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?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a	✔	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✔	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
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?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
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?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
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.		15		✔
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.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, 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.		17		

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, 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, box 6 of 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 (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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) LINDA THOMAS-HEMAK, MD	1.0									
CO-CHAIR	55.0	✔		✔				0	1,063,655	48,680
(2) ELLEN WALKO	1.0									
SECRETARY	1.0	✔		✔				0	0	0
(3) GERARD GEOFFROY	1.0									
IMMEDIATE PAST CHAIR	5.0	✔		✔				0	0	0
(4) LEE ANN ESCHBACH, PHD	1.0									
VICE CHAIR	1.0	✔		✔				0	0	0
(5) MARY MARRARA	1.0									
CO-CHAIR	5.0	✔		✔				0	0	0
(6) PEDRO ANES	1.0									
TREASURER	1.0	✔		✔				0	0	0
(7) CAROL RUBEL	1.0									
DIRECTOR	5.0	✔						0	0	0
(8) CHARLIE HEMAK	1.0									
DIRECTOR	0.0	✔						0	0	0
(9) GAIL CICERINI	1.0									
DIRECTOR	0.0	✔						0	0	0
(10) GIRARD PETULA, PHD	1.0									
DIRECTOR	0.0	✔						0	0	0
(11) JACOB MILLER, MD	1.0									
DIRECTOR END 06/25	0.0	✔						0	0	0
(12) KARI MACHELLI, RN	1.0									
DIRECTOR	0.0	✔						0	0	0
(13) KATHLEEN MUNLEY, PHD	1.0									
DIRECTOR BEG 12/24	0.0	✔						0	0	0
(14) KIERLOS YOUNAN, MD	1.0									
CHIEF RESIDENT LIAISON BEG 06/25	0.0	✔						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) LORRAINE LUPINI	1.0									
DIRECTOR	0.0	✔						0	0	0
(16) MOHAMMAD AHSEN SOOMRO, MD	1.0									
RESIDENT LEADER LIAISON BEG 06/25	0.0	✔						0	0	0
(17) NICOLE LANGAN	1.0									
DIRECTOR	0.0	✔						0	0	0
(18) PAUL HAUGLAND	1.0									
DIRECTOR	0.0	✔						0	0	0
(19) SARAH QUINLIN-SHERIDAN	1.0									
DIRECTOR	0.0	✔						0	0	0
(20) TAMMY SAUNDERS	1.0									
DIRECTOR	0.0	✔						0	0	0
(21) YASH DESHPANDE, MD	1.0									
CHIEF RESIDENT LIAISON END 06/25	0.0	✔						0	0	0
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0	1,063,655	48,680
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	1,063,655	48,680

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 0

			Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✔
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*	4	✔	
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*	5		✔

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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

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					
	b	Membership dues	1b					
	c	Fundraising events	1c	57,896				
	d	Related organizations	1d	57,391				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,894				
	g	Noncash contributions included in lines 1a–1f	1g	$ 40,880				
	h	**Total.** Add lines 1a–1f			188,181			
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0 / 0				
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ 57,896 of contributions reported on line 1c). See Part IV, line 18	8a	26,063				
	b	Less: direct expenses	8b	27,900				
	c	Net income or (loss) from fundraising events			(1,837)			(1,837)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	PURCHASE DISCOUNTS		900099	52			52
	b							
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			52			
	12	**Total revenue.** See instructions			186,396	0	0	(1,785)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,940	5,940		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion				
13 Office expenses	116,709	116,709		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
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 MISCELLANEOUS EXPENSES	30,394	30,394		
b				
c				
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	153,043	153,043	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		183,697	1	233,564
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		500	4	5,565
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0			
	b	Less: accumulated depreciation	10b 0	0	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		184,197	16	239,129
Liabilities	17	Accounts payable and accrued expenses		8,108	17	16,544
	18	Grants payable			18	
	19	Deferred revenue		5,000	19	18,143
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		13,108	26	34,687
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		171,089	27	204,442
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ☐ 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		171,089	32	204,442
	33	Total liabilities and net assets/fund balances		184,197	33	239,129

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	186,396
2	Total expenses (must equal Part IX, column (A), line 25)	2	153,043
3	Revenue less expenses. Subtract line 2 from line 1	3	33,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	171,089
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	204,442

Part XII Financial Statements and Reporting

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

			Yes	No
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?	2a		✔
	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?	2b	✔	
	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?	2c	✔	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		✔
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	3b		

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

2024

Open to Public Inspection

Name of the organization	**Employer identification number**
PATIENT ENGAGEMENT COUNCIL	81-3053323

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? Yes	No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
(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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	85,024	94,414	44,912	227,580	188,181	640,111
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	85,024	94,414	44,912	227,580	188,181	640,111
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						47,019
6 **Public support.** Subtract line 5 from line 4						593,092

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	85,024	94,414	44,912	227,580	188,181	640,111
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,231	437	13	225	52	8,958
11 **Total support.** Add lines 7 through 10						649,069

12 Gross receipts from related activities, etc. (see instructions) . . . **12** 0

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 2024 (line 6, column (f), divided by line 11, column (f)) . . . **14** %

15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . **15** %

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

b **10%-facts-and-circumstances test—2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . ☐

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2024.** 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—2023.** 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 on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in **Part VI**.*	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in **Part VI**.*	9a		
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? *If "Yes," provide detail in **Part VI**.*	9b		
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? *If "Yes," provide detail in **Part VI**.*	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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? *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.*	**2b**		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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

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

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

Section B—Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors *(explain in detail in* ***Part VI****)*:			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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 ☐ 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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.)

Part VI

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.)

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	

Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) OTHER INCOME	8,231	437	13	225	52	8,958
Total	8,231	437	13	225	52	8,958

Schedule B (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
PATIENT ENGAGEMENT COUNCIL	81-3053323

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☑ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☑ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X **Schedule B (Form 990) (Rev. 1-2025)**

Name of organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

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		$ 5,375	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 6,482	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 20,000	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
5		$ 20,880	Person ☐ Payroll ☐ Noncash ☑ (Complete Part II for noncash contributions.)
6		$ 57,391	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

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
4	SOCKS	$ 20,000	02/14/2025

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	WINTER COATS	$ 20,880	01/30/2025

(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	Employer identification number
PATIENT ENGAGEMENT COUNCIL	81-3053323

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

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 D (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				

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, line 12, col. (B))*		

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, line 13, col. (B))*		

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, line 15, col. (B))*	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	254,926
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	40,630		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	40,630
3	Subtract line **2e** from line **1**			3	214,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	(27,900)		
c	Add lines **4a** and **4b**			4c	(27,900)
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	186,396

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	221,573
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	40,630		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	27,900		
e	Add lines **2a** through **2d**			2e	68,530
3	Subtract line **2e** from line **1**			3	153,043
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	153,043

Part XIII **Supplemental Information**

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	

SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE

(a) Description	(b) Amount
FUNDRAISING EXPENSES	- 27,900
TOTAL	**- 27,900**

SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990

(a) Description	(b) Amount
FUNDRAISING EXPENSES	27,900
TOTAL	**27,900**

Part XIII

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

Return Reference - Identifier	Explanation
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 DURING THE REPORTING PERIOD.

SCHEDULE G (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 NEPA GIVES (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	78,060	5,899		83,959
	2 Less: Contributions	51,997	5,899		57,896
	3 Gross income (line 1 minus line 2)	26,063	0	0	26,063
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	5,675			5,675
	6 Rent/facility costs	10,375			10,375
	7 Food and beverages	10,013			10,013
	8 Entertainment				0
	9 Other direct expenses	1,837			1,837
	10 Direct expense summary. Add lines 4 through 9 in column (d)				27,900
	11 Net income summary. Subtract line 10 from line 3, column (d)				(1,837)

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . . **13a** %

b An outside facility . . . . . **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . . . $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE J (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		✔
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		✔
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		✔
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		✔
b	Any related organization?	5b		✔
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✔
b	Any related organization?	6b		✔
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		✔
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✔
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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	(i)	0	0	0	0	0	0	0
	CO-CHAIR	(ii)	919,880	120,000	23,775	28,000	20,680	1,112,335	0
2		(i)							
		(ii)							
3		(i)							
		(ii)							
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	✔		40,880	MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		✔
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		✔
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		✔
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	THE MISSION OF THE PATIENT ENGAGEMENT COUNCIL, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE), IS TO EMPOWER AND ENGAGE PATIENTS IN PROMOTING THE HEALTH AND WELFARE OF OUR COMMUNITIES WHILE ADVANCING THE OUTCOMES AND EXPERIENCE OF HEALTH CARE AND RELATED SERVICES AND WORKFORCE DEVELOPMENT. AS A COMMUNITY- AND PATIENT-GOVERNED SUBSIDIARY OF THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), TWCPCE AIMS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY IMPACT HEALTH OUTCOMES. TWCPCE ANALYZES DE-IDENTIFIED PATIENT DATA AND REVIEWS LOCAL, REGIONAL, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND HEALTH INDICATORS TO ENSURE THAT ITS OUTREACH ACTIVITIES AND PROGRAMS ARE STRATEGICALLY ALIGNED WITH TWCCH'S CLINICAL PRIORITIES AND FOCUSED ON ADDRESSING THE MOST PRESSING NONMEDICAL NEEDS AFFECTING THE HEALTH AND WELL-BEING OF PATIENTS, FAMILIES, AND THE COMMUNITIES TWCCH SERVES.
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	PATIENT ENGAGEMENT COUNCIL D/B/A THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE) IS A PENNSYLVANIA 501(C)(3) TAX-EXEMPT NONPROFIT CORPORATION. THE MISSION OF TWCPCE IS TO EMPOWER AND ENGAGE PATIENTS IN PROMOTING THE HEALTH AND WELFARE OF OUR COMMUNITIES WHILE ADVANCING THE OUTCOMES AND EXPERIENCE OF HEALTH CARE AND RELATED SERVICES AND WORKFORCE DEVELOPMENT. IT AIMS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY IMPACT HEALTH OUTCOMES. TWCPCE OPERATES AS A COMMUNITY- AND PATIENT-GOVERNED SUBSIDIARY OF ITS SOLE CORPORATE MEMBER, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), A PENNSYLVANIA 501(C)(3) TAX-EXEMPT NONPROFIT CORPORATION AND U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)-DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER. TWCCH PROVIDES COMPREHENSIVE, WHOLE-PERSON PRIMARY AND PREVENTIVE HEALTH SERVICES FOR ALL, REGARDLESS OF ABILITY TO PAY, INSURANCE STATUS, OR ZIP CODE. TWCCH AND ITS AFFILIATED EDUCATIONAL ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), DELIVER COMPREHENSIVE, INTEGRATED, WHOLE-PERSON PRIMARY AND PREVENTIVE HEALTH SERVICES FOR ALL ACROSS THE LIFESPAN - FROM PEDIATRICS THROUGH GERIATRICS - THROUGH 13 FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS THROUGHOUT NORTHEASTERN PENNSYLVANIA, EACH OPERATING WITHIN A PATIENT-CENTERED MEDICAL HOME (PCMH) FRAMEWORK, AND A MOBILE MEDICAL AND DENTAL UNIT CALLED DRIVING BETTER HEALTH. SERVICES INCLUDE MEDICAL, WOMEN'S HEALTH, PEDIATRICS, GENERAL DENTISTRY, MENTAL AND BEHAVIORAL HEALTH, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY MEDICINE, INFECTIOUS DISEASE AND RYAN WHITE HIV/AIDS SERVICES, GERIATRIC CARE, AND NUTRITIONAL AND LIFESTYLE MEDICINE. DELIVERED WITHIN A FULLY INTEGRATED, TEAM-BASED CARE MODEL AND ENHANCED BY INTEGRATED, SPECIALTY-ENRICHED PROGRAMS, THESE SERVICES EXPAND ACCESS TO HIGH-QUALITY, COMMUNITY-ANCHORED CARE FOR PATIENTS AND FAMILIES WHILE STRENGTHENING CLINICAL LEARNING ENVIRONMENTS AND ADVANCING THE EDUCATION AND RETENTION OF PHYSICIANS AND INTERPROFESSIONAL HEALTH CARE PROFESSIONALS. TWCCH AND TWCGME COLLABORATIVELY SHARE A PASSIONATE PURPOSE TO DEMONSTRATE AN "ACHIEVABLE BY ALL" TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT COCREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER INDIVIDUALS, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEM, AND THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE DEVELOPMENT. THIS INNOVATIVE MODEL ADDRESSES THE NATIONAL PRIMARY CARE WORKFORCE SHORTAGE, MISDISTRIBUTION, AND RELATED ACCESS CHALLENGES BY PROMOTING COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PLATFORMS FOR PRIMARY CARE WORKFORCE DEVELOPMENT. TWCPCE'S WORK IS INTRINSICALLY LINKED TO TWCCH'S, AIMING TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY AFFECT HEALTH OUTCOMES. IN ALIGNMENT WITH THE SHARED MISSION OF TWCCH AND TWCGME TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE, WHOLE-PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE, AND GROUNDED IN TWCCH'S FQHC LOOK-ALIKE GOVERNANCE PLATFORM, TWCPCE ANALYZES DE-IDENTIFIED PATIENT DATA AND REVIEWS LOCAL, REGIONAL, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND HEALTH INDICATORS. THESE EFFORTS ENSURE THAT TWCPCE'S OUTREACH ACTIVITIES AND PROGRAMS ARE STRATEGICALLY ALIGNED WITH TWCCH'S CLINICAL PRIORITIES AND FOCUSED ON ADDRESSING THE MOST PRESSING NONMEDICAL NEEDS AFFECTING THE HEALTH AND WELL-BEING OF PATIENTS, FAMILIES, AND THE COMMUNITIES TWCCH SERVES.

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	THE COMMUNITY- AND PATIENT-DRIVEN GOVERNANCE PRINCIPLES OF TWCPCE AMPLIFY TWCCH'S FQHC LOOK-ALIKE GOVERNANCE PLATFORM BY ALIGNING ITS COMMUNITY SERVICE PROJECTS WITH THE SPECIFIC NEEDS OF THE COMMUNITIES SERVED BY EACH TWCCH HEALTH CENTER LOCATION. TWCPCE'S BOARD OF DIRECTORS IS COCHAIRED BY THE PRESIDENT AND CEO OF TWCCH AND TWCGME AND INCLUDES PATIENTS, COMMUNITY STAKEHOLDERS, AND REPRESENTATIVES FROM TWO STRATEGICALLY IDENTIFIED STAKEHOLDER GROUPS: RESIDENT PHYSICIANS TRAINING IN TWCGME'S PRIMARY CARE RESIDENCY PROGRAMS, AND TWCCH STAFF MEMBERS WHOSE ROLES INVOLVE ADDRESSING AND TRACKING THE NONMEDICAL NEEDS OF TWCCH'S PATIENTS AND FAMILIES THAT NEGATIVELY IMPACT HEALTH OUTCOMES. TWO OF TWCGME'S PRIMARY CARE RESIDENT PHYSICIANS SERVE AS VOTING MEMBERS OF TWCPCE'S BOARD OF DIRECTORS, BRIDGING THE GAP BETWEEN PHYSICIAN LEARNERS AND THE NEEDS OF PATIENTS, FAMILIES, AND COMMUNITIES. THIS VITAL CONNECTION FOSTERS RESIDENT PHYSICIAN WELLNESS AND RESILIENCE THROUGH MEANINGFUL SERVICE OPPORTUNITIES AND DEEPENS THEIR TIES TO THE PATIENTS, FAMILIES, AND COMMUNITIES TWCCH SERVES, ULTIMATELY STRENGTHENING THE PHYSICIAN WORKFORCE PIPELINE AND ENCOURAGING THEM TO REMAIN IN THE REGION POST-GRADUATION. THE TWCCH STAFF POSITION VOTING MEMBERS OF TWCPCE'S BOARD INCLUDE THE ASSOCIATE VICE PRESIDENT OF INTEGRATED PRIMARY HEALTH SERVICES AND THE MANAGER OF ELECTRONIC HEALTH RECORDS (EHR) AND HEALTH INFORMATICS AS WAY TO DIRECTLY INTEGRATE TWCPCE'S WORK WITH GME-SNC OPERATIONS THROUGH DATA-DRIVEN, NEEDS-RESPONSIVE PROGRAMMING.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	PATIENT ENGAGEMENT COUNCIL D/B/A THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE)'S PATIENT- AND COMMUNITY-CENTERED, RESPONSIVE OUTREACH ACTIVITIES AND PROGRAMS AMOUNTED TO $153,043 IN EXPENSES DURING THE COVERED PERIOD. TWCPCE CONDUCTED MULTIPLE EVENTS TO AID PATIENTS, FAMILIES, AND THE COMMUNITIES SERVED BY THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). TO SUPPORT ITS WORK, TWCPCE HELD ITS THIRD ANNUAL DR. WILLIAM WATERS GOLF TOURNAMENT ON MONDAY, MAY 19, 2025, AT GLENMAURA NATIONAL GOLF CLUB IN MOOSIC, PENNSYLVANIA RAISING $51,997. A KEYSTONE EVENT FOR TWCPCE, THE CHARITY GOLF TOURNAMENT IS NAMED AFTER THE LATE WILLIAM M. WATERS, PH.D., WHO SERVED AS VICE CHAIR OF TWCCH'S BOARD OF DIRECTORS AND COCHAIR OF TWCPCE UNTIL 2022. THE 2025 GOLF TOURNAMENT SPECIFICALLY HONORED DR. ROBERT WRIGHT, VISIONARY FOUNDER OF THE WRIGHT CENTER AND A TRANSFORMATIVE PHYSICIAN LEADER WHOSE CONTRIBUTIONS INCLUDE HELPING ESTABLISH OUR REGION'S MEDICAL SCHOOL - NOW KNOWN AS THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE - CO-FOUNDING THE NATIVITYMIGUEL CHARTER SCHOOL, AND, WITH HIS LATE WIFE CAROLE, ORGANIZING THE REGION'S FIRST MEDICAL PRACTICE DEVOTED TO THE TREATMENT OF BLOOD DISORDERS AND CANCER, NOW KNOWN AS HEMATOLOGY & ONCOLOGY ASSOCIATES OF NEPA. TWCPCE RECEIVED ADDITIONAL RESOURCES TO SUPPORT ITS PROGRAMMING FROM ANOTHER SIGNIFICANT SOURCE, ENABLING PROGRAMMING DESIGNED TO ADDRESS NONMEDICAL NEEDS THAT NEGATIVELY IMPACT THE HEALTH STATUS OF PATIENTS, FAMILIES, AND COMMUNITIES SERVED BY TWCCH ACROSS ITS 13 PRIMARY HEALTH SERVICE CLINICAL LOCATIONS. TWCCH, AS THE SOLE CORPORATE MEMBER OF TWCPCE, PASSED THROUGH $57,391 TO TWCPCE FROM ITS RECEIPT OF SHARED SAVINGS AS A PARTICIPANT IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION (KACO), A MEDICARE SHARED SAVINGS PROGRAM ACO. HAVING FINALLY RECOUPED THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME)'S DECADE-LONG INVESTMENTS IN THE KACO AS A 10% OWNER, TWCGME HAD THE OPPORTUNITY TO PASS THROUGH THE MAJORITY OF SHARED SAVINGS RECEIVED FROM THE KACO TO TWCCH (A KACO PARTICIPANT). TWCCH USES THOSE RESOURCES TO ENHANCE THE HEALTH SERVICES DELIVERED TO PATIENTS, INCLUDING EXPANDED CASE MANAGEMENT, PRINCIPAL ILLNESS NAVIGATION, COMMUNITY HEALTH WORKERS, AND PHARMACY SERVICES, AMONG OTHERS. TWCCH ENSURES THE EFFECTIVE USE OF THESE CONTRIBUTIONS TO TWCPCE THROUGH ITS MANDATORY APPROVAL AUTHORITY OF TWCPCE'S STRATEGIC AND OPERATIONAL PLANS AND ANNUAL OPERATING BUDGET, AS DEFINED IN TWCPCE'S BYLAWS. TWCPCE RAISED ADDITIONAL FUNDING THROUGH A RANGE OF SMALLER EVENTS, INCLUDING NEPA GIVES AND GIVING TUESDAY. NEPA GIVES IS A 24-HOUR ONLINE EVENT WHERE DONORS CAN MAKE SECURE DONATIONS TO THEIR FAVORITE LOCAL NONPROFIT ORGANIZATIONS, SUCH AS TWCPCE. ANY REGISTERED 501(C)(3) NONPROFIT ORGANIZATION SERVING RESIDENTS IN NORTHEASTERN PENNSYLVANIA CAN PARTICIPATE IN NEPA GIVES. REGIONAL PHILANTHROPIC AGENCIES CAME TOGETHER TO HOST NEPA GIVES, INCLUDING SCRANTON AREA COMMUNITY FOUNDATION, CARBON COUNTY COMMUNITY FOUNDATION, COMMUNITY FOUNDATION FOR THE TWIN TIERS, GREATER PIKE COMMUNITY FOUNDATION, COMMUNITY FOUNDATION OF MONROE COUNTY, THE LUZERNE FOUNDATION, AND WAYNE COUNTY COMMUNITY FOUNDATION. BONUS FUNDS THEN ENHANCED DONATIONS FROM NEPA GIVES SPONSORS, ALLOWING DONOR DOLLARS TO STRETCH FURTHER. DURING THE COVERED PERIOD, TWCPCE RAISED $5,899 DURING NEPA GIVES.

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	SIMILARLY, GIVING TUESDAY WAS HOSTED BY ALLONE CHARITIES, WHICH PARTNERS WITH 40+ NONPROFIT ORGANIZATIONS TO COMPLEMENT THEIR FUNDRAISING EFFORTS. ALLONE CHARITIES MATCHES EACH ORGANIZATION THAT RAISES OVER $1,000 WITH AN ADDITIONAL $1,000. ALLONE'S GIVING TUESDAY IS HELD ON THE GLOBAL DAY OF GIVING TO GALVANIZE THE REGION TO SUPPORT ORGANIZATIONS THAT IMPROVE HEALTH DELIVERY SYSTEMS AND ADDRESS HEALTH ISSUES AFFECTING THOSE CLOSE TO US. DURING THE REPORTING PERIOD, TWCPCE RAISED $3,515 ON GIVING TUESDAY. BEYOND EVENT-BASED FUNDRAISING, TWCPCE SECURED SEVERAL MISSION-ALIGNED GRANTS DURING THE COVERED PERIOD. IN NOVEMBER 2024, THE ROBERT H. SPITZ FOUNDATION, ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED $10,000, OF WHICH $5,375 WAS SPENT BY JUNE 30, 2025, TO EXPAND ACCESS TO NUTRITIOUS MEALS FOR HUNDREDS MORE INDIVIDUALS AND FAMILIES, PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS, AND OFFER NUTRITION EDUCATION FOR INDIVIDUALS AND FAMILIES EXPERIENCING ECONOMIC HARDSHIP. IN DECEMBER 2024, THE SCRANTON AREA COMMUNITY FOUNDATION AWARDED $8,000 TO ASSIST LACKAWANNA COUNTY RESIDENTS WITH UTILITY BILLS, ADDRESSING A KEY SOCIAL DRIVER OF HEALTH. ADDITIONALLY, THE DUNKIN' JOY IN CHILDHOOD FOUNDATION AWARDED $15,000 IN NOVEMBER 2024 AND LATER AN ADDITIONAL $5,000, OF WHICH $6,482 WAS SPENT BY JUNE 30, 2025, TO ADDRESS CHILDHOOD AND FAMILY FOOD INSECURITY BY PROVIDING FREE LUNCHES, TAKE-HOME SNACKS, NUTRITION EDUCATION MATERIALS, AND GROCERY GIFT CARDS TO FAMILIES DURING THE SUMMER MONTHS WHEN SCHOOL-BASED MEAL PROGRAMS ARE UNAVAILABLE. OPERATION WARM PROVIDED 348 NEW WINTER COATS TO TWCPCE FOR DISTRIBUTION TO PATIENTS, THEIR CHILDREN, AND COMMUNITY MEMBERS EXPERIENCING FINANCIAL HARDSHIP, HELPING MITIGATE SEASONAL HEALTH RISKS AND ADDRESS HEALTH-RELATED SOCIAL NEEDS, INCLUDING POVERTY AND HOUSING INSTABILITY, DURING THE COLDER MONTHS. IMPORTANTLY, ALL TWCPCE PROGRAMMING IS IMPLEMENTED WITHIN A STRUCTURED GOVERNANCE AND PLANNING FRAMEWORK. FUNDING RAISED THROUGH CHARITABLE EVENTS, DIRECT CONTRIBUTIONS, AND PASS-THROUGH KACO SHARED SAVINGS FROM TWCCH SUPPORTS COMMUNITY- AND PATIENT-NEEDS-RESPONSIVE INITIATIVES THAT ARE STRATEGICALLY ALIGNED WITH DOCUMENTED HEALTH PRIORITIES. TO ENSURE ALIGNMENT WITH THE SPECIFIC COMMUNITY AND PATIENT NEEDS AT EACH TWCCH HEALTH CENTER LOCATION, TWCPCE DEVELOPS AND PROPOSES ITS ANNUAL STRATEGIC PRIORITIES USING DE-IDENTIFIED POPULATION HEALTH DATA AND LOCAL, REGIONAL, STATE, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS. THE ANNUAL PLAN AND BUDGET ARE PRESENTED TO THE TWCCH BOARD OF DIRECTORS' PLANNING AND DEVELOPMENT COMMITTEE FOR REVIEW AND EVALUATION, AND SUBSEQUENTLY REVIEWED AND APPROVED BY THE TWCCH GOVERNING BOARD. WITH THIS ALIGNMENT ENSURED AND THE BUDGET APPROVED, TWCPCE DIRECTORS AND VOLUNTEER BOARD MEMBERS INITIATE THE ANNUAL PROGRAMMING PLAN AND COMMUNITY SERVICE EVENTS. DURING THE COVERED PERIOD, FOOD INSECURITY AND CLOTHING ASSISTANCE EMERGED AS PREDOMINANT HEALTH NEEDS ACROSS CLINICAL LOCATIONS. TWCPCE HOSTED MORE THAN 275 COMMUNITY SERVICE EVENTS, INCLUDING FOOD PANTRIES, MEAL DISTRIBUTIONS, AND COAT AND CLOTHING GIVEAWAYS, TO ADDRESS THE HEALTH-RELATED SOCIAL NEEDS (HRSN) AFFECTING PATIENTS, FAMILIES, AND NEIGHBORHOODS. ACROSS ALL TWCCH LOCATIONS, NEARLY 3,000 FAMILIES RECEIVED NUTRITIOUS FOOD THROUGH ONGOING FOOD DISTRIBUTION EVENTS, AND AN ADDITIONAL 268 FAMILIES RECEIVED SPECIAL HOLIDAY MEALS. THROUGH COMMUNITY CLOSET EVENTS AND ADDITIONAL CLOTHING DISTRIBUTION INITIATIVES, 21,979 PIECES OF CLOTHING WERE DISTRIBUTED ACROSS ALL TWCCH LOCATIONS, AND ANOTHER 117 PATIENTS RECEIVED BAGS OF WARMTH FILLED WITH HATS, GLOVES, SCARVES, AND, WHEN AVAILABLE, SNACKS. TWCPCE ENABLED TRANSPORTATION FOR 726 PATIENTS FOR MEDICALLY RELATED TRAVEL. DURING THE FISCAL YEAR, 1,389 SCHOOL-AGED CHILDREN RECEIVED BACKPACKS AND SCHOOL SUPPLIES. THE BLOOD DRIVES PROMOTED BY TWCPCE IN ASSOCIATION WITH THE AMERICAN RED CROSS RESULTED IN 160 PINTS OF BLOOD DONATED, ENOUGH TO SAVE 480 LIVES. NOTABLY, TWCPCE ALSO PROVIDED HOUSING SUPPORT TO 305 PATIENTS AND FAMILIES AND ASSISTED ANOTHER 629 PATIENTS AND FAMILIES WITH UTILITY NEEDS. TWCPCE ALSO SECURED DONATIONS OF 15,000 PAIRS OF SOCKS FROM BOMBAS (5,000 DURING THE COVERED PERIOD AND 10,000 DURING THE PRIOR COVERED PERIOD), TO BE DISTRIBUTED TO PATIENTS AND FAMILIES. A TOTAL OF 10,575 PAIRS OF SOCKS WERE DISTRIBUTED DURING THE COVERED PERIOD. BOMBAS IS EXPECTED TO DONATE AN ADDITIONAL 5,000 PAIRS OF SOCKS TO TWCPCE DURING THE NEXT COVERED PERIOD. TWCPCE ORGANIZED STRUCTURED HEALTH EDUCATION, ARTS, AND SOCIAL ENGAGEMENT INITIATIVES TO ADDRESS SOCIAL ISOLATION, STRENGTHEN WHOLE-PERSON WELLNESS, AND MITIGATE NONMEDICAL FACTORS THAT NEGATIVELY AFFECT HEALTH OUTCOMES. MORE THAN 1,000 INDIVIDUALS ACROSS NORTHEASTERN PENNSYLVANIA WERE REACHED THROUGH SELF-AFFIRMING EXPRESSIVE ARTS AND MINDFULNESS PROGRAMMING DELIVERED IN SENIOR CENTERS, HOMELESS SHELTERS, RECOVERY CENTERS, YOUTH CENTERS, AND OTHER COMMUNITY VENUES. ARTS AND MINDFULNESS ACTIVITIES WERE ALSO INTEGRATED INTO TWCCH'S RYAN WHITE SERVICES AND OTHER HIGH-NEED POPULATIONS EXPERIENCING COMPLEX SOCIAL AND BEHAVIORAL HEALTH CHALLENGES.

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OMB No. 1545-0047

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Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	AT TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN DICKSON CITY, PENNSYLVANIA, TWCPCE HOSTED TARGETED OUTREACH INITIATIVES TO INCREASE AWARENESS OF PEDIATRIC SERVICES AND STRENGTHEN FAMILY ENGAGEMENT. THERAPEUTIC MURAL INSTALLATIONS WERE COMPLETED AT BOTH TWCCH'S DICKSON CITY LOCATION AND RYAN WHITE CLINIC IN SCRANTON, PENNSYLVANIA, TO PROMOTE CALMING, RESTORATIVE CARE ENVIRONMENTS. AT TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN SCRANTON, TWCPCE ESTABLISHED AND HOSTED AN ANNUAL HEALTH FAIR ATTENDED BY MORE THAN 100 COMMUNITY MEMBERS. THE ORGANIZATION ALSO CONTINUED ITS ANNUAL BLESSING OF THE HANDS CEREMONY AT THE SCRANTON LOCATION, INVITING DIVERSE CLERGY AND SPIRITUAL LEADERS TO REFLECT THE CULTURAL DIVERSITY OF THE COMMUNITIES IT SERVES. TWCPCE SUSTAINED AND EXPANDED MISSION-DRIVEN STRATEGIC COMMUNITY PARTNERSHIPS TO ADVANCE WHOLE-PERSON WELLNESS, HEALTH EDUCATION, AND COMMUNITY ENGAGEMENT. THE ORGANIZATION CONTINUED ITS COLLABORATION WITH THE NATIONAL FAMILY WEEK CONFERENCE, DELIVERING PRESENTATIONS ON WHOLE-PERSON WELLNESS AND ITS COMMUNITY-WIDE BENEFITS. EDUCATIONAL PROGRAMMING ON CULTURAL HUMILITY WAS PROVIDED TO UNIVERSITY OF SCRANTON STUDENTS TO STRENGTHEN WORKFORCE PREPAREDNESS AND AWARENESS AS THEY TRANSITION INTO PROFESSIONAL PRACTICE. IN PARTNERSHIP WITH THE AMERICAN HEART ASSOCIATION (AHA) AND A STUDENT FROM A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA, TWCPCE COORDINATED COMMUNITY-BASED PILATES INITIATIVES TO PROMOTE CARDIOVASCULAR HEALTH AND RAISE FUNDS FOR THE AHA. MORE THAN 30 STAFF AND COMMUNITY MEMBERS PARTICIPATED. TWCPCE CONTINUED ITS ANNUAL HOLIDAY CARD DESIGN COMPETITION FOR STUDENTS FROM THE LAKELAND SCHOOL DISTRICT AS A YOUTH ENGAGEMENT INITIATIVE. TWCPCE ALSO PARTICIPATED IN AMERICA250PA'S BELLS ACROSS PA PUBLIC-ART INITIATIVE, PART OF THE COMMONWEALTH OF PENNSYLVANIA'S U.S. SEMI QUINCENTENNIAL COMMEMORATION. THROUGH THIS STATEWIDE EFFORT TO PLACE AT LEAST ONE ARTIST-DESIGNED FIBERGLASS LIBERTY BELL IN EACH OF PENNSYLVANIA'S 67 COUNTIES, FIVE LIBERTY BELLS WERE COMMISSIONED WITHIN TWCPCE'S SERVICE REGION. THE BELLS WERE INSTALLED AT CARBONDALE CITY HALL (LACKAWANNA COUNTY); WAYNE MEMORIAL HOSPITAL IN HONESDALE (WAYNE COUNTY), A LONGSTANDING RURAL COMMUNITY PARTNER; AND AT TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS IN JERMYN (LACKAWANNA COUNTY), WILKES-BARRE (LUZERNE COUNTY), AND TUNKHANNOCK (WYOMING COUNTY), OUTSIDE THE WYOMING COUNTY HEALTHCARE CENTER. EACH LIBERTY BELL WAS CONCEPTUALLY DESIGNED AND PAINTED BY TWCCH'S ASSOCIATE VICE PRESIDENT OF HEALTH AND WELLNESS, WITH ADDITIONAL CONTRIBUTIONS FROM COMMUNITY COLLABORATORS, INCLUDING A STUDENT ARTIST, AND SUPPORTED BY HISTORICALLY GROUNDED RESEARCH CONDUCTED BY TWCCH'S ARCHIVIST. COLLECTIVELY, THE BELLS FUNCTION AS BEAUTIFUL, DURABLE, PUBLICLY ACCESSIBLE SYMBOLS OF PLACE-BASED PRIDE AND CIVIC SOLIDARITY, REFLECTING LOCAL HERITAGE (INCLUDING THE BIRTHPLACE OF FIRST AID IN AMERICA IN JERMYN, THE BIRTHPLACE OF ROBERT WOOD JOHNSON IN CARBONDALE, THE BIRTHPLACE OF AMERICA'S FIRST COMMERCIAL STEAM LOCOMOTIVE IN HONESDALE, THE FOUNDING CITY OF THE PLANTERS PEANUTS COMPANY AND ORIGIN OF ITS MR. PEANUT BRAND ICON IN WILKES-BARRE, AND THE TUNKHANNOCK CREEK VIADUCT/NICHOLSON BRIDGE IN WYOMING COUNTY) WHILE REINFORCING TWCCH'S MISSION-DRIVEN COMMITMENT TO IMPROVING THE HEALTH AND WELFARE OF THE COMMUNITIES IT SERVES THROUGH RESPONSIVE, WHOLE-PERSON CARE AND WORKFORCE RENEWAL. TWCPCE CONTINUED ITS RECURRING MONTHLY ART AND MINDFULNESS GROUPS AT TELESPOND SENIOR SERVICES, FALLBROOK HEALTHY AGING CAMPUS, KEYSTONE MISSION, COMMUNITY INTERVENTION CENTER, SCRANTON COUNSELING CENTER'S PSYCHIATRIC REHABILITATION UNIT, GENEVA HOUSE, AND DRUG AND ALCOHOL TREATMENT SERVICE FACILITIES, ENGAGING VULNERABLE POPULATIONS IN STRUCTURED SELF-COMPASSION, EXPRESSIVE ARTS, AND MINDFULNESS ACTIVITIES. TWCPCE ALSO PROVIDES SEASONAL OUTREACH AND SUPPORTIVE ENGAGEMENT ACTIVITIES FOR SENIOR PATIENTS, INCLUDING DISTRIBUTING SOUP, HOLIDAY GIFTS, AND SMALL COMFORT ITEMS SUCH AS COOKIES. TWCPCE VOLUNTEERS ALSO VISITED SENIOR CENTERS, LOCAL LIBRARIES, AND COMMUNITY PARTNERS, INCLUDING LUTHERWOOD, A SENIOR HOUSING COMMUNITY, TO PROMOTE CONNECTION, REDUCE SOCIAL ISOLATION, AND REINFORCE ONGOING ENGAGEMENT WITH WHOLE-PERSON HEALTH RESOURCES. THESE EFFORTS STRENGTHEN RELATIONSHIPS WITH OLDER ADULTS AND PROVIDE CONSISTENT TOUCHPOINTS THAT SUPPORT THEIR WELLNESS, DIGNITY, AND SENSE OF BELONGING. FACULTY DEVELOPMENT SESSIONS FOCUSED ON WHOLE-PERSON WELLNESS AND MENTAL HEALTH FIRST AID (MHFA) TO ENHANCE LEARNERS' COMPETENCY IN SERVING PATIENTS WITH COMPLEX NEEDS. IN COLLABORATION WITH SCRANTON TOMORROW, MORE THAN 60 VOLUNTEERS PARTICIPATED IN EARTH DAY CLINIC AND NEIGHBORHOOD CLEANUPS. IN PUBLIC HEALTH EDUCATION, TWCPCE STRENGTHENED COMMUNITY MENTAL HEALTH LITERACY AND STIGMA-REDUCTION EFFORTS BY EXPANDING MENTAL HEALTH FIRST AID (MHFA) TRAINING. MHFA IS AN EVIDENCE-BASED CERTIFICATION COURSE THAT EQUIPS PARTICIPANTS TO IDENTIFY, UNDERSTAND, AND RESPOND TO EARLY, WORSENING, AND CRISIS SIGNS OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS, USING A PRACTICAL ACTION PLAN AND CONNECTION TO APPROPRIATE RESOURCES.

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Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	WITH FOUR CERTIFIED MHFA INSTRUCTORS FROM TWCCH, TWCPCE DELIVERED 10 MHFA TRAININGS ACROSS TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS AND IN SURROUNDING COMMUNITIES DURING THE COVERED PERIOD. A TOTAL OF 98 INDIVIDUALS EARNED MHFA CERTIFICATION, INCLUDING 45 STAFF MEMBERS, TWO COMMUNITY MEMBERS, AND ONE BOARD MEMBER. THIS YEAR, 50 RESIDENT AND FELLOW PHYSICIANS RECEIVED ADULT MHFA TRAINING DURING THEIR ORIENTATION. THE ORGANIZATION PARTNERED WITH THE LOCAL BRANCH OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TO ACCOMPLISH THIS GOAL. IN COLLABORATION WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NE PA AHEC), TWCPCE FURTHER EXPANDED MHFA EDUCATION FOR YOUTH AND ADULTS TO REGIONAL STUDENTS AND COMMUNITY-BASED PROGRAM PARTICIPANTS, REINFORCING A COORDINATED, CROSS-SECTOR STRATEGY TO BUILD TRAUMA-RESPONSIVE COMMUNITIES AND STRENGTHEN BEHAVIORAL HEALTH AWARENESS ACROSS NORTHEASTERN PENNSYLVANIA. DURING THE COVERED PERIOD, TWCPCE FOCUSED ON CAPACITY BUILDING RELATED TO INTEGRATIVE COMMUNITY THERAPY (ICT) THROUGH ADVANCED PROFESSIONAL DEVELOPMENT. A TWCCH REPRESENTATIVE PARTICIPATED IN A FORMAL TRAIN-THE-TRAINER COHORT DESIGNED TO PREPARE EMERGING LEADERS TO SERVE AS CERTIFIED COACHES WITHIN THE ICT MODEL, WITH THE LONG-TERM GOAL OF BECOMING AN APPROVED TRAINER OF THE MODEL. THIS TRAINING WAS COMPLETED IN COLLABORATION WITH LEHIGH VALLEY HEALTH NETWORK'S LEONARD PARKER POOL INSTITUTE FOR HEALTH, AN ORGANIZATION THAT IS DEEPLY INVESTED IN INTRODUCING AND EXPANDING ICT NATIONWIDE AS A SCALABLE, COMMUNITY-BASED MENTAL HEALTH AND RESILIENCE-BUILDING STRATEGY. INSPIRED BY THE BRAZILIAN MODEL, TERAPIA COMUNITARIA INTEGRATIVA, ICT IS AN INTERNATIONALLY RECOGNIZED APPROACH TO MENTAL HEALTH SUPPORT THAT USES GUIDED CONVERSATION AMONG COMMUNITY MEMBERS TO CREATE A SAFE SPACE FOR PARTICIPANTS TO SHARE LIFE EXPERIENCES AND WISDOM. THIS ACCESSIBLE, EFFECTIVE METHOD DOES NOT RELY ON THE TRADITIONAL HEALTH CARE SYSTEM'S REFERRALS, DOCTORS, INSURANCE, OR OTHER SERVICES.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	LINDA THOMAS-HEMAK AND CHARLIE HEMAK - FAMILY RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) IS THE SOLE CORPORATE MEMBER OF PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE), A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION. TWCCH OPERATES AS A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)-DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER, OFFERING SAFETY-NET, COMPREHENSIVE, AND FULLY INTEGRATED WHOLE-PERSON PRIMARY HEALTH AND RYAN WHITE/INFECTIOUS DISEASE SERVICES, ENSURING ACCESS REGARDLESS OF INSURANCE STATUS, GEOGRAPHIC LOCATION, OR ABILITY TO PAY. AS A HRSA-RECOGNIZED PIONEERING TEACHING HEALTH CENTER, TWCCH SERVES AS THE PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENT IN NORTHEASTERN PENNSYLVANIA FOR RESIDENT AND FELLOW PHYSICIANS AT ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM), A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-CCPAP), ALONGSIDE INTERPROFESSIONAL HEALTH CARE LEARNERS FROM OVER 10 REGIONAL ACADEMIC INSTITUTIONS EDUCATING AND TRAINING FUTURE HEALTH CARE PROFESSIONALS.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	AS THE SOLE CORPORATE MEMBER OF PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE), THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) HOLDS THE POWER TO APPOINT TWCPCE'S GOVERNING BOARD MEMBERS, SUBJECT TO THE AFFIRMATIVE VOTE OF TWCPCE'S BOARD OF DIRECTORS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	FOR SIGNIFICANT CORPORATE ACTIONS, PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE)'S BYLAWS ESTABLISH SPECIFIC VOTING REQUIREMENTS TO ENSURE CAREFUL CONSIDERATION OF AND ALIGNMENT WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH)'S INTERESTS AS THE SOLE CORPORATE MEMBER. THERE ARE SPECIFIC ACTIONS THAT REQUIRE A SUPERMAJORITY VOTE BY TWCCH AND THE AFFIRMATIVE VOTE OF TWCPCE. THOSE ACTIONS INCLUDE: THE ADOPTION, AMENDMENT, OR REVOCATION OF TWCPCE'S ARTICLES OF INCORPORATION; THE TERMINATION, LIQUIDATION, REORGANIZATION, DIVISION, CONVERSION, OR DISSOLUTION OF TWCPCE; ANY MERGER, CONSOLIDATION, OR COMBINATION WITH ANOTHER ENTITY; ANY CHANGE OR TRANSFER OF TWCCH'S OWNERSHIP STAKE IN TWCPCE, OR THE CREATION OR ISSUANCE OF ANY ADDITIONAL MEMBERSHIP INTERESTS; THE ESTABLISHMENT OF ANY SUBSIDIARY CORPORATIONS BY TWCPCE; AND THE ADOPTION OR AMENDMENT OF TWCPCE'S BYLAWS. ADDITIONALLY, CERTAIN ACTIONS REQUIRE THE AFFIRMATIVE VOTES OF TWCCH AND TWCPCE. THOSE ACTIONS SPECIFICALLY INCLUDE: THE INCURRENCE OF DEBT EXCEEDING AMOUNTS REASONABLY DESIGNATED BY THE MEMBER, EXCEPT WHEN SUCH DEBT IS PART OF A BUDGET ALREADY APPROVED BY THE MEMBER; THE ASSUMPTION OF ANY OBLIGATION (WHETHER CURRENT OR CONTINGENT) TO GUARANTEE OR BE RESPONSIBLE FOR THE DEBTS OR OBLIGATIONS OF ANOTHER PARTY, WHERE SUCH OBLIGATION EXCEEDS AMOUNTS DESIGNATED BY THE MEMBER, UNLESS IT IS PART OF A MEMBER-APPROVED BUDGET; THE APPROVAL OF TWCPCE'S ANNUAL OPERATING AND CAPITAL BUDGETS, AS WELL AS ANY MATERIAL CHANGES OR AMENDMENTS TO THESE BUDGETS; THE VOLUNTARY GRANTING OF ANY LIEN OR ENCUMBRANCE (INCLUDING A CONFESSION OF JUDGMENT) ON TWCPCE'S ASSETS, EXCEPT FOR THOSE GRANTED IN THE NORMAL COURSE OF BUSINESS OPERATIONS; THE SELECTION OF TWCPCE'S EXTERNAL FINANCIAL AUDITORS, GENERAL LEGAL COUNSEL, AND INVESTMENT ADVISORS; THE APPROVAL OF TWCPCE'S STRATEGIC AND OPERATING PLANS, INCLUDING ANY MODIFICATIONS OR UPDATES TO THESE PLANS; THE APPROVAL OF TWCPCE'S STATEMENTS OF PURPOSE, VISION, OR MISSION, AS WELL AS ANY CHANGES TO THESE FOUNDATIONAL STATEMENTS; THE ADOPTION OF ANY EMPLOYEE BENEFIT PLANS FOR TWCPCE'S PERSONNEL; THE APPOINTMENT AND REMOVAL OF ANY DIRECTOR OR OFFICER OF TWCPCE; AND THE HIRING OR APPOINTMENT AND THE DISMISSAL OF A CHIEF EXECUTIVE FOR TWCPCE.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE) FORM 990 IS PREPARED BY THE SENIOR LEADERSHIP TEAM OF THE FINANCE AND ENTERPRISE DEVELOPMENT DEPARTMENTS WITH DETAILED INPUT FROM THE EXECUTIVE MANAGEMENT TEAM AND THE PRESIDENT & CEO OF THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). AN INDEPENDENT, CONTRACTED CPA FIRM THEN REVIEWS THE DRAFT FORM 990. THE REFINED FORM 990 IS THEN DISTRIBUTED TO THE AUDIT/COMPLIANCE AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW, INPUT, AND APPROVAL FOR FEDERAL FILING. UPON COMPLETION OF THIS REVIEW, NECESSARY REVISIONS, AND APPROVAL, THE FORM 990 IS FINALIZED, SIGNED BY THE ORGANIZATION'S CO-CHAIR, AND FILED WITH THE IRS. TWCPCE'S THREE MOST RECENTLY FILED FORMS 990, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON THE ORGANIZATION'S WEBSITE IN A DOWNLOADABLE FORMAT AND ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE, WHERE THEY MAY BE REVIEWED IN HARD COPY UPON REQUEST, CONSISTENT WITH APPLICABLE IRS LAWS, RULES, AND REGULATIONS.
FORM 990, PART VI, LINE 12A - 12B, & 12C - CONFLICT OF INTEREST POLICY	A WRITTEN CONFLICT-OF-INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. THE SVP OF ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER OF THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) WORK TOGETHER TO ENSURE THE POLICY IS REVIEWED, UPDATED AS NEEDED, AND RENEWED ANNUALLY OR MORE FREQUENTLY AS NEEDED OR APPROPRIATE. THE SVP OF ENTERPRISE INTEGRITY, ALONG WITH THE GOVERNANCE AND CHIEF COMPLIANCE OFFICERS ENSURE THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL GOVERNING BOARD MEMBERS ("DIRECTORS") AND OFFICERS. SHOULD A CONFLICT OF INTEREST OR POTENTIAL CONFLICT ARISE DURING THE YEAR AMONG DIRECTORS AND OFFICERS, THE GOVERNANCE OFFICER AND THE SVP FOR ENTERPRISE INTEGRITY ENSURE THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED TO REFLECT THE POSSIBLE CONFLICT. POTENTIAL CONFLICTS OF DIRECTORS AND OFFICERS, IF ANY, ARE FULLY DISCLOSED, VETTED BY INTERNAL COUNSEL AND THE AUDIT/COMPLIANCE COMMITTEE, AND REVIEWED BY THE BOARD WITH OUTSIDE ETHICS COUNSEL OBTAINED WHEN APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO NEW DIRECTORS AND OFFICERS DURING BOARD ORIENTATION AND TO THE FULL BOARD ANNUALLY DURING THE REVIEW, UPDATE, AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. IN ADDITION, BEFORE EACH BOARD AND COMMITTEE MEETING, MEMBERS MUST DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST RELATED TO AGENDA ITEMS. THESE DISCLOSURES ARE FORMALLY RECORDED IN THE MINUTES, AND APPROPRIATE RECUSALS ARE IMPLEMENTED TO ENSURE INDEPENDENT DELIBERATION AND DECISION-MAKING. THE BOARD'S AUDIT AND COMPLIANCE COMMITTEE ACTIVELY MONITORS DIRECTORS' AND OFFICERS' COMPLIANCE WITH THE POLICY, AND THE SVP OF ENTERPRISE INTEGRITY SUPPORTS THIS OVERSIGHT THROUGH ONGOING REVIEW, DOCUMENTATION, AND ENFORCEMENT OF CONFLICT-OF-INTEREST STANDARDS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE CO-CHAIR IS EMPLOYED BY AND COMPENSATED BY ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), FOR THE SERVICES OF PRESIDENT AND CEO. ADDITIONALLY, TWCCH CONTRACTS .25 FTE OF ITS PRESIDENT AND CEO TO PERFORM THE ROLE AS PRESIDENT AND CEO OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). CONSEQUENTLY, PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE) DOES NOT DIRECTLY COMPENSATE THE CO-CHAIR. THE EXECUTIVE COMMITTEES OF THE TWCGME AND TWCCH BOARDS COLLABORATIVELY DETERMINE THE RESPECTIVE CHIEF EXECUTIVE'S COMPENSATION, ENGAGING A THIRD-PARTY CONSULTANT TO CONDUCT A FORMAL, PERIODIC, OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY GENERALLY EVERY THREE TO FIVE YEARS. DURING CONTRACT NEGOTIATIONS WITH THE PRESIDENT AND CEO, THE RELEVANT COMPONENTS OF THE STUDY ARE APPROPRIATELY AGED AND SUPPLEMENTED BY DATA FROM SOURCES SUCH AS THE AMERICAN JOB CENTER NETWORK, THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORMS 990 OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS FROM THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AMONG OTHER RELEVANT REGIONAL, STATE, AND NATIONAL BENCHMARKS. ANNUALLY, THE EXECUTIVE COMMITTEES COLLABORATIVELY CONDUCT A THOROUGH PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE AND THE RESPECTIVE ORGANIZATIONS, ASSESSING THE APPROPRIATENESS OF SALARY AND BENEFIT ADJUSTMENTS. THESE ADJUSTMENTS, IF MADE BETWEEN CONTRACT TERMS, ARE BENCHMARKED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE CHIEF EXECUTIVE'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE DETERMINATION OF COMPENSATION.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE)'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND CONSOLIDATED FINANCIAL STATEMENTS ARE KEPT IN A SECURE LOCATION AND ARE AVAILABLE FOR PUBLIC INSPECTION DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE AT 501 SOUTH WASHINGTON AVENUE, SUITE 1000, SCRANTON, PENNSYLVANIA, 18505, AND OTHER LOCATIONS AS REQUIRED BY IRS RULES AND REGULATIONS. HARD COPIES ARE PROVIDED UPON REQUEST FOR REVIEW. TWCPCE'S THREE MOST RECENT FORM 990S, ALONG WITH THREE CONSECUTIVE ANNUAL REPORTS FOR THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND TWCPCE, ARE ALSO AVAILABLE FOR DOWNLOAD ON ITS WEBSITE.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Patient Engagement Council

Employer identification number: 81-3053323

Return Reference - Identifier	Explanation
SCHEDULE B, PART I AND II - CONTRIBUTORS	SPITZ FOUNDATION - PATIENT & COMMUNITY ENGAGEMENT - BREAKING THE CYCLE OF POVERTY ($5,375) PURPOSE OF ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION, ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED FUNDING TO THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE). THIS PROJECT AIMS TO EXPAND ACCESS TO NUTRITIOUS MEALS FOR HUNDREDS MORE INDIVIDUALS AND FAMILIES, PROVIDE TRANSPORTATION TO MEDICAL APPOINTMENTS, AND OFFER NUTRITION EDUCATION FOR INDIVIDUALS AND FAMILIES EXPERIENCING ECONOMIC HARDSHIP. THESE RESOURCES HELPED REDUCE FINANCIAL STRAIN, IMPROVE ACCESS TO ESSENTIAL SERVICES AND HEALTH CARE, AND PROMOTE GREATER STABILITY AND WELL-BEING FOR VULNERABLE COMMUNITY MEMBERS. DUNKIN' JOY IN CHILDHOOD FOUNDATION-PATIENT & COMMUNITY ENGAGEMENT - ADDRESSING FOOD INSECURITY AMONG CHILDREN ($6,482) PURPOSE OF ASSISTANCE: THE DUNKIN' JOY IN CHILDHOOD FOUNDATION AWARDED FUNDING TO THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE). FOOD INSECURITY IS A SIGNIFICANT BARRIER TO CHILD HEALTH, ACADEMIC READINESS, AND FAMILY STABILITY, PARTICULARLY DURING THE SUMMER MONTHS WHEN SCHOOL-BASED MEAL PROGRAMS ARE UNAVAILABLE. THIS FUNDING SUPPORTED THE PROVISION OF FREE LUNCHES, TAKE-HOME SNACKS, NUTRITION EDUCATION MATERIALS, AND GROCERY GIFT CARDS TO ELIGIBLE FAMILIES TO PURCHASE HEALTHY FOODS, HELPING ENSURE CONSISTENT ACCESS TO NUTRITIOUS FOOD AND REDUCING PREVENTABLE HEALTH RISKS ASSOCIATED WITH INADEQUATE NUTRITION. USING THE AWARDED FUNDS, TWCPCE HOSTED HEALTHY SUMMER LUNCHEONS AT LIBRARIES, HEAD START CENTERS, YMCAS, AND OTHER COMMUNITY-BASED SUMMER PROGRAMS. THESE EVENTS PROVIDED NUTRITIOUS MEALS WHILE CREATING WELCOMING SPACES THAT PROMOTE JOY, CONNECTION, AND WELL-BEING FOR CHILDREN EXPERIENCING HUNGER. SCRANTON AREA COMMUNITY FOUNDATION - FALL COMMUNITY NEEDS ASSESSMENT GRANT ($8,000) PURPOSE OF ASSISTANCE: THE SCRANTON AREA COMMUNITY FOUNDATION AWARDED FUNDING TO THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE). UTILITY INSECURITY IS A SIGNIFICANT HEALTH-RELATED SOCIAL NEED, AS THE INABILITY TO MAINTAIN HEAT, ELECTRICITY, OR OTHER ESSENTIAL HOUSEHOLD SERVICES CAN ADVERSELY AFFECT CHRONIC DISEASE MANAGEMENT, MEDICATION STORAGE, SAFETY, AND OVERALL WELL-BEING. RISING ENERGY COSTS DISPROPORTIONATELY AFFECT LOW-INCOME HOUSEHOLDS, WHICH TYPICALLY SPEND A SIGNIFICANTLY HIGHER PERCENTAGE OF THEIR GROSS INCOME ON UTILITY EXPENSES THAN HIGHER-INCOME HOUSEHOLDS. THIS FUNDING SUPPORTED DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE HOUSEHOLDS IN LACKAWANNA COUNTY, HELPING STABILIZE LIVING CONDITIONS, REDUCE FINANCIAL STRESS AND NONMEDICAL BARRIERS, AND IMPROVE HEALTH AND WELL-BEING FOR VULNERABLE FAMILIES. BOMBAS - DONATIONS OF SOCKS TO PATIENTS FACING HARDSHIPS ($20,000) PURPOSE OF ASSISTANCE: BOMBAS DONATED 5,000 PAIRS OF SOCKS TO THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE). ACCESS TO CLEAN CLOTHING, INCLUDING SOCKS, IS A BASIC BUT OFTEN OVERLOOKED NEED THAT AFFECTS COMFORT, HYGIENE, FOOT HEALTH, AND DIGNITY, PARTICULARLY FOR INDIVIDUALS EXPERIENCING HOUSING INSTABILITY OR LIMITED FINANCIAL RESOURCES. TWCPCE DISTRIBUTED THE DONATED SOCKS TO PATIENTS AND THEIR CHILDREN, FAMILIES, AND COMMUNITY MEMBERS FACING HARDSHIPS. BY HELPING MEET A BASIC CLOTHING NEED, THIS INITIATIVE SUPPORTED THE OVERALL HEALTH, COMFORT, DIGNITY, AND WELL-BEING OF VULNERABLE INDIVIDUALS AND FAMILIES IN THE COMMUNITIES SERVED. OPERATION WARM - DONATIONS OF COATS TO CHILDREN IN NEED ($20,880) PURPOSE OF ASSISTANCE: OPERATION WARM PROVIDED 348 NEW WINTER COATS TO THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE). TWCPCE DISTRIBUTED THE COATS TO PATIENTS AND THEIR CHILDREN, AS WELL AS COMMUNITY MEMBERS EXPERIENCING FINANCIAL HARDSHIP, HELPING ENSURE THEY REMAIN WARM, HEALTHY, AND PROTECTED DURING THE COLDER MONTHS. BY MEETING THIS BASIC NEED, THE INITIATIVE SUPPORTED OVERALL WELL-BEING AND REDUCED SEASONAL HEALTH RISKS FOR VULNERABLE FAMILIES.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: PATIENT ENGAGEMENT COUNCIL

Employer identification number: 81-3053323

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 MEDICAL GROUP (23-2772504) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✔
(2) THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (23-2007832) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✔
(3) THE WRIGHT CENTER ALLIANCE (81-2982874) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12 TYPE I	TWCGME	✔	
(4) COMMUNITY HEALTH HUB (27-3582779) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✔
(5) COMMONWEALTH DENTAL CARE INITIATIVE (88-4372847) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	N/A		✔
(6)							
(7)							

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

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

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

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

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		✔
b	Gift, grant, or capital contribution to related organization(s)	**1b**		✔
c	Gift, grant, or capital contribution from related organization(s)	**1c**	✔	
d	Loans or loan guarantees to or for related organization(s)	**1d**		✔
e	Loans or loan guarantees by related organization(s)	**1e**		✔
f	Dividends from related organization(s)	**1f**		✔
g	Sale of assets to related organization(s)	**1g**		✔
h	Purchase of assets from related organization(s)	**1h**		✔
i	Exchange of assets with related organization(s)	**1i**		✔
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**		✔
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		✔
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	✔	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	✔	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	✔	
o	Sharing of paid employees with related organization(s)	**1o**		✔
p	Reimbursement paid to related organization(s) for expenses	**1p**	✔	
q	Reimbursement paid by related organization(s) for expenses	**1q**		✔
r	Other transfer of cash or property to related organization(s)	**1r**		✔
s	Other transfer of cash or property from related organization(s)	**1s**		✔

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).

Return Reference - Identifier	Explanation
SCHEDULE R, PART II, COLUMN (B) - PRIMARY ACTIVITY	NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER MEDICAL GROUP D/B/A THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TWCCH, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION, IS THE SOLE CORPORATE MEMBER OF THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE). TWCCH OPERATES AS A HRSA-DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER. IT OFFERS SAFETY-NET, COMPREHENSIVE, FULLY INTEGRATED, WHOLE-PERSON PRIMARY HEALTH AND RYAN WHITE/INFECTIOUS DISEASE SERVICES, ENSURING ACCESS REGARDLESS OF INSURANCE STATUS, GEOGRAPHIC LOCATION, OR ABILITY TO PAY. AS A HRSA-RECOGNIZED PIONEERING TEACHING HEALTH CENTER, TWCCH SERVES AS THE PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENT IN NORTHEASTERN PENNSYLVANIA FOR TWCGME'S RESIDENT AND FELLOW PHYSICIAN TRAINEES, AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-CCPAP), ALONGSIDE MORE THAN 200 INTERPROFESSIONAL HEALTH CARE LEARNERS FROM OVER 10 REGIONAL ACADEMIC INSTITUTIONS EDUCATING AND TRAINING FUTURE HEALTH CARE PROFESSIONALS. TOGETHER, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND TWCCH ARE THE BACKBONE OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) THAT AIMS TO ADDRESS OUR NATIONAL PRIMARY CARE SHORTAGE AND MISDISTRIBUTION, AS WELL AS RELATED HEALTH, HEALTH CARE, AND HEALTH CARE CAREERS ACCESS NEEDS AND CHALLENGES. THE ORGANIZATIONS SHARE A NOBLE MISSION TO IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE, WHOLE-PERSON HEALTH SERVICES FOR ALL AND SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. AS THE SOLE CORPORATE MEMBER OF TWCPCE, TWCCH APPROVES TWCPCE'S ANNUAL STRATEGIC AND OPERATING PLANS, ANNUAL BUDGETS, AND GOVERNING BOARD MEMBERS, WHILE RETAINING ADDITIONAL POWERS AND AUTHORITIES. NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) TWCGME, A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC), SERVES AS THE INDEPENDENT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-ACCREDITED SPONSORING INSTITUTION OF GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS THAT TRAIN PRIMARY CARE RESIDENT AND SPECIALTY FELLOW PHYSICIANS IN A SAFETY-NET HEALTH SERVICES NETWORK OF ESSENTIAL COMMUNITY PROVIDERS. DURING THE COVERED PERIOD, TWCGME'S TRAINING PROGRAMS INCLUDED INTERNAL MEDICINE, FAMILY MEDICINE, AND PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCY PROGRAMS; GERIATRICS, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWSHIP PROGRAMS; AND AN INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY, COMMONLY KNOWN AS THE COMBINED MED-GERI PATHWAY. TWCGME'S GME-SNC STRATEGICALLY ENGAGES NUMEROUS PARTNERING ORGANIZATIONS IN ITS GOVERNANCE AND THE TRAINING OF ITS RESIDENTS AND FELLOWS. THESE PARTNERS INCLUDE THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), TWCGME'S PRIMARY AFFILIATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LAL), AS WELL AS FOUR PARTNERING NATIONAL FQHCS, NUMEROUS CMS GME-FUNDED COMMUNITY-BASED HOSPITAL SYSTEMS, OUR REGIONAL VETERANS AFFAIRS MEDICAL CENTER, TWO CMS GME-FUNDED INPATIENT REHABILITATION FACILITIES (IRFS), OUR REGIONAL NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (AHEC), COMMUNITY RESOURCE AGENCIES INCLUDING THE INSTITUTE, AND ALSO PATIENTS OF TWCCH, AND MEMBERS OF THE COMMUNITIES SERVED AT LARGE. TWCCH AND TWCGME SHARE A NOBLE MISSION TO IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE, WHOLE-PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWO OF TWCGME'S PRIMARY CARE RESIDENT PHYSICIANS SERVE AS VOTING MEMBERS OF TWCPCE'S BOARD OF DIRECTORS, BRIDGING THE GAP BETWEEN PHYSICIAN LEARNERS AND THE NEEDS OF PATIENTS, FAMILIES, AND COMMUNITIES. THIS VITAL CONNECTION NOT ONLY FOSTERS RESIDENT PHYSICIAN WELLNESS AND RESILIENCE THROUGH MEANINGFUL SERVICE OPPORTUNITIES BUT ALSO DEEPENS THEIR TIES TO THE PATIENTS, FAMILIES, AND COMMUNITIES TWCCH SERVES, ULTIMATELY STRENGTHENING THE PHYSICIAN WORKFORCE PIPELINE AND WELCOMING THEM TO REMAIN IN THE REGION POST-GRADUATION. NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER ALLIANCE (ALLIANCE) ALLIANCE, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION, WAS ESTABLISHED AS A SUPPORTING PARENT ORGANIZATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). ITS PURPOSE IS TO ALIGN, ENABLE, AND OPTIMIZE THE SHARED MISSION DELIVERY AND COMMUNITY BENEFIT IMPACT OF ALL AFFILIATED NONPROFIT WRIGHT CENTER ENTITIES. NAME OF RELATED ORGANIZATION: COMMUNITY HEALTH HUB (CHH) CHH, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION, DEDICATED TO BUILDING A SUSTAINABLE, RESILIENT, AND TRANSPARENT COMMUNITY-OWNED AND COMMUNITY-GOVERNED HEALTH SYSTEM THAT PRIORITIZES THE WELL-BEING AND ECONOMIC VITALITY OF NORTHEASTERN PENNSYLVANIA. ITS MISSION IS TO PROVIDE HIGH-QUALITY, WHOLE-PERSON HEALTH SERVICES, STRENGTHEN THE LOCAL HEALTHCARE WORKFORCE, AND ENSURE COMPREHENSIVE PRIMARY AND SPECIALIZED CARE FOR OUR COMMUNITIES.

Return Reference - Identifier	Explanation
SCHEDULE R, PART II, COLUMN (B) - PRIMARY ACTIVITY	NAME OF RELATED ORGANIZATION: COMMONWEALTH DENTAL CARE INITIATIVE (CDCI) CDCI, A NONPROFIT CORPORATION, BASED IN PENNSYLVANIA IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PURPOSE OF ASSESSING, RESEARCHING, AND DOCUMENTING THE DENTAL AND ORAL CARE NEEDS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA WITH THE GOAL OF IDENTIFYING POSSIBLE SOLUTIONS FOR CURRENT AND FUTURE DENTAL NEEDS WHICH MAY INCLUDE WORKFORCE SHORTAGES AND ACCESS CHALLENGES.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07/01, 2024, and ending 06/30, 20 25

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

OMB No. 1545-0047

2024

Name of filer: PATIENT ENGAGEMENT COUNCIL

EIN or SSN: 81-3053323

Name and title of officer or person subject to tax: LINDA THOMAS-HEMAK, MD, CO-CHAIR, DIRECTOR

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 ☑	b **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	186,396
2a	**Form 990-EZ** check here ☐	b **Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ☐	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ☐	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ☐	b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ☐	b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ☐	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ☐	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ☐	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	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 2024 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 MAZARS, LLP (**ERO firm name**) to enter my PIN 5 3 3 2 3 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 MD Date: 5/13/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 0 3 2 9 6 0 2 6 0
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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: KRYSTAL CREACH Date: 05/12/2026

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

PUBLIC DISCLOSURE COPY

Form **990-T**

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

For calendar year 2024 or other tax year beginning 07/01, 2024, and ending 06/30, 20 25

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 an 501(c)(3).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2024

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

A ☐ Check box if address changed.

B Exempt under section
☑ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
PATIENT ENGAGEMENT COUNCIL

Number, street, and room or suite no. If a P.O. box, see instructions.
501 S. WASHINGTON AVENUE, STE 1000

City or town, state or province, country, and ZIP or foreign postal code
SCRANTON, PA 18505

C Book value of all assets at end of year 239,129

D Employer identification number
81-3053323

E Group exemption number (see instructions)

F ☐ Check box if an amended return.

G Check organization type ☑ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university
☐ 6417(d)(1)(A) Applicable entity

H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ☐

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? ☑ **Yes** ☐ **No**
If "Yes," enter the name and identifying number of the parent corporation THE WRIGHT CENTER MEDICAL GROUP 23-2772504

L The books are in care of (SEE STATEMENT) Telephone number (570) 343-2383

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	0
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	0
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	**Tax on noncompliant facility income.** See instructions	6	0
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0		
b	Other credits (see instructions)	1b	0		
c	General business credit. Attach Form 3800 (see instructions)	1c	0		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	0
2	Subtract line 1e from Part II, line 7			2	0
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e	0		
f	Total amounts due. Add lines 3a through 3e			3f	0
4	**Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here 0			4	0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J Form **990-T** (2024)

Form **8868**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to *www.irs.gov/Form8868* for the latest information.

OMB No. 1545-0047

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

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.

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.

Part I — Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
PATIENT ENGAGEMENT COUNCIL	81-3053323
Number, street, and room or suite no. If a P.O. box, see instructions.	
501 S. WASHINGTON AVENUE, STE 1000	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
SCRANTON, PA 18505	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information
  - Plan Name
  - Plan Number
  - Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

- The books are in the care of SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, 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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or

☑ tax year beginning 07/01, 20 24, and ending 06/30, 20 25.

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

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

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

Part III — Extension of Time To File Form 5330 (see instructions)

1 I request an extension of time until _____, 20 ____, to file Form 5330.

You may be approved for up to a 6-month extension to file Form 5330, after the normal due date of Form 5330.

a	Enter the Code section(s) imposing the tax.	**1a**	
b	Enter the payment amount attached.	**1b**	**$**
c	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date (MM/DD/YYYY).	**1c**	

2 State in detail why you need the extension.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature **Date**

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	0		
c	Tax deposited with Form 8868	6c	0		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0		
e	Backup withholding (see instructions)	6e	0		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0		
g	Elective payment election amount from Form 3800	6g	0		
h	Payment from Form 2439	6h	0		
i	Credit from Form 4136	6i	0		
j	Other (see instructions)	6j	0		
7	**Total payments.** Add lines 6a through 6j			7	0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	0
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	0
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** 0 **Refunded**			11	0

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

		Yes	No
1	At any time during the 2024 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		✓
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.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
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 the Business Activity Code and available 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
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.
(SEE STATEMENT)

Sign Here

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

Signature of officer | Date 5/13/26 | Title MD, CO-CHAIR, DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRYSTAL CREACH	KRYSTAL CREACH			P01248198
Firm's name FORVIS MAZARS, 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

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505

Return Reference	Amount	Explanation
990-T CORE FORM		
FORM 990-T, PART I, LINE 1	0	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.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07/01, 2024, and ending 06/30, 20 25

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

OMB No. 1545-0047

2024

Name of filer: PATIENT ENGAGEMENT COUNCIL

EIN or SSN: 81-3053323

Name and title of officer or person subject to tax: LINDA THOMAS-HEMAK, MD, CO-CHAIR, DIRECTOR

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	☐	b **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	b **Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☑	b **Total tax** (Form 990-T, Part III, line 4)	6b	0
7a	**Form 4720** check here	☐	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	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 2024 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 MAZARS, LLP (**ERO firm name**) to enter my PIN 5 3 3 2 3 as my signature
Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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 MD Date: 5/13/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 0 3 2 9 6 0 2 6 0
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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: KRYSTAL CREACH Date: 05/12/2026

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Cat. No. 31722T Form **8879-TE** (2024)

IRS Tax Determination

IRS Department of the Treasury
Internal Revenue Service
P.O. BOX 2508
CINCINNATI OH 45201

In reply refer to: 9999999999
July 10, 2018 LTR 3367C SO
81-3053323 000000 00
00034449
BODC: TE

PATIENT ENGAGEMENT COUNCIL
111 N WASHINGTON AVE 1ST FLR
SCRANTON PA 18503-1841

005114

Employer identification number: 81-3053323
Tax form: 1023
Document locator number: 17053-179-31302-8
For assistance, call: 1-877-829-5500

Dear Applicant,

We received your application for exemption from federal income tax and your user fee payment.

During the initial review process, applications for exemption are separated into two groups:

1. Those that can be processed based on information submitted
2. Those that require additional information to be processed

If your application falls in the first group you'll receive a determination letter within approximately 90 days from the date of this notice stating that you re exempt from federal income tax.

If your application falls in the second group, you'll be contacted when your application has been assigned to an Exempt Organizations specialist for review. You can expect to be contacted within approximately 180 days from the date of this notice. After 180 days, if you haven't been notified your application was assigned to a specialist, you can contact Customer Account Services Monday through Friday at the toll-free number shown above to check on its status. The individual calling on your behalf will need the following information:

* Your name
* Your employer identification number (EIN)
* The document locator number listed above and assigned to your request
* A proper power of attorney submitted with your exemption application, unless the individual calling is an officer or director and legally authorized to represent you

The IRS doesn't issue "tax-exempt numbers" or "tax-exempt certificates" for state or local sales or income taxes. If you need exemption from these taxes, contact your state or local tax offices.

Most organizations are required to file an annual information return

9999999999
July 10, 2018 LTR 3367C SO
81-3053323 000000 00
00034450

PATIENT ENGAGEMENT COUNCIL
111 N WASHINGTON AVE 1ST FLR
SCRANTON PA 18503-1841

(Form 990, Form 990-EZ, or Form 990-PF) or electronic notice (Form 990-N, the e-Postcard) while their applications for exemption or miscellaneous determination requests are pending. If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked. Visit www.irs.gov and type "annual exempt organization return: who must file" in the search box for information on the types of organizations that are required to file annual returns or notices.

To receive the Exempt Organizations' EO Update, an electronic newsletter with information for tax-exempt organizations and tax practitioners, go to www.irs.gov/charities and click on "Free e-Newsletter."

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

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

DEPARTMENT OF THE TREASURY

Date: APR 05 2019

PATIENT ENGAGEMENT COUNCIL
111 N WASHINGTON AVE 1ST FLR
SCRANTON, PA 18503-1841

Employer Identification Number:
81-3053323
DLN:
17053179313028
Contact Person:
KAREN CHAO ID# 31003
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 31, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

PATIENT ENGAGEMENT COUNCIL

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

Sincerely,

Director, Exempt Organizations
Rulings and Agreements