

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

B Check if applicable: C Name of organization THE WRIGHT CENTER MEDICAL GROUP D Employer identification number 23-2772504 E Telephone number (570) 343-2383 G Gross receipts \$ 64,849,072. F Name and address of principal officer: LINDA THOMAS-HEMAK MD 501 S. WASHINGTON AVENUE, SCRANTON, PA 18505 I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: THEWRIGHTCENTER.ORG K Form of organization: X Corporation Association Other L Year of formation: 1994 M State of legal domicile: PA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-6 Number of members/volunteers... 7a-7b Revenue and taxable income... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Signature of officer: Linda Thomas-Hemak MD, Date: 5/14/24, Title: CEO / PHYSICIAN

Paid Preparer Use Only: Print/Type preparer's name: KRYSTAL K CREACH, Preparer's signature: KRYSTAL K CREACH, Date, Check self-employed, PTIN: P01248198, Firm's name: FORVIS, LLP, Firm's EIN: 44-0160260, Firm's address: 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523, Phone no.: 417-865-8701

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	THE WRIGHT CENTER MEDICAL GROUP	23-2772504
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	501 S. WASHINGTON AVENUE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SCRANTON, PA 18505	

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

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

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

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

1 I request an automatic 6-month extension of time until 05/15, 2024, 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, 2022, and ending 06/30, 2023.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

4a (Code:) (Expenses \$ 26,793,345. including grants of \$) (Revenue \$ 55,617,588.)

CLINICAL SERVICES:

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

4b (Code:) (Expenses \$ 14,276,966. including grants of \$) (Revenue \$)

340B DRUG PRICING PROGRAM:

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

4c (Code:) (Expenses \$ 8,041,678. including grants of \$ 1,122,946.) (Revenue \$)

GRANT PROGRAMS:

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

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 4,695. including grants of \$ 126,000.) (Revenue \$ 984,051.)

4e Total program service expenses 49,116,684.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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 402		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 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? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

SANDRA YASTREMSKI, CFO 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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD PRESIDENT & CEO/PHYSICIAN	40.00 15.00			X				678,269.	226,090.	41,372.
(2) JIGNESH SHETH, MD CMO/PHYSICIAN	40.00 15.00			X				444,547.	148,182.	41,372.
(3) WILLIAM DEMPSEY, MD DEPUTY CMO/PHYSICIAN	50.00 5.00				X			323,850.	35,983.	38,608.
(4) JUMEE BAROOAH, MD PHYSICIAN	30.00 25.00					X		197,158.	148,734.	40,741.
(5) MARY LOUISE DECKER, MD MEDICAL DIRECTOR/PHYSICIAN	55.00 NONE				X			358,161.	NONE	26,614.
(6) VINOD SHARMA, MD PHYSICIAN	25.00 30.00					X		172,243.	172,243.	39,077.
(7) ENRIQUE SAMONTE, MD PHYSICIAN	50.00 5.00					X		284,451.	35,157.	36,748.
(8) TIMOTHY BURKE, DO PHYSICIAN	35.00 20.00					X		198,868.	116,796.	38,726.
(9) MAUREEN LITCHMAN, MD MEDICAL DIRECTOR/PHYSICIAN	40.00 15.00				X			224,665.	96,285.	29,495.
(10) JENNIFER WALSH, ESQ FORMER SVP ENT COMP INTEG	NONE 55.00						X	NONE	319,624.	27,860.
(11) RONALD DANIELS, CPA CFO	0.01 55.00			X				NONE	309,658.	34,699.
(12) RAJIV BANSAL, MD PHYSICIAN	50.00 5.00					X		255,902.	34,896.	37,086.
(13) ERIN MCFADDEN, MD MEDICAL DIRECTOR/PHYSICIAN	55.00 NONE				X			289,805.	NONE	33,858.
(14) GERARD GEOFFROY CHAIRMAN	5.00 1.00	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEBORAH KOLSOVSKY VICE CHAIR BEG 03/23	5.00 NONE	X		X				NONE	NONE	NONE
(16) CATHERINE GENCO TREASURER BEG 03/23	5.00 5.00	X		X				NONE	NONE	NONE
(17) MARY MARRARA SECRETARY	5.00 5.00	X		X				NONE	NONE	NONE
(18) PEDRO ANES DIRECTOR BEG 12/22	1.00 NONE	X						NONE	NONE	NONE
(19) MARY ANN CHINDEMI, RN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) PATRICIA DESOUZA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) LEE ANN ESCHBACH, PHD DIRECTOR	1.00 5.00	X						NONE	NONE	NONE
(22) KIM HERITSCKO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(23) TRACY HUNT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(24) MARY KLEM DIRECTOR BEG 12/22	1.00 NONE	X						NONE	NONE	NONE
(25) RICHARD KREBS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total								3,427,919.	1,643,648.	466,256.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								3,427,919.	1,643,648.	466,256.

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 **▶** 50

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LEWIS MARCUS ----- DIRECTOR	1.00 ----- NONE	X					NONE	NONE	NONE	
(27) JOSEPH MARINELLI, RPH, MBA ----- DIRECTOR BEG 03/23	1.00 ----- NONE	X					NONE	NONE	NONE	
(28) KEN OKREPKIE ----- DIRECTOR BEG 12/22	1.00 ----- NONE	X					NONE	NONE	NONE	
(29) MELISSA SIMRELL ----- DIRECTOR	1.00 ----- 1.00	X					NONE	NONE	NONE	
(30) ELLEN WALKO ----- DIRECTOR	1.00 ----- 5.00	X					NONE	NONE	NONE	
(31) JASON KAVULICH ----- DIRECTOR END 07/22	1.00 ----- NONE	X					NONE	NONE	NONE	
(32) WILLIAM WATERS, PHD ----- VICE CHAIR-DECEASED END 07/22	5.00 ----- 5.00	X		X			NONE	NONE	NONE	
(33) JAMES GAVIN ----- DIRECTOR END 07/22	1.00 ----- 5.00	X					NONE	NONE	NONE	
(34) KRISTEN HILL ----- DIRECTOR END 12/22	1.00 ----- NONE	X					NONE	NONE	NONE	

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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	1,328,289.							
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions) . .	1e	6,533,772.							
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	37,735.							
	g	Noncash contributions included in lines 1a-1f	1g	\$ 55,500.							
	h	Total. Add lines 1a-1f			7,899,796.						
	Program Service Revenue				Business Code						
2a		NET PATIENT SERVICES REVENUE		621400	51,457,432.	51,457,432.					
b		TEACHING REVENUE		621400	4,160,156.	4,160,156.					
c		OTHER PROGRAM SERVICE REVENUE		621400	984,051.	984,051.					
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			56,601,639.						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			196,585.		196,585.				
	4	Income from investment of tax-exempt bond proceeds .			NONE						
	5	Royalties			NONE						
	6a	Gross rents	6a	(i) Real							
				(ii) Personal							
					15,735.						
	b	Less: rental expenses	6b								
	c	Rental income or (loss)	6c	15,735.	NONE						
	d	Net rental income or (loss)			15,735.		15,735.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities							
				(ii) Other							
	b	Less: cost or other basis and sales expenses . .	7b		3,597.						
	c	Gain or (loss)	7c		-3,597.						
d	Net gain or (loss)			-3,597.		-3,597.					
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		NONE							
			b	Less: direct expenses	8b		NONE				
			c	Net income or (loss) from fundraising events			NONE				
			9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
						b	Less: direct expenses	9b		NONE	
						c	Net income or (loss) from gaming activities			NONE	
			10a	Gross sales of inventory, less returns and allowances	10a		NONE				
						b	Less: cost of goods sold	10b		NONE	
						c	Net income or (loss) from sales of inventory			NONE	
Miscellaneous Revenue				Business Code							
	11a	MISCELLANEOUS REVENUE		900099	121,082.		121,082.				
	b	PURCHASE DISCOUNTS		900099	14,235.		14,235.				
	c										
	d	All other revenue									
	e	Total. Add lines 11a-11d			135,317.						
12	Total revenue. See instructions			64,845,475.	56,601,639.		344,040.				

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Accounts receivable, Investments, and Total assets/liabilities. Includes sub-rows 10a, 10b, 10c for land and depreciation.

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	64,845,475.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,181,828.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,663,647.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,993,803.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	30,657,450.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form 990 (2022)

**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

2022

**Open to Public
Inspection**

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2022

JSA
2E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,016,314.	8,016,717.	8,092,274.	7,402,844.	7,899,796.	34,427,945.
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	17,363,071.	26,424,414.	44,801,585.	50,829,701.	56,601,639.	196,020,410.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 Total. Add lines 1 through 5.	20,379,385.	34,441,131.	52,893,859.	58,232,545.	64,501,435.	230,448,355.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						NONE
c Add lines 7a and 7b.						NONE
8 Public support. (Subtract line 7c from line 6.)						230,448,355.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	20,379,385.	34,441,131.	52,893,859.	58,232,545.	64,501,435.	230,448,355.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,673.	181,950.	62,936.	63,058.	212,320.	653,937.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	133,673.	181,950.	62,936.	63,058.	212,320.	653,937.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	51,244.	13,275.	92,706.	66,659.	135,317.	359,201.
13 Total support. (Add lines 9, 10c, 11, and 12.)	20,564,302.	34,636,356.	53,049,501.	58,362,262.	64,849,072.	231,461,493.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.56%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	99.57%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)),	17	0.28%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	0.29%

19a 33 1/3% support tests - 2022. 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 - 2021. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
OTHER INCOME	51,244.	13,275.	92,706.	66,659.	135,317.	359,201.
TOTALS	51,244.	13,275.	92,706.	66,659.	135,317.	359,201.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution									
1	N/A <hr/> <hr/>	\$ 9,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
2	N/A <hr/> <hr/>	\$ 2,668.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
3	N/A <hr/> <hr/>	\$ 80,878.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
4	N/A <hr/> <hr/>	\$ 38,684.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
5	N/A <hr/> <hr/>	\$ 18,918.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
6	N/A <hr/> <hr/>	\$ 9,368.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">Person</td> <td style="width:5%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 2,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 25,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 310,517.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 119,841.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 120,342.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 110,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A <hr/> <hr/>	\$ 45,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A <hr/> <hr/>	\$ 297,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A <hr/> <hr/>	\$ 1,047,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A <hr/> <hr/>	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A <hr/> <hr/>	\$ 21,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A <hr/> <hr/>	\$ 1,056,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 330,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A	\$ 504,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A	\$ 176,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A	\$ 49,711.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A	\$ 340,880.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A	\$ 75,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
25	N/A <hr/> <hr/> <hr/>	\$ 21,714.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
26	N/A <hr/> <hr/> <hr/>	\$ 25,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
27	N/A <hr/> <hr/> <hr/>	\$ 97,538.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
28	N/A <hr/> <hr/> <hr/>	\$ 252,902.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
29	N/A <hr/> <hr/> <hr/>	\$ 119,661.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
30	N/A <hr/> <hr/> <hr/>	\$ 42,249.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 2px;">Person</td> <td style="width:20%; text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Payroll</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Noncash</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 530,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	N/A	\$ 53,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	N/A	\$ 120,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	N/A	\$ 3,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	N/A	\$ 4,756.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
--	---

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
37	N/A <hr/> <hr/>	\$ 10,500.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	N/A <hr/> <hr/>	\$ 352,629.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	N/A <hr/> <hr/>	\$ 32,898.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	N/A <hr/> <hr/>	\$ 1,328,289.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	N/A <hr/> <hr/>	\$ 17,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	N/A <hr/> <hr/>	\$ 4,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part 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
13	COVID-19 TEST KITS	\$ 45,000.	12/13/2022
37	ISOLATION GOWNS	\$ 10,500.	10/05/2022

Name of organization <p style="text-align: center;">THE WRIGHT CENTER MEDICAL GROUP</p>	Employer identification number <p style="text-align: center;">23-2772504</p>
--	---

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

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	61,859.													
c Total lobbying expenditures (add lines 1a and 1b)	61,859.													
d Other exempt purpose expenditures	49,116,684.													
e Total exempt purpose expenditures (add lines 1c and 1d)	49,178,543.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	68,750.	58,728.	47,073.	61,859.	236,410.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...; b If "Yes," enter the amount of any tax incurred under section 4912...; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912...; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?...

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Multiple horizontal lines provided for entering supplemental information.

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE C, PART IV, SUPPLEMENTAL INFORMATION

TWCCH ENGAGES THE FIRMS OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR MISSION-ALIGNED FEDERAL AND STATE PUBLIC HEALTH IMPROVEMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS AND LALS AND THE NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"), AND OTHER FEDERAL AND STATE PUBLIC HEALTH PROGRAMS. TWCCH PAID COZEN \$45,000 AND ERG PARTNERS \$4,500 DURING THE FISCAL YEAR THROUGH TWCGME, ITS AFFILIATED ENTITY AND COMMON PAYMASTER, FOR THESE SERVICES. IN ADDITION TO COZEN AND ERG PARTNERS, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH AND PRIMARY CARE WORKFORCE PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC MISSION-ALIGNED PRIMARY CARE AND PUBLIC-HEALTH ORIENTED LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND GOVERNMENTAL ADMINISTRATION CONCERNING MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME CASES, MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH-ORIENTED LEGISLATION. MOREOVER, DURING THE 2022-2023 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & CEO, A CHIEF RESIDENT PHYSICIAN OF ADVOCACY AND RESIDENT PHYSICIAN LEADER, WHO PARTICIPATED IN FEDERAL AND STATE ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCCH DIRECTLY SPENT \$60,609 ON

Part IV Supplemental Information (continued)

REPORTABLE LOBBYING ACTIVITIES.

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

TWCCH'S AFFILIATE TWCGME ALSO ENGAGES COZEN AND ERG PARTNERS TO ASSIST WITH FEDERAL AND STATE LOBBYING ACTIVITIES TO ADVOCATE FOR THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION APPROPRIATIONS, LEGISLATION, AND OTHER PUBLIC HEALTH WORKFORCE PROGRAMS. TWCGME ALSO PAID COZEN \$45,000 AND ERG PARTNERS \$4,500 FOR THESE SERVICES, WHICH AMOUNTS ARE INCLUDED IN THE TOTAL REFLECTED ON TWCGME'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR STATE OR FEDERALLY-FUNDED PRIMARY CARE AND PUBLIC HEALTH WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC MISSION ALIGNED PRIMARY CARE AND PUBLIC-HEALTH ORIENTED LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND GOVERNMENTAL ADMINISTRATION CONCERNING MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME CASES, MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH-ORIENTED LEGISLATION. MOREOVER, DURING THE 2022-2023 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & CEO, A CHIEF RESIDENT PHYSICIAN OF ADVOCACY AND RESIDENT PHYSICIAN LEADER, WHO PARTICIPATED IN ADVOCACY AND LOBBYING VISITS TO FEDERAL AND STATE SENATORIAL AND CONGRESSIONAL MEMBERS AND STAFF TO PROMOTE SPECIFIC

Part IV Supplemental Information *(continued)*

MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCGME DIRECTLY SPENT \$64,822 ON REPORTABLE LOBBYING ACTIVITIES.

ADDITIONALLY, TWCGME IS A CORPORATE MEMBER OF THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), A 501(C)(6) TAX EXEMPT ENTITY. DURING THE REPORTING PERIOD, \$33,000 OF DUES PAID TO AATHC WAS DEDICATED TO REPORTABLE LOBBYING ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

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

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Rows 1-9 for various questions and data points.

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

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

Table with 3 columns: Line number, Description, and Amount. Rows 1a-1b, 2a-2b for art and historical treasures.

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

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		172,800.		172,800.
b Buildings		10,239,652.	2,232,450.	8,007,202.
c Leasehold improvements		400,743.	287,835.	112,908.
d Equipment		2,303,687.	1,350,809.	952,878.
e Other		266,346.	NONE	266,346.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,512,134.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ROU - LEASE ASSET	3,811,837.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,811,837.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	3,303,290.
(3) ROU - LEASE LIABILITY	3,842,331.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,145,621.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 64,845,475.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 58,181,828.

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 SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

UNCERTAIN TAX POSITIONS:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2023 AND 2022.

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

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

\$ 207,468 NET ASSETS RELEASED FROM RESTRICTION

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

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

\$ 48,088 TEMPORARILY RESTRICTED CONTRIBUTIONS

(3,597) LOSS ON SALE OF ASSETS

\$ 44,491

Part XIII Supplemental Information *(continued)*

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

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25:

\$ 3,597 LOSS ON SALE OF ASSETS

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ENDLESS MOUNTAINS HEALTH SYSTEMS 100 HOSPITAL DRIVE MONTROSE, PA 18801	23-2720289	501(C)(3)	9,639.				SEE PART IV
(2) MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, 600 WILKES BARRE PA 18701	23-1856766	501(C)(3)	135,848.				SEE PART IV
(3) OUTREACH CENTER FOR COMMUNITY RESOURCES 431 N 7TH AVENUE SCRANTON, PA 18503	25-1562285	501(C)(3)	20,000.				SEE PART IV
(4) TELESPOOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	23-7353444	501(C)(3)	196,686.				SEE PART IV
(5) WAYNE COUNTY DRUG AND ALCOHOL COMMISSION 318 TENTH STREET HONESDALE, PA 18431	24-6000758	501(C)(3)	35,000.				SEE PART IV
(6) THE WRIGHT CENTER GRADUATE MEDICAL EDUCATIO 501 S WASHINGTON AVENUE SCRANTON, PA 18505	23-2007832	501(C)(3)	126,000.				SEE PART IV
(7) COMMONWEALTH DENTAL CARE INITIATIVE 425 BIDEN STREET, 200 SCRANTON, PA 18503	88-4372847	501(C)(3)	12,500.				SEE PART IV
(8) NATIVITYMIGUEL SCHOOL OF SCRANTON 2300 ADAMS AVENUE SCRANTON, PA 18509	46-3590340	501(C)(3)	37,500.				SEE PART IV
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 UNITED WAY	327	725,773.			
2					
3					
4					
5					
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH COMPREHENSIVE GRANTS MANAGEMENT AND COMPLIANCE PROCESSES. APPROPRIATE MONITORING IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. OUR GRANTS DEPARTMENT LEADERSHIP HAS CREATED A VETTING MATRIX THAT IS USED TO DETERMINE MISSION ALIGNMENT, FEASIBILITY, AND LOGISTICAL TIMING AND CAPACITY FIT, ACHIEVABILITY, AND SUSTAINABILITY FOR ANY POTENTIAL GRANT

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

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

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

OPPORTUNITY. STRATEGIC STAGE-GATE ANALYSIS, PROJECT PLANNING, AND
MANAGEMENT OVERSIGHT INCLUDES THE MAPPING OF COLLABORATIVE NECESSARY
PARTNERS FOR DELIVERING GRANT OUTCOMES INTO LONG VIEW INTEGRATION
STRATEGIES FOR SUSTAINABLE, STANDARDIZABLE WORK, THEREBY ENSURING
FEASIBILITY, READINESS, SUSTAINABILITY, AND ACTUALIZING OUR COMMITMENT TO
HIGH-INTEGRITY STEWARDSHIP OF PUBLIC AND PRIVATE FUNDING. TWCCH ENSURES
ALL REQUIRED GRANT-RELATED AUDITING BY AN INDEPENDENT AUDITOR IS
COMPLETED, INCLUSIVE OF ANY MANDATORY SINGLE AUDITS FOR GRANTS THAT
EXCEED FEDERAL THRESHOLDS. THIS IS ALSO TRUE FOR THE AFFILIATED ENTITY
TWCME WHICH ALSO VOLUNTARILY INVESTS AND ENGAGES IN A YEARLY SINGLE

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

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

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

AUDIT EQUIVALENT FOR ITS HRSA THCGME PROGRAM TO ENSURE THE HIGHEST COMPLIANCE AND STEWARDSHIP AUTHENTICITY, DESPITE HAVING VALIDATED THCGME'S FEDERAL, PROGRAMMATIC EXEMPTION FROM SINGLE AUDIT REQUIREMENTS. THE GRANTS DEPARTMENT SPUN OFF A PROJECT MANAGEMENT OFFICE IN APRIL 2021 TO FOCUS ON SPONSORED PROJECT IMPLEMENTATION, MONITORING, AND COMPLIANCE, UTILIZING SMARTSHEET PROJECT MANAGEMENT SOFTWARE FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT PROCESSES AND OUTCOMES METRICS AND CENTRALIZED EXPENSE TRACKING. TWCCH IS COMPLIANT WITH ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPY REPORTING REQUIREMENTS FOR ALL GRANTS. FOR ALL COVID-19 PANDEMIC-RELATED FUNDING, TWCCH AND TWCGME CONTINUE TO

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

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

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

EFFECTIVELY AND METICULOUSLY UTILIZE A NATIONALLY ESTABLISHED FUNDING MATRIX CROSS-WALK PLATFORM THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL-RESPECTED NATIONAL ACCOUNTING FIRM FOR THIS PURPOSE.

FORM 990, PART II, COLUMN (H)

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

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

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

ENDLESS MOUNTAINS HEALTH SYSTEMS - \$9,639

VIA A SECOND ROUND OF SECURED FUNDING FROM THE FEDERAL COMMUNICATION COMMISSION'S COVID-19 TELEHEALTH PROGRAM, TWCCH PROVIDED FUNDING TO ENDLESS MOUNTAIN HEALTH SYSTEMS, A TRUSTED CRITICAL ACCESS HOSPITAL IN RURAL MONTROSE, PENNSYLVANIA TO INCREASE TECHNOLOGY AND TELEHEALTH-ENABLED ACCESS TO PRIMARY HEALTH SERVICES, INCLUDING FOR ADDICTION AND RECOVERY SUPPORT.

MATERNAL & FAMILY HEALTH SERVICES - \$135,848

TWCCH PROVIDES FUNDING TO NON-PROFIT MATERNAL & FAMILY HEALTH SERVICES TO

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

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

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

ENABLE PERSONNEL AND SUPPORT OF THE HEALTHY MATERNAL OPIATE MEDICAL
SUPPORT (HEALTHY MOMS) PROGRAM IN NORTHEAST PENNSYLVANIA AND ALSO OPIOID
SUPPORT PROGRAMS UNDER THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL
PROGRAMS (PA DDAP), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION (SAMHSA) AND HEALTH RESOURCES AND SERVICE
ADMINISTRATION(HRSA) RURAL COMMUNITIES OPIOID RESPONSE PROGRAM
IMPLEMENTATION (RCORP-I).

OUTREACH CENTER FOR COMMUNITY RESOURCES - \$20,000

TWCCH PROVIDES FUNDING TO THE NON-PROFIT OUTREACH CENTER FOR COMMUNITY

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

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

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

RESOURCES TO ENABLE PERSONNEL AND SUPPORT OF THE HEALTHY MATERNAL OPIATE
MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM IN NORTHEAST PENNSYLVANIA AND ALSO
OPIOID SUPPORT PROGRAMS UNDER THE PENNSYLVANIA DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS (PA DDAP).

TELESPOND SENIOR SERVICES - \$196,686

TWCCH ACTED AS THE FISCAL AGENT FOR A GRANT FROM THE ALLONE FOUNDATION TO
SUPPORT NON-PROFIT TELESPOND SENIOR SERVICES TO ENSURE THE ONGOING
SUSTAINABLE DELIVERY OF CRITICAL PROGRAMMING CURRENTLY OFFERED TO OLDER
ADULTS IN NORTHEAST PENNSYLVANIA, INCLUDING VULNERABLE INDIVIDUALS WHO

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

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

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

MAY BE SOCIALLY ISOLATED AND NEGATIVELY IMPACTED BY COMPLEX SDOH,
THEREFORE PRONE TO DEVELOPING BEHAVIORAL HEALTH ISSUES SUCH AS ANXIETY,
DEPRESSION, SLEEP DISORDERS, AGGRESSION AND SUBSTANCE USE DISORDER.

WAYNE COUNTY DRUG AND ALCOHOL COMMISSION - \$35,000
TWCC PROVIDES FUNDING TO THE WAYNE COUNTY DRUG AND ALCOHOL COMMISSION TO
PROVIDE NALOXONE TRAINING (A MEDICATION TO REVERSE OPIOID OVERDOSE) TO
COMMUNITY GROUPS BY CERTIFIED TRAINERS AND TO REDUCE THE OCCURRENCE AND
ASSOCIATED RISK OF OPIOID USE DISORDER AMONGST NEW AND AT-RISK USERS,
INCLUDING USERS OF POLYSUBSTANCES. FUNDING ALSO SUPPORTS EFFORTS TO

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

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

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

REDUCE FATAL OPIOID-RELATED OVERDOSES, AND TO PROMOTE DETECTION AND TREATMENT OF HIV AND HEPATITIS VIRAL INFECTIOUS DISEASES, AS WELL AS PUBLIC HEALTH INITIATIVES TO ADVANCE ELIMINATION OF THESE VIRUSES IN COMMUNITIES THROUGH ACTIVITIES SUCH AS COMMUNITY, PROVIDER AND PATIENT EDUCATION, PRIMARY AND SECONDARY PREVENTION EFFORTS, HARM REDUCTION STRATEGIES, AND RESOURCE REFERRALS AND REFERRAL TRACKING. FUNDING FOR THESE SERVICES ORIGINATES FROM A HRSA-FUNDED RURAL COMMUNITIES OPIOID RESPONSE PROGRAM IMPLEMENTATION (RCORP-I).

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

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

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

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

TWCCH RESPONSIBLY COMPENSATED TWCGME TO FACILITATE LEASEHOLD IMPROVEMENTS FOR TWCCH'S BENEFIT AT THE CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 SOUTH WASHINGTON AVE, SCRANTON, PA, IN COMPLIANCE WITH REQUIREMENTS RELATED TO THE NEW MARKET TAX CREDIT PROJECT AT THAT LOCATION.

COMMONWEALTH DENTAL CARE INITIATIVE - \$12,500
TWCCH, ALONG WITH ITS AFFILIATED ENTITY, TWCGME, EACH CONTRIBUTED \$12,500 TO THE COMMONWEALTH DENTAL CARE INITIATIVE (CDCI), A PENNSYLVANIA NON-PROFIT CORPORATION WHOSE MISSION IS TO "DEVELOP A NEW COST-EFFECTIVE

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

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

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

INNOVATIVE DENTAL SCHOOL IN NEPA SERVING RURAL PATIENTS, THE UNDERSERVED, AND VETERANS, WHILE PROVIDING PREFERENTIAL ADMISSION TO PENNSYLVANIA RESIDENTS WITH A PROPENSITY TO LIVE AND PRACTICE DENTISTRY IN RURAL AREAS OF THE STATE." CDCI COMMISSIONED AN INDEPENDENT STUDY TO EVALUATE THE FEASIBILITY OF ESTABLISHING A NEW AND INNOVATIVE DENTAL SCHOOL IN NORTHEAST PENNSYLVANIA TO BETTER SERVE VULNERABLE POPULATIONS, ESPECIALLY IN THE STATE'S RURAL AREAS. SPECIFICALLY, THE GOAL OF THIS FEASIBILITY STUDY AND ECONOMIC IMPACT STATEMENT WAS TO EVALUATE THE FEASIBILITY OF DEVELOPING A NEW COST-EFFECTIVE AND INNOVATIVE DENTAL SCHOOL IN NEPA SERVING RURAL, UNDERSERVED, AND MILITARY VETERAN PATIENTS. THE CDCI

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

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

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

THEREAFTER RETAINED TRIPP UMBACH, A NATIONAL LEADING HEALTH SCIENCE EDUCATION CONSULTING FIRM, TO EVALUATE THE OPPORTUNITY TO DOCUMENT THE UNMET ORAL HEALTH NEEDS OF ALL RELEVANT POPULATIONS IN NORTHEAST PENNSYLVANIA AND THE FEASIBILITY OF CDCI'S ACADEMIC ENTERPRISE INITIATIVE. IN COLLABORATION WITH AN APPROPRIATE LOCAL UNIVERSITY SPONSOR, THE CDCI AIMS TO CREATE A HUB-AND-SPOKE MODEL OF EDUCATION AND CLINICAL CARE WITH REGIONAL COMMUNITY HEALTH CENTERS, SPECIFICALLY FOCUSED ON SERVING THE STATE'S RURAL AREAS.

NATIVITYMIGUEL SCHOOL OF SCRANTON - \$37,500

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

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

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

TWCCH, ALONG WITH ITS AFFILIATED ENTITY, TWCGME, SPONSORED THE ANNUAL NATIVITYMIGUEL SCHOOL OF SCRANTON'S 5TH ANNUAL TRIBUTE DINNER, WHICH WAS HELD ON OCT. 27, 2022, IN HONOR OF DR. ROBERT E. WRIGHT, OUR NAMESAKE FOUNDER AND HIS LATE WIFE, CAROLE. THE COUPLE NOTABLY SHEPHERDED THIS CATHOLIC FAITH-BASED CHARTER SCHOOL FROM CONCEPT TO REALITY. TODAY, THE TUITION-FREE MIDDLE SCHOOL EMPOWERS DIVERSE STUDENTS FROM SOCIOECONOMICALLY CHALLENGED BACKGROUNDS TO REACH THEIR FULL POTENTIAL AS STUDENTS, LEADERS, AND ROLE MODELS IN SOCIETY. STUDENTS MUST MEET FINANCIAL ELIGIBILITY REQUIREMENTS INCLUDING CONFIRMED ELIGIBILITY FOR THE NATIONAL SCHOOL LUNCH PROGRAM (NSLP).

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

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

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

FORM 990, PART III

UNITED WAY:

TWCCH PROVIDED ASSISTANCE TO 327 INDIVIDUALS AS SUBRECIPIENTS OF A GRANT RECEIVED FROM THE UNITED WAY OF WYOMING VALLEY, WITH FUNDING UNDER THE RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT.

NUMBER OF RECIPIENTS: 327

AMOUNT OF GRANT: \$725,773

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **4b**
- 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** **5b**
- 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** **6b**
- 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**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK, MD PRESIDENT & CEO/PHYSICIAN	(i)	604,446.	58,125.	15,698.	18,300.	12,729.	709,298.	NONE
	(ii)	201,482.	19,375.	5,233.	6,100.	4,243.	236,433.	NONE
2 RONALD DANIELS, CPA CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	260,421.	26,260.	22,977.	21,104.	13,595.	344,357.	NONE
3 JUMEE BAROOAH, MD PHYSICIAN	(i)	168,153.	17,153.	11,852.	13,556.	9,667.	220,381.	NONE
	(ii)	126,853.	12,940.	8,941.	10,226.	7,292.	166,252.	NONE
4 VINOD SHARMA, MD PHYSICIAN	(i)	157,010.	4,895.	10,338.	12,199.	7,339.	191,781.	NONE
	(ii)	157,010.	4,895.	10,338.	12,200.	7,339.	191,782.	NONE
5 ENRIQUE SAMONTE, MD PHYSICIAN	(i)	250,051.	15,409.	18,991.	20,117.	12,589.	317,157.	NONE
	(ii)	30,906.	1,904.	2,347.	2,486.	1,556.	39,199.	NONE
6 TIMOTHY BURKE, DO PHYSICIAN	(i)	168,254.	17,416.	13,198.	13,743.	10,655.	223,266.	NONE
	(ii)	98,818.	10,228.	7,750.	8,071.	6,257.	131,124.	NONE
7 RAJIV BANSAL, MD PHYSICIAN	(i)	233,896.	21,749.	257.	18,215.	14,421.	288,538.	NONE
	(ii)	31,895.	2,966.	35.	2,484.	1,966.	39,346.	NONE
8 WILLIAM DEMPSEY, MD DEPUTY CMO/PHYSICIAN	(i)	277,244.	25,927.	20,679.	21,959.	12,788.	358,597.	NONE
	(ii)	30,804.	2,881.	2,298.	2,440.	1,421.	39,844.	NONE
9 MARY LOUISE DECKER, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	321,703.	15,119.	21,339.	24,400.	2,214.	384,775.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 MAUREEN LITCHMAN, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	192,769.	15,812.	16,084.	15,625.	5,021.	245,311.	NONE
	(ii)	82,616.	6,776.	6,893.	6,697.	2,152.	105,134.	NONE
11 ERIN MCFADDEN, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	260,293.	15,650.	13,862.	21,004.	12,854.	323,663.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12 JENNIFER WALSH, ESQ FORMER SVP ENT COMP INTEG	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	271,784.	26,891.	20,949.	21,611.	6,249.	347,484.	NONE
13 JIGNESH SHETH, MD CMO/PHYSICIAN	(i)	393,792.	35,239.	15,516.	18,300.	12,729.	475,576.	NONE
	(ii)	131,264.	11,746.	5,172.	6,100.	4,243.	158,525.	NONE
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 3

COMPENSATION DETERMINATION:

THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCCH'S TOP MANAGEMENT OFFICIAL, THE PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO), IS LED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE ENGAGES A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT PERIODICALLY (GENERALLY EVERY THREE TO FIVE YEARS) TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY, ASSESSMENT, AND ANALYSIS EACH TIME THE CEO'S CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONAL DATA CONSIDERED MAY INCLUDE INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AS WELL AS COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, OR OTHER RELEVANT REGIONAL AND NATIONAL SOURCES. THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY PERFORMS A DETAILED, ROBUST, COMPREHENSIVE PERFORMANCE EVALUATION OF THE PRESIDENT & CEO'S AND ORGANIZATION'S PERFORMANCE. THIS ANNUAL PROCESS INCLUDES

Part III Supplemental Information

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

ASSESSMENT OF WHETHER BASE CHANGES OR MERIT BONUS PAYMENT ADJUSTMENTS TO THE SALARY AND BENEFITS OF THE PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, OF FAIR VALUE BASED ON ALL FACTS AND CIRCUMSTANCES. ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION IN BETWEEN CONTRACT TERMS ARE ASSESSED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE OVERALL COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT AND THE OVERALL PERFORMANCE OF THE ORGANIZATION, WITH DUE CONSIDERATION OF THE CONTRACTED INDEPENDENT THIRD-PARTY COMPENSATION STUDY, MARKET COMPARABILITY, AND AFFORDABILITY. THE EXECUTIVE COMMITTEE'S ANNUAL DELIBERATIONS, CONSIDERATIONS, AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN EXECUTIVE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION COMPLETION AND COMPENSATION DECISION AND THEN REPORTED TO AND RATIFIED BY THE FULL BOARD.

IN ADDITION TO THE PRESIDENT & CEO, THE CHIEF MEDICAL OFFICER, AND CHIEF OPERATING OFFICER ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF ALL OTHER TWCCH EXECUTIVES AND STAFF ARE CONTRACTED FROM TWCGME, TWCCH'S

Part III Supplemental Information

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

AFFILIATED ENTITY AND THE COMMON PAYMASTER. COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS, EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES, AND ALL STAFF IS DETERMINED BY THE ORGANIZATION'S PRESIDENT & CEO AND HUMAN RESOURCES DEPARTMENT, WHO, WITH CONSIDERATION OF CURRENT AND FREQUENTLY SHIFTING MARKET DYNAMICS, RELY ON A FORMAL, PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT ENGAGED BY HUMAN RESOURCES PERFORMS AND PRESENTS THE ORGANIZATION-WIDE COMPENSATION STUDY TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER, AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF TWCGME'S AND TWCCH'S BOARDS OF DIRECTORS. THE PRESIDENT & CEO ALSO CONSIDERS ADDITIONAL DATA IN DETERMINATION OF COMPENSATION WITHIN THE ORGANIZATION, SUCH AS INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS. OTHER REGIONAL AND NATIONAL SOURCES MAY BE

Part III Supplemental Information

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

CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY AND
COMPENSATION RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION,
INCLUDING BUT NOT LIMITED TO EXECUTIVES AND KEY EMPLOYEES.

FORM 990, SCHEDULE J, PART I, LINE 7

NON FIXED PAYMENTS:

ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE
BONUS CONTINGENT UPON BOARD APPROVAL, AFFORDABILITY, AND SUCCESSFUL
PERFORMANCE EVALUATIONS BY MANAGEMENT. THERE ARE SEVERAL THRESHOLD
REQUIREMENTS FOR PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT
LIMITED TO SPECIFIED, ACTIVE PARTICIPATION IN THE PLAN/DO/STUDY/ACT
(PDSA) QUALITY IMPROVEMENT PROGRAM, SAFE EVENT REPORTING SYSTEM, AND ALSO
MEANINGFUL ENGAGEMENT IN COMMUNITY VOLUNTEER SERVICE EXPERIENCES. ONCE
DETERMINED TO BE AFFORDABLE AND APPROVED IN TOTAL BY THE GOVERNING BOARDS
OF DIRECTORS OF TWCME AND TWCC, THE MERIT-BASED BONUS PAYMENTS TO
ELIGIBLE EMPLOYEES CORRELATES TO INDIVIDUAL JOB PERFORMANCE SCORES
CALCULATED DURING THE PERFORMANCE EVALUATION PROCESS. EMPLOYEES IN A NEW

Part III Supplemental Information

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

EMPLOYMENT PROBATIONARY STATUS OR THOSE WHO HAVE NOTIFIED THE ORGANIZATION OF THEIR RESIGNATIONS ARE INELIGIBLE FOR BONUSES. THE ELIGIBILITY OF THOSE ON A PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT SUPERVISOR. THE 2022-2023 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0% AND 7% OF BASE SALARY. THE TOTAL BONUS POOL WAS BUDGETED AT 5% OF PAYROLL, AND ISSUED BONUSES TOTALED LESS THAN THE BUDGETED AMOUNT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

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				
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	X	2	55,500.	FMV
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

0051SE K929 05/03/2024 12:58:41 V22-7.11 1194023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 20, COLUMN (B)

NUMBER OF CONTRIBUTIONS:

THE NUMBERS ENTERED IN COLUMN B REPRESENT THE NUMBER OF DONORS WHO
CONTRIBUTED THESE ITEMS DURING THE YEAR.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

FORM 990, PART I, LINE 1

ORGANIZATION'S MISSION:

WE DO THIS THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCCH DELIVERS COMPREHENSIVE, WHOLE-PERSON, NONDISCRIMINATORY PRIMARY HEALTH SERVICES IN A PATIENT CENTERED MEDICAL HOME (PCMH) CARE DELIVERY FRAMEWORK FOR PATIENTS AND FAMILIES, REGARDLESS OF THEIR ABILITY TO PAY OR ZIP CODE, WHILE EDUCATING THE CURRENT AND FUTURE PHYSICIAN AND INTERPROFESSIONAL PRIMARY CARE WORKFORCE. OUR COMPREHENSIVE, INTEGRATED PRIMARY HEALTH SERVICES ACROSS THE LIFESPAN, FROM PEDIATRICS TO GERIATRICS, INCLUDE PEDIATRICS, MEDICAL, WOMEN'S HEALTH, GERIATRICS, GENERAL DENTAL, MENTAL AND BEHAVIORAL, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY, INFECTIOUS DISEASE, RYAN WHITE PRIMARY AND SECONDARY PREVENTION AND TREATMENT OF HIV, RHEUMATOLOGICAL, NUTRITIONAL, AND LIFESTYLE MEDICINE SERVICES. AS AN ESSENTIAL COMMUNITY PROVIDER, TWCCH'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEMS, AND DEVELOPMENT OF THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. OUR NICHE IS WORLD CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTH SERVICES THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL. INSPIRED BY THE EMPOWERING COMMUNITY FOCUS OF THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) TEACHING HEALTH CENTER

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM, WE BELIEVE THE GRADUATE
MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL DEMONSTRATES A
REPLICABLE, SUSTAINABLE, COLLECTIVE IMPACT FRAMEWORK THAT CAN RESPONSIBLY
AND RESPONSIVELY ADDRESS AMERICA'S PRIMARY CARE SHORTAGE, WORKFORCE
MIS-DISTRIBUTION, AND RELATED HEALTH DISPARITIES.

FORM 990, PART III, LINE 1

TWCCH WAS ORIGINALLY INCORPORATED IN 1994 AS THE WRIGHT CENTER MEDICAL
GROUP, PC, A TAX-EXEMPT PROFESSIONAL CORPORATION (PC) AND THE AMBULATORY
PRIMARY CARE PRACTICE PLAN AFFILIATED WITH THE WRIGHT CENTER FOR GRADUATE
MEDICAL EDUCATION (TWC GME). TWC GME IS A NONPROFIT ACGME-ACCREDITED
SPONSORING INSTITUTION AND THE FOUNDING EDUCATIONAL MEMBER OF A TEACHING
HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (THC
GME-SNC). TWC GME INTEGRATES FEDERAL GME FUNDING FROM THE U.S. HEALTH
RESOURCES AND SERVICES ADMINISTRATION (HRSA), THE VETERAN ADMINISTRATION
(VA), AND ACUTE HOSPITALS AND INPATIENT REHABILITATION FACILITIES FUNDED
BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). THE WRIGHT
CENTER MEDICAL GROUP, PC INTENTIONALLY CONVERTED ITS CORPORATE STRUCTURE
FROM A PC TO A PENNSYLVANIA NONPROFIT CORPORATION SUBSIDIARY OF TWC GME IN
2018, AND THEN NOTABLY AGAIN TRANSFORMED ITS IDENTITY INTO AN AUTONOMOUS,
COMMUNITY-OWNED AND GOVERNED, INDEPENDENT 501(C)(3) ENTITY THAT WAS
ELIGIBLE TO PURSUE HRSA DESIGNATION AS A FEDERALLY QUALIFIED HEALTH
CENTER LOOK-ALIKE (FQHC LAL), A DESIGNATION SUCCESSFULLY ACHIEVED IN
2019. THIS WAS ACHIEVED THROUGH THE MISSION-DRIVEN, SELFLESS, UNANIMOUS
VOTES OF PHYSICIAN AND NON-PHYSICIAN PRIMARY CARE PROVIDER STAKEHOLDERS
(THEN BOARD MEMBERS) TO REMOVE THEMSELVES FROM GOVERNANCE ENTIRELY TO

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

TRANSFER FIDUCIARY AUTHORITY TO COMMUNITY MEMBERS, PRIMARILY PATIENTS AND CONSUMERS OF THE ENTITY'S HEALTH SERVICES. ENGAGED PATIENTS AND COMMUNITY MEMBERS ASSUMED THOSE BOARD SEATS, WELCOMING THEIR EMPOWERED OFFICIAL VOICES IN THE FIDUCIARY STEWARDSHIP AND DIRECTIONAL OVERSIGHT OF THE ORGANIZATION. THE COMMUNITY BENEFIT IMPACT OF THIS UNIFYING, COMMUNITY-DRIVEN ACTION THAT CONTINUES TO VALIDATE HRSA'S VISION FOR GOVERNANCE OF COMMUNITY HEALTH CENTERS CANNOT BE OVERSTATED. THIS INTENTIONAL AND COMMUNITY EMPOWERING GOVERNANCE TRANSFORMATION ALLOWED THE ENTITY TO APPLY FOR AND SUCCESSFULLY EARN THE DESIGNATION AS A HRSA-RECOGNIZED AUTONOMOUS, INDEPENDENT, COMMUNITY AND PATIENT-GOVERNED FQHC LAL ESSENTIAL COMMUNITY PROVIDER OF PRIMARY HEALTH AND CONTINUED RYAN WHITE SERVICES. PROUDLY AND GRATEFULLY, AT THE CLOSE OF FISCAL YEAR ENDING JUNE 30, 2023, 88% OF THE GOVERNING BOARD MEMBERS OF TWCCCH WERE ENGAGED "USERS" OF ITS PRIMARY HEALTH SERVICES AS DEFINED IN THE HRSA FQHC COMPLIANCE MANUAL.

TWCCCH SERVED 33,653 UNIQUE PATIENTS AND ENGAGED IN 122,014 TOTAL BILLABLE VISITS BETWEEN JULY 2022 AND JUNE 2023, WHICH INCLUDED 76,685 MEDICAL VISITS, 13,737 BEHAVIORAL HEALTH VISITS, 13,099 DENTAL VISITS, AND 18,493 INPATIENT HOSPITAL VISITS. THESE NUMBERS INCLUDE HOUSE CALLS AND ALSO VISITS IN SKILLED NURSING, ASSISTED LIVING, AND HOSPICE FACILITIES. TWCCCH OPERATES NCQA-RECOGNIZED PATIENT-CENTERED MEDICAL HOMES (PCMH) (FORMERLY NCQA LEVEL 3) WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION AND NCQA HISTORICAL SCHOOL BASED HEALTH CENTER RECOGNITION AS WELL. WE HAVE MEMORANDA OF UNDERSTANDING AND SHARED CARE COMPACTS WITH NUMEROUS PRIMARY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

AND SPECIALTY MEDICAL, DENTAL, AND MENTAL HEALTH PROVIDERS, HOSPITALS, INTEGRATED DELIVERY SYSTEMS, AND SOCIAL SERVICE RESOURCE AGENCIES THAT COMPRISE AN EXTENSIVE, ENRICHED, NON-DISCRIMINATORY COMMUNITY RESOURCE NETWORK. WE ARE A DESIGNATED PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (COE), A PENNSYLVANIA COORDINATING CENTER FOR MEDICATION ASSISTED TREATMENT (PACMAT), AND THE CONVENING, PRIMARY ORGANIZATION OF A MULTI-INSTITUTION HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (MOMS) PROGRAM. WE OFFER ROBUST PRIMARY PHYSICAL, MENTAL, BEHAVIORAL, DENTAL, AND RYAN WHITE HEALTH SERVICES WITHIN THE PCMH FRAMEWORK, COORDINATING A FULL SPECTRUM OF WHOLE PERSON HEALTH SERVICES FOR OUR PATIENTS. WE ARE DEEPLY INVESTED IN COMMUNITY-BASED LIVING AND AGING IN PLACE AND WE OFFER EMPOWERING SERVICES OF COMMUNITY HEALTH WORKERS, CERTIFIED RECOVERY SPECIALISTS, ENROLLMENT SERVICE PROVIDERS, SPIRITUAL AIDES, CASE WORKERS, AND NURSE CARE MANAGERS. WE SERVE THE FULL AGE SPECTRUM OF PATIENTS WITHOUT DISCRIMINATION IN NINE FQHC LAL TEACHING HEALTH CENTERS, STAFFED WITH MISSION DRIVEN INTERPROFESSIONAL CARE TEAMS THAT ALSO PROVIDE HOUSE CALLS AND HOSPITALIST, SKILLED NURSING FACILITY, AND INPATIENT ACUTE REHABILITATION SERVICES FOR OUR PATIENTS IN PARTNERING COMMUNITY-BASED INSTITUTIONS. OUR COLLABORATIVE CARE TEAMS INTEGRATE FAMILY MEDICINE, PEDIATRICS, INTERNAL MEDICINE, RHEUMATOLOGY, INFECTIOUS DISEASE, ADDICTION MEDICINE, OBESITY MEDICINE, NUTRITION, GERIATRICS AND BOTH GENERAL AND CHILD/ADOLESCENT BOARD-CERTIFIED PSYCHIATRISTS, AS WELL AS PRIMARY CARE TRAINED PHYSICIAN ASSISTANTS AND PRIMARY CARE, GERIATRICS, AND MENTAL AND BEHAVIORAL, AS WELL AS ADDICTION TRAINED HEALTH TRAINED NURSE PRACTITIONERS. PROGRESSIVE CAREERS OF R.N. AND LPN NURSES, MEDICAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

ASSISTANTS, COMMUNITY HEALTH WORKERS, ENROLLMENT SPECIALISTS, CERTIFIED RECOVERY SPECIALISTS, MENTAL HEALTH PEER SPECIALISTS, CASE WORKERS, MEDICAL AND LICENSED CLINICAL SOCIAL WORKERS, ENROLLMENT SPECIALISTS, LICENSED PROFESSIONAL COUNSELORS, DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS, EXPANDED FUNCTION DENTAL ASSISTANTS, PHARMACISTS, NUTRITIONISTS, AND ELECTRONIC HEALTH RECORD SPECIALISTS HAVE ENRICHED OUR INTERPROFESSIONAL PCMH TEAM BASED CARE DELIVERY MODEL AND THE SERVICES WE PROVIDE TO PATIENTS AND FAMILIES. WE ARE PASSIONATE CHAMPIONS FOR ELECTRONIC MEDICAL RECORD (EMR)/ELECTRONIC HEALTH RECORD (EHR) MEANINGFUL USE AND AVID PROMOTERS OF HEALTH INFORMATION EXCHANGES AND CONNECTIVITY AND HEALTH INFORMATION INTEROPERABILITY TO ENABLE TRAUMA COMPETENT, WHOLE PERSON HEALTH SERVICES, INCLUDING THE RESPONSIBLE ADDRESS OF COMPLEX BARRIERS RELATED TO SOCIOECONOMIC DETERMINANTS OF HEALTH. OUR FQHC LOOK ALIKE GOVERNANCE PLATFORM IS AMPLIFIED IN THE PATIENT AND COMMUNITY DRIVEN GOVERNANCE OF ITS SUBSIDIARY NONPROFIT CORPORATION THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPC) THAT ORGANIZES ENGAGED AND EMPOWERED PATIENTS AND FAMILIES TO MAKE MEANINGFUL CONTRIBUTIONS TO THEIR HEALTH CARE DELIVERY SYSTEM AND PRIMARY CARE WORKFORCE DEVELOPMENT PROGRAMS. TWCPC MISSIONS TO EMPOWER PATIENTS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE DELIVERY, ENHANCEMENT, AND TRANSFORMATION OF HEALTH CARE SERVICES AND INTERPROFESSIONAL WORKFORCE DEVELOPMENT AND TO IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGH EDUCATION, ADVOCACY, AND PATIENT-CENTERED SERVICES AND EFFORTS DIRECTED TOWARD THE SOCIOECONOMIC DETERMINANTS OF HEALTH. THIS SUBSIDIARY ENGAGES COMMUNITY-BASED PARTNERING ORGANIZATIONS AND ORGANIZES AND CONDUCTS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

COMMUNITY BLOOD DRIVES, POP-UP FOOD PANTRIES, BACK-TO-SCHOOL BACKPACK
GIVEAWAYS, WINTER CLOTHING DISTRIBUTIONS AND MORE.

TWCCH'S TEACHING HEALTH CENTERS ARE THE PRIMARY, AMBULATORY, LONGITUDINAL
CLINICAL LEARNING ENVIRONMENTS FOR TWCME'S INTERNAL MEDICINE, FAMILY
MEDICINE, AND PSYCHIATRY RESIDENTS, AS WELL AS ITS GERIATRIC FELLOWS.
ADDITIONALLY, IN 2022, TWCCH PROUDLY SUPPORTED THE GRADUATION OF 2
ADVANCED EDUCATION GENERAL DENTISTRY RESIDENTS IN COLLABORATION WITH NYU
LANGONE DENTAL AND ALSO HOSTED FELLOWS IN TRAINING FROM GEISINGER'S HRSA
FUNDED ADDICTION FELLOWSHIP. DURING FISCAL YEAR 2022-2023, TWCCH TRAINED
177 INTERPROFESSIONAL STUDENTS IN PARTNERSHIP WITH MORE THAN A DOZEN
ACADEMIC INSTITUTIONS, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF
MEDICINE IN NORTHEAST PENNSYLVANIA AND THE A.T. STILL UNIVERSITY'S SCHOOL
OF OSTEOPATHIC MEDICINE IN ARIZONA AND CENTRAL COAST PHYSICIAN ASSISTANT
TRAINING PROGRAM IN CALIFORNIA. WE ARE AN ACTIVE PARTICIPATING PROVIDER
IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION, A MEMBER OF THE
PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AND A
COLLABORATING PARTNER OF THE NORTHEAST PENNSYLVANIA AREA FOR HEALTH
EDUCATION CENTER (AHEC), THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC
DEVELOPMENT, AND THE PENN STATE PROJECT ECHO PUBLIC HEALTH INITIATIVE.

FORM 990, PART III, LINE 2

NEW PROGRAM SERVICES:

IN JANUARY 2023, TWCCH SEAMLESSLY RELOCATED AND EXPANDED ITS PRIMARY
HEALTH SERVICES AND EDUCATIONAL OPERATIONS FROM 4 SHARPE STREET, KINGSTON
TO 169 N. PENNSYLVANIA AVENUE, WILKES-BARRE (THE "WILKES-BARRE HEALTH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

CENTER PRACTICE") AS A RESULT OF AN UNANTICIPATED EVICTION NOTICE AND CLOSURE OF THE FOR-PROFIT INPATIENT PSYCHIATRY FIRST HOSPITAL. OUR KINGSTON BASED PRIMARY CARE TEACHING HEALTH CENTER HAD BEEN CO-LOCATED WITH FIRST HOSPITAL FOR DECADES AND SERVED NEARLY 6,000 PATIENTS. ALTHOUGH TWCCH HAD ALREADY BEGUN THE FEASIBILITY STUDY PROCESS TO ASSESS MOVING THE KINGSTON CLINIC TO A NEW LARGER AND MORE COMMUNITY IMMERSED LOCATION, THE UNANTICIPATED CLOSURE OF THE FIRST HOSPITAL BUILDING CREATED A CRISIS TO URGENTLY YET RESPONSIBLY RELOCATE BOTH CLINICAL AND EDUCATIONAL SERVICES. THE TRANSITION WAS GRATEFULLY SEAMLESS, WITH ENORMOUS SUPPORT FROM THE SURROUNDING COMMUNITY. TWCCH QUICKLY IDENTIFIED AND PURCHASED AN AMAZING LOCATION IN WILKES-BARRE AND CREATED THE STAGE-GATE ANALYSIS AND STRATEGIC BUSINESS PLAN AND LOGIC MODEL FOR THE NECESSARY TRANSITION, WHICH WAS PRESENTED TO AND APPROVED BY TWCCH'S BOARD OF DIRECTORS. WITH FUNDING FROM A SUCCESSFUL REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT FROM THE GOVERNOR OF THE COMMONWEALTH OF PENNSYLVANIA, THIS RELOCATION ENABLED TWCCH TO PROVIDE STATE-OF-THE-ART CLINICAL AND EDUCATIONAL SPACE TO PATIENTS, FAMILIES, LEARNERS AND STAFF WITHOUT ONE DAY OF DOWNTIME IN PATIENT ACCESS TO PRIMARY HEALTH SERVICES. FULL OPERATIONAL ACCESS IS ALWAYS AMONGST OUR HIGHEST PRIORITIES ACROSS OUR NINE BRICK-AND-MORTAR LOCATIONS AND ONE MOBILE MEDICAL/DENTAL UNIT, "DRIVING BETTER HEALTH." AS A RESULT OF THE WILKES BARRE TEACHING HEALTH CENTER DEVELOPMENT PROJECT, WE WILL HAVE CREATED APPROXIMATELY 47 NEW JOBS IN TOTAL, EXPANDING ACCESS TO WHOLE PERSON HEALTH SERVICES, INCLUDING MEDICAL, DENTAL, MENTAL, BEHAVIORAL AND ADDICTION HEALTH SERVICES, AS WELL AS INTERPROFESSIONAL TRAINING

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

OPPORTUNITIES. THE NEW WILKES-BARRE HEALTH CENTER PRACTICE IS ALSO THE
BACKBONE SITE OF AN EMERGING VISION TO EXPAND OUR TEACHING HEALTH CENTERS
INTO HEALTH CITY HUBS, FUTURISTICALLY MODELED FOR TRAUMA COMPETENT WHOLE
PERSON HEALTH SERVICES; EXPANDED COMMUNITY ENGAGEMENT; DELIBERATE
PLATFORM FOR PUBLIC HEALTH AND LONGEVITY ORIENTED PREVENTIVE MEDICINE;
AND BOTH INCUMBENT AND FUTURE PRIMARY CARE AND PUBLIC HEALTH WORKFORCE
WELLNESS AND RESILIENCY RENEWAL. THIS EMERGING, SIGNIFICANT, COMMUNITY
SUPPORTED DEVELOPMENT PROJECT IS NAMED IN HONOR OF JOHN P. MOSES, ESQUIRE
A WELL KNOWN ADVOCATE FOR EQUITABLE, WHOLE PERSON HEALTH SERVICES AND
HEALTHCARE CAREER OPPORTUNITIES IN NORTHEAST PENNSYLVANIA.

DURING FISCAL YEAR 2022-2023, TWCCH HAD A DIRECT OUTREACH FROM A
WELL-ESTABLISHED, TRUSTED PRIMARY CARE PHYSICIAN WHO CARED FOR PATIENTS
AND FAMILIES FOR OVER FOUR DECADES IN NORTH SCRANTON, PENNSYLVANIA WHO
WAS URGENTLY RETIRING FOR HEALTH REASONS AND SEEKING TO BE SURE THOSE HE
SERVED HAD CONTINUED ACCESS TO HIGH QUALITY, NONDISCRIMINATORY PRIMARY
HEALTH SERVICES. HE WAS CONCERNED BECAUSE A SIGNIFICANT PORTION OF THE
POPULATION HE SERVED ARE COVERED BY MEDICAID OR DUALY ELIGIBLE FOR
MEDICARE AND MEDICAID AND A SUBSTANTIAL NUMBER OF PATIENTS WERE OPIATE
DEPENDENT. WE CONFIRMED TWCCH WOULD WELCOME ANY OF HIS PATIENTS WHO
WISHED TO TRANSITION THEIR CARE TO US AND THAT WE WOULD INTENTIONALLY
ENSURE INCLUSION OF THE MOST VULNERABLE AND HIGHEST RISK PATIENTS,
REGARDLESS OF INSURANCE STATUS. IN ORDER TO HONOR HIS LONG-STANDING
PRESENCE IN THAT LOCAL COMMUNITY AND CONTINUE TO MAKE PRIMARY HEALTH
SERVICES ACCESSIBLE AT THAT LOCATION FOR THE CONVENIENCE OF PATIENTS,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

TWCCH BEGAN PLANNING TO LEASE CLINICAL SPACE AT THE SAME LOCATION AT 1721 N. MAIN AVENUE IN SCRANTON IN ORDER TO OPEN IMMEDIATE ACCESS THROUGH HIS TRANSITION TO PATIENTS AND FAMILIES IN FISCAL YEAR 2023-2024. AS OF JULY 17, 2023, AFTER A LARGER THAN NOMINAL FINANCIAL INVESTMENT TO UPGRADE THE FACILITIES, TWCCH OPENED THE DOORS TO PATIENTS AND FAMILIES IN NORTH SCRANTON, WHICH WILL BE REPORTED IN NEXT YEAR'S FORM 990 SUBMISSION IN MORE DETAIL. THIS LOCATION IS THRIVING, GROWING, AND SUSTAINABLE, WITH OVER 100 PATIENTS ALREADY ENGAGED IN OUR PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE SERVICES THAT HAVE HELPED THEM TO SUCCESSFULLY TRANSITION FROM SHORT AND LONG ACTING OPIOID MEDICATIONS TO MEDICATION ASSISTED THERAPY WITH SUBOXONE OR VIVITROL.

THROUGHOUT FISCAL YEAR 2022-2023 AND CONTINUING TODAY, TWCCH OFFERS CLINICAL HEALTH SERVICES UP TO 83 HOURS PER WEEK AT ITS MIDVALLEY TEACHING HEALTH CENTER IN JERMYN, PENNSYLVANIA (MVP), AND WITH 24/7 ON-CALL ACCESS FOR ALL OF TWCCH SERVICE LINES AT ALL LOCATIONS, INCLUDING BOTH AMBULATORY AND HOSPITAL VENUES.

AS PART OF ITS RESPONSIBILITY AS AN FQHC LAL, TWCCH ENGAGED TRIPP UMBACH AND THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT THROUGH A COMPETITIVE REQUEST FOR PROPOSALS PROCESS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT TO INFORM THE STRATEGIC DELIVERY OF OUR MISSION AND ENSURE THAT TWCCH CONTINUES TO PROVIDE COMMUNITY HEALTH NEEDS-RESPONSIVE PRIMARY HEALTH SERVICES. OUR COMMUNITY HEALTH NEEDS ASSESSMENT UTILIZED THE MOST RECENTLY AVAILABLE DATA FOR OUR SERVICE AREA TO ASSESS THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

FOLLOWING: FACTORS ASSOCIATED WITH EQUITABLE ACCESS TO AND UTILIZATION OF HEALTH SERVICES; THE MOST SIGNIFICANT CAUSES OF MORBIDITY AND MORTALITY, INCLUDING ASSOCIATED HEALTH AND HEALTHCARE DISPARITIES; AND ANY OTHER UNIQUE HEALTH CARE NEEDS OR CHARACTERISTICS THAT IMPACT PUBLIC HEALTH STATUS OR ACCESS TO OR UTILIZATION OF PRIMARY HEALTH SERVICES. THE COMMUNITY HEALTH NEEDS ASSESSMENT INFORMED TWCCH'S SHORT AND LONG VIEW STRATEGIC PLAN AND OPERATIONS PROVIDING DATA RELATING TO THE HEALTH RESOURCES AVAILABLE IN RELATION TO THE SIZE OF THE SERVICE AREA AND ITS POPULATION; PUBLIC HEALTH INDICES FOR THE POPULATION AND SUBPOPULATIONS; AND SOCIOECONOMIC INDICATORS AFFECTING ACCESS TO HEALTH SERVICES. TWCCH ALSO ACTIVELY CONTINUES TO PARTICIPATE IN LARGER COMMUNITY-BASED MULTI-INSTITUTIONAL REGIONAL HEALTH NEEDS ASSESSMENTS TO ASSURE OUR ACCESS TO BROADER COMMUNITY DATA THAT INFORMS DECISIONS RELATED TO HEALTH CENTER SERVICES AND STRATEGIC PLANNING. OUR PARTNERSHIPS WITH THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT AND THE KEYSTONE ACO REINFORCE AND EXPAND THIS DATA ACCESS.

AS AN FQHC LAL ESSENTIAL COMMUNITY PROVIDER, TWCCH CONTINUED ITS ACTIVE MULTI-TIERED RESPONSES TO THE ONGOING COVID-19 PANDEMIC AND CONTEMPORANEOUS EPIDEMICS RELATED TO ACUTE RESPIRATORY SYNCYTIAL AND INFLUENZA VIRAL INFECTIONS, AS WELL AS THE RELENTLESS PUBLIC HEALTH CRISES AND BATTLES WITH OPIOID AND STIMULANT MISUSE AND OVERDOSE, ONGOING HIV AND HEPATITIS C INFECTIONS, HIGHER THAN AVERAGE CANCER RATES, ISCHEMIC VASCULAR DISEASE, AND OBESITY ALONG WITH ITS MANY RELATED COMORBIDITIES THAT PLAGUE OUR REGIONAL COMMUNITY. DURING FISCAL YEAR

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

2022-2023, TWCCH CONTINUED TO EXPAND ITS OUTREACH WITHIN THE COMMUNITIES IT SERVES THROUGH ITS MEDICAL/DENTAL MOBILE UNIT "DRIVING BETTER HEALTH", WHICH WAS ACQUIRED WITH EXPANDED CAPACITY FOR CORONAVIRUS TESTING (ECT) FUNDING PROVIDED BY HRSA. DRIVING BETTER HEALTH PROVIDED NUMEROUS ADDITIONAL ACCESS POINTS IN VULNERABLE, UNDERSERVED COMMUNITIES TO DELIVER PRIMARY HEALTH SERVICES, INCLUDING BUT NOT LIMITED TO THE CDC RECOMMENDED "CATCH-UP TO GET AHEAD" PRIMARY IMMUNIZATION CLINICS FOR SCHOOL-AGED CHILDREN, COVID-19 EDUCATION, PPE, TESTING, AND VACCINE CLINICS AT SENIOR CITIZEN LOW-INCOME HIGH-RISES, AS WELL AS DROP-IN SHELTERS FOR PEOPLE WHO LACK ACCESS TO STABLE HOUSING. TWCCH CONTINUED TO USE AND IMPROVE TELEHEALTH SERVICES FOR ALL LINES OF PRIMARY HEALTH SERVICES WITH THE FORMAL CERTIFICATION OF MANY OF TWCCH'S PROVIDERS IN TELEHEALTH FUNDED BY GRANTS FROM THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AND DIRECT RELIEF.

IN FISCAL YEAR 2022-2023, TWCCH CONTINUED PROVIDING COMPREHENSIVE, WHOLE PERSON HIV RYAN WHITE SERVICES TO MORE THAN 500 PATIENTS. SUBSTANTIVELY, TWCCH ACHIEVED A VIRAL LOAD SUPPRESSION RATE OF 94% IN THE POPULATION SERVED. TWCCH EXECUTIVE AND RYAN WHITE PROGRAM LEADERSHIP ALSO CONTINUE TO BE PRIMARY SUPPORTERS OF AND CONTRIBUTORS TO LACKAWANNA COUNTY'S EFFORTS TO LAUNCH A MUNICIPAL PUBLIC HEALTH DEPARTMENT APPROVED BY THE PENNSYLVANIA DEPARTMENT OF HEALTH.

FORM 990, PART III, LINE 2 CONTINUED

NEW PROGRAM SERVICES CONTINUED:

NOTABLY, TWCCH, THE 8TH HEALTH CARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

JOHN A. HARTFORD FOUNDATION-FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL, SERVED OVER 100 PATIENTS SUFFERING FROM DEMENTIA AND IS NOW OFFERING ADC AND GERIATRICS REFERRAL SERVICES TO THE LARGER COMMUNITY. WITH FIVE BOARD CERTIFIED GERIATRICIANS AND TWCGME'S AFFILIATED, ACGME ACCREDITED, AND HRSA THCGME FUNDED GERIATRICS FELLOWSHIP, THE WRIGHT CENTER IS A WELL-RECOGNIZED, CONVENING, INCLUSIVE PLATFORM CALLING OUR REGIONAL COMMUNITY, ONE OF OUR NATION'S OLDEST BY DEMOGRAPHIC COMMUNITIES, TO COLLABORATIVELY BUILD THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN OUR REGION. THIS COLLECTIVE IMPACT INITIATIVE, ENERGIZED ALSO BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS' AND ROBERT WOOD JOHNSON'S DESIGN SPRINT COLLABORATIVE, ALIGNS WELL WITH OUR LONGSTANDING PARTNERSHIP WITH TELESPOOND, A LEGACY SERVICE AGENCY FOR OLDER ADULTS AND ITS EMERGING LAUNCH OF A SENIOR ADVOCACY CENTER FOR VULNERABLE ELDERLY VICTIMS OF ABUSE, AS WELL AS PENNSYLVANIA GOVERNOR JOSH SHAPIRO'S RECENT RELEASE OF A STATEWIDE MASTER PLAN FOR OLDER ADULTS.

THE IMPORTANCE OF DEVELOPING AN AGE-FRIENDLY HEALTH SYSTEM AND QUALIFIED, COMPASSIONATE GERIATRICIANS AND INTERPROFESSIONAL CARE TEAMS HAS NEVER BEEN SO URGENT: PENNSYLVANIA STILL RANKS 9TH OUT OF THE 50 STATES FOR THE PERCENTAGE OF THE STATE POPULATION 65 AND OLDER, AND, BY 2034, OLDER ADULTS WILL OUTNUMBER CHILDREN (ACCORDING TO CENSUS BUREAU PROJECTIONS). FURTHER, LACKAWANNA AND LUZERNE COUNTIES HAVE A SIGNIFICANTLY HIGHER NUMBER OF PERSONS 65 YEARS AND OLDER COMPARED TO STATE AND NATIONAL AVERAGES. THE CONTINUED DEVELOPMENT OF GERIATRIC COMPETENCIES SUPPORTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

THE SHIFT INTO AGE-FRIENDLY HEALTH SERVICES BY HELPING PRIMARY CARE DOCTORS, CARE TEAMS, AND PARTNERING AGENCIES TO ALIGN WITH WHAT IMPACTS AND MATTERS MOST TO OLDER ADULTS. DESPITE THE EXPECTED NATIONAL SHORTAGE OF NEARLY 30,000 FULL-TIME GERIATRICIANS BY 2025, THERE ARE NATIONAL RECRUITMENT CHALLENGES IN THE SPECIALTY OF GERIATRICS: THE TRAINING POSITION FILL RATE FOR GERIATRIC MEDICINE DECLINED TO 41.5 PERCENT IN 2023, DOWN FROM 43.1 PERCENT IN 2022. THE POSITION FILL RATE HAS RANGED BETWEEN 43.1 - 52 PERCENT SINCE THE 2019 MATCH. IN 2023, GERIATRICS OFFERED 419 CERTIFIED POSITIONS (BOTH INTERNAL MEDICINE AND FAMILY MEDICINE-BASED PROGRAMS) IN THE NATIONAL MATCH AND ONLY 174 POSITIONS FILLED.

DURING THE REPORTING PERIOD, TWCCH'S AFFILIATED WORKFORCE DEVELOPMENT ORGANIZATION, TWCME, CONTINUED ITS RESPONSIVE AND RESPONSIBLE CORRECTIVE ACTION JOURNEY AS A SPONSORING INSTITUTION ADDRESSING PROBATIONARY ACCREDITATION STATUS AND CONCERNS BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). ALTHOUGH TWCME PROVIDES MORE DETAIL ABOUT THIS IN ITS FORM 990, TWCME'S INSTITUTIONAL PROBATIONARY ACCREDITATION STATUS WAS NOTABLY AND JOYFULLY RESOLVED IN A FULL RESTORATION OF CONTINUING ACCREDITATION STATUS FOR THE SPONSORING INSTITUTION IN OCTOBER 2023. THE TRAUMATIC JOURNEY FROM CRISIS THROUGH LEARNING TO GROWTH AND APPLICATION OF ALL LESSONS LEARNED THROUGH NAVIGATING THE UNPRECEDENTED PROBATIONARY ACGME ACCREDITATION CHALLENGES AND THE ACUTE COVID-19 PANDEMIC CAN NEVER BE OVERSTATED IN TERMS OF INTENSITY OR MISSION AND LEGACY VALUE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

REGIONAL AND LOCAL NEEDS FOR ACCESS TO MENTAL, BEHAVIORAL, AND ADDICTION
HEALTH SERVICES CONTINUE TO ESCALATE IN NORTHEAST PENNSYLVANIA.

UNFORTUNATELY, DURING THE COVID-19 PANDEMIC, AFTER A SERIES OF CONVERGING
CHALLENGES IN OUR LOCAL COMMUNITY, INCLUDING SURPRISING, BUT UNAVOIDABLE,
PROGRAM LEADERSHIP TRANSITION FOR CAUSE AND THE CLOSURE OF OUR TWO MAJOR
INPATIENT PSYCHIATRY HOSPITAL UNITS, THE ACGME PSYCHIATRY RESIDENCY
REVIEW COMMITTEE WITHDREW ACCREDITATION OF TWCGME'S COMMUNITY-BASED
PSYCHIATRY RESIDENCY PROGRAM. OUR COMMUNITY IS PROCESSING THIS TRAUMA AND
CONSIDERING ALL OPTIONS TO RALLY FOR FUTURISTIC SOLUTIONS THAT ARE
RESPONSIVE TO THE CONTINUING UNDENIABLE MENTAL, BEHAVIORAL, AND ADDICTION
HEALTH SERVICES AND WORKFORCE NEEDS OF OUR REGION, STATE, AND COUNTRY.

IN PARTNERSHIP WITH ALLIED SERVICES INTEGRATED HEALTH AND INPATIENT
REHABILITATION FACILITY, TWCGME'S PHYSICAL MEDICINE & REHABILITATION
(PM&R) RESIDENCY PROGRAM SUCCESSFULLY LAUNCHED ITS FIRST CLASS OF
RESIDENTS ON JULY 1, 2022, WITH FIVE EXCITED PGY1 RESIDENTS. TWCC
EMBRACED THE OPPORTUNITY TO HOST AND TRAIN THESE AWESOME PM&R RESIDENTS
IN OUR AMBULATORY AS WELL AS INPATIENT HOSPITAL TEACHING VENUES TO
IMPROVE AND ENHANCE THE SCOPE AND QUALITY OF HEALTH SERVICES AND SEAMLESS
CARE TRANSITIONS FOR THE PATIENTS WE SERVE ACROSS THE FULL SPECTRUM
CONTINUUM OF COMMUNITY, HOSPITAL, AND INPATIENT-BASED ACUTE AND
REHABILITATION VENUES, WHILE ENRICHING THE TEAM BASED EDUCATIONAL
EXPERIENCE OF ALL LEARNERS. DESPITE CMS GME FUNDING CHALLENGES FOR
RESIDENCY PROGRAMS OPERATED WITHIN INPATIENT REHABILITATION FACILITIES,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

THE GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM (GME-SNC) MODEL ENABLED THIS PROGRAM TO LAUNCH THROUGH A COLLABORATION WITH A COMMUNITY-BASED CMS IPPS HOSPITAL TO HOST INPATIENT ACUTE CARE CLINICAL EDUCATIONAL EXPERIENCES NECESSARY FOR A PM&R RESIDENCY EXPERIENCE. OUR MORE ROBUST GME-SNC, AS ENVISIONED OVER 10 YEARS AGO, NOW FORMALLY INTEGRATES ALLIED SERVICES AND JOHN HEINZ INSTITUTE, NORTHEAST REHABILITATION ASSOCIATES, AND OTHER ESTABLISHED AND NEW CLINICAL LEARNING ENVIRONMENT PARTNERS TO PROMOTE THE WELCOMED DEVELOPMENT OF THE PHYSIATRIST WORKFORCE IN NORTHEAST PENNSYLVANIA.

TWCCH'S CLINICAL TRAINING PARTNERSHIP WITH A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE (SOMA) HOSTED 29 OSTEOPATHIC MEDICAL STUDENTS FOR DIDACTICS AND CLINICAL TRAINING IN SCRANTON, PENNSYLVANIA. OF THOSE, THREE WERE HOMETOWN SCHOLARS NOTABLY RECRUITED FROM THE POPULATION SERVED BY TWCCH, ONE OF WHOM PROUDLY GRADUATED IN MAY 2023 TO PURSUE LOCALLY RESIDENCY TRAINING IN THE MUCH NEEDED SPECIALTY OF GENERAL SURGERY. WITH ADDITIONAL HOMETOWN SCHOLARS IN THE PIPELINE AND ON OUR RECRUITMENT RADAR, WE CONTINUE TO AGGRESSIVELY PROMOTE THE DEVELOPMENT OF OUR LONGITUDINAL REGIONAL PHYSICIAN AND INTERPROFESSIONAL HEALTHCARE WORKFORCE PIPELINE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY ALIGNED WITH AND FUELS THE DELIVERY OF TWCCH'S MISSION, AND WE WILL CONTINUE TO ENCOURAGE AND TRAIN QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE MEDICAL FIELD AND OTHER HEALTH PROFESSIONS.

IN ADDITION, TWCCH CONTINUED AS A SECOND-YEAR TRAINING SITE FOR A

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

SIMILARLY DESIGNED HOMETOWN SCHOLAR PARTNERSHIP WITH THE NEW PUBLIC HEALTH ORIENTED CENTRAL COAST PHYSICIAN ASSISTANT TRAINING PROGRAM, A COLLABORATIVE OF A.T. STILL UNIVERSITY SCHOOL OF HEALTH SCIENCES, THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST CALIFORNIA. TWCCH ALSO CONTINUED OUR EFFORTS TO DEVELOP AND TRAIN OUR OWN MEDICAL ASSISTANTS (MAS) IN PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA), AND COMMUNITY HEALTH WORKERS (CHWS) THROUGH THE AHEC-AFFILIATED COMMUNITY HEALTH WORKER TRAINING PROGRAM AND THE NATIONAL HEALTH CORPS.

IN THE FISCAL YEAR 2022-2023, THE SECOND YEAR OF OUR ENGAGEMENT IN NYU LANGONE'S CODA ACCREDITED ADVANCED EDUCATION IN GENERAL DENTISTRY RESIDENCY, TWCCH WELCOMED TWO ADDITIONAL RESIDENT DENTISTS. WE WERE ABLE TO PROVIDE 13,099 DENTAL VISITS DURING THE FISCAL YEAR, 2,221 MORE THAN THE YEAR BEFORE - A 20% INCREASE - RESULTING IN PART FROM THE RECRUITMENT OF AN ADDITIONAL PUBLIC HEALTH DENTIST IN SEPTEMBER 2022 AND ALSO THE EXPANSION OF DENTAL CLINICAL SPACE IN OUR MID VALLEY TEACHING HEALTH CENTER WITH TWO NEW DENTAL OPERATORIES TO INCREASE ACCESS. EXCITINGLY, IN EARLY 2024, TWCCH EXECUTED AN EMPLOYMENT CONTRACT TO HIRE ONE OF OUR AEGD DENTAL RESIDENTS UPON HIS UPCOMING GRADUATION FROM THIS PROGRAM, AGAIN DEMONSTRATING A HOMETOWN SCHOLAR SUCCESS. THIS RECRUITMENT VALIDATES THE POWER OF THE GME-SNC COMMUNITY-BASED TRAINING MODEL IS JUST AS SUCCESSFUL WITH DENTAL RESIDENTS AS IT IS WITH MEDICAL RESIDENTS. WITH UNDENIABLE PUBLIC HEALTH NEEDS AND DENTAL SERVICES IN HIGH DEMAND, OUR NEWLY EMPLOYED DENTIST WILL LEAD THE EXPANSION OF DENTAL SERVICES AT OUR NEW

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

WILKES-BARRE HEALTH CITY HUB AS A STRATEGIC PRIORITY IN THE NEXT FISCAL
YEAR.

FORM 990, PART III, LINE 2 CONTINUED

NEW PROGRAM SERVICES CONTINUED:

IN RESPONSE TO CUMULATIVE, COVID-19 PANDEMIC EXACERBATED, AND ESCALATING
DAILY CHALLENGES IMPOSED ON HEALTHCARE DELIVERY SYSTEMS, PROVIDERS, AND
RECIPIENTS OF HEALTH SERVICES, TWCCH CONTINUED ITS PASSIONATE, DEEP
INVESTMENT IN THE TRANSFORMATIONAL WORK TO PROGRESS ON OUR THREE YEAR
JOURNEY FROM A HISTORICALLY TRAUMA-ORGANIZED FOUNDATION THROUGH SANCTUARY
MODEL CERTIFICATION TO BECOME A TRAUMA-COMPETENT EMPLOYER, PARTNER,
PROVIDER OF WHOLE PERSON HEALTH SERVICES, AND EDUCATOR OF HEALTHCARE
WORKFORCE. FOUNDED BY DR. SANDRA BLOOM AND CONTINUED BY THE WORK OF THE
SANCTUARY INSTITUTE, THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND
ORGANIZATIONAL CHANGE AND TRANSFORMATIONAL CULTURE SHIFT WHICH, AT ITS
CORE, PROMOTES PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY
FROM ADVERSITY THROUGH THE ACTIVE CREATION OF A TRAUMA-INFORMED AND
COMPETENT COMMUNITY. A TRAUMA-COMPETENT ORGANIZATION IS ONE THAT
RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS
OF TRAUMA AND ORGANIZES SYSTEM-WIDE INTERVENTIONS AIMED AT MITIGATING THE
NEGATIVE EFFECTS OF ADVERSITY AND STRESS THAT ARE MANIFESTED IN THOSE
EMPLOYED IN AND SERVED BY THE ORGANIZATION AND THE OVERALL ORGANIZATION
ITSELF. THE SANCTUARY CERTIFICATION PROCESS EMPLOYS FOUR PILLARS OF
SHARED KNOWLEDGE OF TRAUMA THEORY; SHARED VALUES OF NONVIOLENCE,
EMOTIONAL INTELLIGENCE, SOCIAL LEARNING, DEMOCRACY, OPEN COMMUNICATION,
SOCIAL RESPONSIBILITY, GROWTH AND CHANGE; SHARED LANGUAGE TO GUIDE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

REACTIONS AND BEHAVIORS IN TERMS OF SAFETY, EMOTIONS, LOSS AND FUTURE;
AND SHARED PRACTICE USING SANCTUARY TOOLS AND INTERVENTIONS TO REINFORCE
THE MODEL'S PHILOSOPHY. THE "SANCTUARY" APPROACH CAN BE OFFERED AS A
GUIDING CONSTRUCTIVE FRAMEWORK FOR TRANSFORMATION FROM TRAUMA ORGANIZED,
OFTEN DIVISIVE CARE DELIVERY AND EDUCATIONAL PLATFORMS TO TRAUMA
COMPETENT SYSTEMATIZED APPROACHES FOR TEAMING THAT PROMOTE PSYCHOLOGICAL
SAFETY, TRUST, PARTICIPATORY CITIZENSHIP, DEMOCRATIZATION, SOCIAL
RESPONSIBILITY AND ACCOUNTABILITY, AND SOCIAL LEARNING. TWCCH BEGAN ITS
ROLL-OUT OF SANCTUARY TRAINING IN EARNEST IN AUGUST 2022 WITH A 2-DAY
ONSITE VISIT BY A SANCTUARY INSTITUTE SENIOR FACULTY STAFF MEMBER. WE
THEN IMPLEMENTED MULTIPLE COHORTS OF 5-DAY IMMERSION TRAINING EVENTS TO
SPREAD LEARNING ACROSS THE ORGANIZATION AND ITS AFFILIATES. THESE COHORTS
INCLUDED GOVERNING BOARD AND EXECUTIVE MANAGEMENT AS WELL AS NEARLY 80
EMPLOYEES AND ALSO A DOZEN TWCME RESIDENT PHYSICIANS IN TRAINING. A
SANCTUARY STEERING COMMITTEE AND CORE TEAM HAVE BEEN IDENTIFIED AND ARE
WORKING INTENTLY AND TIRELESSLY TO ENSURE CROSS-DEPARTMENTAL
UNDERSTANDING AND WIDE-SPREAD ADOPTION OF THE SANCTUARY PHILOSOPHY,
PILLARS, COMMITMENTS, AND IMPLEMENTATION TOOLS. A VITAL COMPONENT OF THE
MODEL IS TO ENSURE EMPOWERING IN-HOUSE EXPERTISE OF INTERNAL SANCTUARY
TRAINERS WAS LAUNCHED DURING THE CURRENT FISCAL YEAR.

TWCCH IS FULLY COMMITTED TO IMPROVING THE WAY WE WORK TO PROMOTE AND
SYSTEMATIZE AN AWARENESS OF THE IMPORTANCE OF JUSTICE, EQUITY, DIVERSITY,
INCLUSION AND BELONGING (JEDIB). DURING THE FISCAL YEAR REPORTED, TWCCH
AND TWCME WERE AGAIN SELECTED IN A COMPETITIVE PROCESS TO PARTICIPATE IN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

ANOTHER ROBERT WOOD JOHNSON FOUNDATION DESIGN SPRINT COLLABORATION BETWEEN THE WRIGHT CENTERS FOR COMMUNITY HEALTH AND GRADUATE MEDICAL EDUCATION AND OUR NORTHEAST PA AHEC TO DEVELOP A JUSTICE, DIVERSITY, EQUITY, INCLUSION, AND BELONGING CURRICULUM FOR PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE LEARNERS TO PROMOTE TEAM BUILDING AND JEDIB AWARENESS ACROSS THE CARE TEAM LEARNING CONTINUUM. THE GOAL IS TO ELIMINATE THE IMPACT OF DISPARITIES IN HEALTH SERVICES AND TREATMENT DECISIONS, AS WELL AS CAREER ADVANCEMENT OPPORTUNITIES, RESULTING FROM EXPLICIT AND IMPLICIT BIASES. THE CURRICULUM'S FOCUS IS TO TEACH CULTURAL HUMILITY AND TEAMWORK ACROSS HEALTH PROFESSIONS, WHICH IS ESSENTIAL TO ACHIEVING A SHARED, TEAM-BASED UNDERSTANDING OF THE MOST EFFECTIVE DIAGNOSES, CARE PLAN, AND TREATMENT APPROACHES FOR THE BENEFIT OF PATIENTS, FAMILIES, OUR COMMUNITIES, AND CARE TEAMS. ADDITIONALLY, WITH THE CONTINUED LEADERSHIP OF OUR VP OF DIVERSITY, EQUITY, AND INCLUSION (DEI), WE EXPANDED JEDIB PROGRAMMING AND ACTIVITIES AND INTRODUCED INTEGRATIVE COMMUNITY THERAPY (ICT) AS A NEW INITIATIVE IN OUR WORK TO PROMOTE MENTAL HEALTH, RESILIENCY, COPING SKILLS AND DEMONSTRATED VALUE OF THERAPEUTIC COMMUNITIES. SYSTEMATIZED ICT IS FUELED BY THE COMMUNITY AND ENGAGED MENTAL HEALTH PROFESSIONALS, NOTABLY NOT RELYING ON REFERRALS, DOCTORS, INSURANCE, OR WAIT LISTS TO OFFER IMMEDIATE, NO-COST ACCESS TO ANY TEAM OR COMMUNITY MEMBER NEEDING MENTAL HEALTH SUPPORT. ICT USES FACILITATED AND GUIDED CONVERSATION BETWEEN COMMUNITY MEMBERS WITH SHARED CHARACTERISTICS AS AN ALTERNATIVE SOLUTION OR RESPONSE TO LACK OF IMMEDIATE ACCESS TO APPROPRIATE MENTAL HEALTH SERVICES IN COMMUNITIES. EACH PARTICIPANT IN AN ICT SESSION LEARNS, CONTRIBUTES, AND HEALS BY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

LISTENING TO THE LIFE STORIES THAT ARE TOLD BY OTHERS.

DURING THE FISCAL YEAR, TWCCH ALSO LAUNCHED ITS FORMAL CORPORATE COMMITMENT TO ENVIRONMENTAL RESPONSIBILITY AND CLIMATE RESILIENCE WITH A SUBSTANTIAL INVESTMENT INTO AN ENVIRONMENTAL, SOCIAL, AND GOVERNANCE (ESG) STRATEGIC PLAN. WE RECRUITED OUR VERY FIRST ESG SPECIALIST, AND DEVELOPED AN ORGANIZATIONAL CLIMATE PLEDGE FOR REVIEW AND ADOPTION BY OUR ENTIRE STAFF, INCLUDING OUR PHYSICIANS AND PROVIDER TEAMS AND TWCCH'S FACULTY AND RESIDENT AND FELLOW PHYSICIANS IN TRAINING, TO PROMOTE AWARENESS THAT, AS AN ESSENTIAL COMMUNITY PROVIDER OF PRIMARY HEALTH SERVICES AND HEALTHCARE WORKFORCE EDUCATOR, WE SIMPLY CANNOT IGNORE THE DEVASTATING DISPARATE IMPACT THAT THE ENVIRONMENT AND CLIMATE HAS ON PUBLIC HEALTH, AN IMPACT WHICH IS FORCE-MULTIPLIED BY THE POLITICAL AND SOCIOECONOMIC DETERMINANTS OF HEALTH. WE THEREFORE COMMITTED TO ENRICH AND EXPAND OUR COMMUNITY BENEFIT TO INCLUDE A ROBUST EXPLORATION AND IMPLEMENTATION OF REASONABLE "ACHIEVABLE BY ALL" PRACTICES THAT PROMOTE AWARENESS AND SUSTAINABILITY OF ENVIRONMENTAL AND CLIMATE RESILIENCE.

DURING THIS REPORTING YEAR, TWCCH PROUDLY RECEIVED DESIGNATION AS A HEALTHY PEOPLE 2030 CHAMPION BY THE OFFICE OF DISEASE PREVENTION AND PROMOTION, AS A GOLD ADVOCACY CENTER OF EXCELLENCE BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AND A CHANGE MAKER BY THE NATIONAL ACADEMY OF MEDICINE. WE ALSO EARNED AND EXPANDED TWCCH'S NUMEROUS HRSA COMMUNITY HEALTH CENTER QUALITY RECOGNITION (CHQR) 2021 BADGES FOR ADVANCING HIT FOR QUALITY, AND FOR COVID-19 TESTING,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

VACCINATIONS, AND DATA REPORTER WITH THE ADDITION OF 2022 BADGES FOR ACCESS ENHANCER, ADVANCING HIT FOR QUALITY, AND ADDRESSING SOCIAL RISK FACTORS, AND 2023 BADGES FOR ADVANCING HIT FOR QUALITY, ADDRESSING SOCIAL RISK FACTORS, AND COVID-19 PUBLIC HEALTH CHAMPION. A PLATINUM CERTIFICATE FROM HRSA'S DONATION CAMPAIGN FOR OUR PUBLIC HEALTH CAMPAIGN THIS YEAR VALIDATED OUR PUBLIC HEALTH BLOOD DRIVES AND EDUCATIONAL CAMPAIGN ENCOURAGING PEOPLE TO BECOME BLOOD, ORGAN, EYE, AND TISSUE DONORS VIA SOCIAL MEDIA POSTS, PRINT AND BROADCAST NEWS STORIES, INTERNAL TV SCREENS, AND EMAIL BLASTS.

FORM 990, PART III, LINE 4A

PROGRAM SERVICE ACCOMPLISHMENTS:

TWCC HAS ALSO STEPPED UP FOR CONSIDERATION TO PARTICIPATE IN THE FIRST COHORT OF COMMUNITY HEALTH CENTERS TO TEST HRSA'S NEW UDS PLUS MODERNIZATION INITIATIVE. IN SUMMARY, TWCC SERVED 33,653 UNIQUE PATIENTS AND ENGAGED IN 122,014 TOTAL BILLABLE VISITS BETWEEN JULY 2022 AND JUNE 2023. THEY INCLUDED 76,685 MEDICAL, 13,737 BEHAVIORAL HEALTH, 13,099 DENTAL, AND 18,493 INPATIENT VISITS. TWCC DELIVERS WHOLE PERSON PRIMARY HEALTH SERVICES THROUGH TEACHING HEALTH CENTER FQHC LAL AMBULATORY CARE CENTERS, A MEDICAL/DENTAL MOBILE UNIT, AND ALSO IN LOCAL ACUTE HOSPITALS AND AN INPATIENT REHABILITATION HOSPITAL, HOSPICE, AND SKILLED NURSING FACILITIES, AND THROUGH PUBLIC SCHOOL AND HOME-BASED VENUES. ONE OF OUR CLINICAL ENVIRONMENTS IS CO-LOCATED WITHIN A REGIONAL, COMMUNITY-OWNED AND GOVERNED, LEGACY PUBLIC MENTAL HEALTH SERVICE AGENCY SERVING OVER 10,000 PATIENTS WITH COMPLEX MENTAL ILLNESS AND TRAUMA EXPOSURE, COMPOUNDED BY A MULTIPLEX OF SOCIOECONOMIC DETERMINANTS OF HEALTH

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

CHALLENGES. ANOTHER TWCCH CLINIC IS CO-LOCATED IN A SCRANTON, PENNSYLVANIA PUBLIC SCHOOL-BASED SETTING WITH SERVICES OPEN TO STUDENTS AND THEIR FAMILIES, SCHOOL EMPLOYEES, AND THE LARGER COMMUNITY. OUR COMPREHENSIVE, INTEGRATED PRIMARY HEALTH SERVICES ACROSS THE LIFESPAN, FROM PEDIATRICS TO GERIATRICS, INCLUDE PEDIATRICS, MEDICAL, WOMEN'S HEALTH, GERIATRICS, GENERAL DENTAL, MENTAL AND BEHAVIORAL, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY, INFECTIOUS DISEASE, RYAN WHITE PRIMARY AND SECONDARY PREVENTION AND TREATMENT OF HIV, RHEUMATOLOGICAL, NUTRITIONAL, AND LIFESTYLE MEDICINE SERVICES. TWCCH CONTINUES ITS WORK AS A PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE, COORDINATING CENTER FOR MEDICATION-ASSISTED TREATMENT AND RECOVERY SERVICES, AND BACKBONE ORGANIZATION FOR THE REGIONAL HEALTHY MOMS PROGRAM SUPPORTING RECOVERY OF PREGNANT AND POSTPARTUM MOMS AND THEIR CHILDREN.

TWCCH'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEM AND THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. OUR NICHE IS WORLD-CLASS INNOVATIVE AND RESPONSIVE PRIMARY HEALTH CARE THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL.

TWCCH'S PRACTICING PHYSICIANS SERVE AS FACULTY EDUCATORS TRAINING OUR INCUMBENT AND FUTURE INTERPROFESSIONAL PRIMARY HEALTH CARE DELIVERY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

WORKFORCE, AS TWCCH'S TEACHING HEALTH CENTERS ARE THE PRIMARY, AMBULATORY, LONGITUDINAL CLINICAL LEARNING ENVIRONMENT FOR TWCME'S INTERNAL MEDICINE, FAMILY MEDICINE, AND PSYCHIATRY RESIDENTS, AS WELL AS ITS GERIATRIC FELLOWS. ADDITIONALLY, IN 2022, TWCCH PROUDLY SUPPORTED THE GRADUATION OF 2 ADVANCED EDUCATION GENERAL DENTISTRY RESIDENTS IN COLLABORATION WITH NYU LANGONE DENTAL AND ALSO HOSTED FELLOWS IN TRAINING FROM GEISINGER'S HRSA FUNDED ADDICTION FELLOWSHIP. DURING FISCAL YEAR 2022-2023, TWCCH TRAINED 177 INTERPROFESSIONAL STUDENTS IN PARTNERSHIP WITH MORE THAN A DOZEN ACADEMIC INSTITUTIONS, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE IN NORTHEAST PENNSYLVANIA AND THE A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA AND CENTRAL COAST PHYSICIAN ASSISTANT TRAINING PROGRAM IN CALIFORNIA. WE ARE AN ACTIVE PARTICIPATING PROVIDER IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION, A MEMBER OF THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AND A COLLABORATING PARTNER OF THE NORTHEAST PENNSYLVANIA AREA FOR HEALTH EDUCATION CENTER (AHEC), THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, AND THE PENN STATE ECHO INITIATIVE.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE CONTINUED:

HOWEVER, WITH THE JUNE 1, 2019 DESIGNATION OF TWCCH AS A FQHC LAL, THE 340B DRUG PRICING PROGRAM ENGAGEMENT WAS EXPANDED ACROSS ALL PRIMARY HEALTH SERVICES AS WELL. THIS IMPORTANT FEDERAL PROGRAM PROVIDES OUTPATIENT DRUGS TO ELIGIBLE PATIENTS AND ESSENTIAL SAFETY-NET COMMUNITY PROVIDERS SUCH AS TWCCH AT SIGNIFICANTLY REDUCED PRICES. 340B REVENUES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

ARE REINVESTED INTO EQUITABLE, COMPREHENSIVE ACCESS AND DELIVERY OF
PRIMARY HEALTH SERVICES AND SDOH RESPONSIVE PROGRAMS. THE PROGRAM ENABLES
DIRECT 340B DISCOUNTED PRICES FOR SPECIFIED DRUGS FOR QUALIFYING ELIGIBLE
PATIENTS AT PARTICIPATING PARTNERING PHARMACIES. INCOME AND DEMONSTRATED
HARDSHIPS DETERMINE ELIGIBILITY STATUS FOR 340B DISCOUNT CARDS FOR
INDIVIDUAL PATIENTS.

AS AN ESSENTIAL COMMUNITY PROVIDER, TWCCH STEWARDS 340B REVENUES TO
ENSURE THIS VITAL FUNDING ENHANCES AND ENRICHES THE NONDISCRIMINATORY,
EQUITABLE "WHOLE PERSON" HEALTH AND SOCIAL SERVICES WE PROVIDE. THIS
FUNDING HAS NOTABLY ENABLED US TO IMPROVE ACCESS TO PRIMARY HEALTH
SERVICES BY EXPANDING AND CONTINUING EXTENDED OPERATIONAL HOURS, GIVING
PATIENTS ADDITIONAL AMBULATORY, COMMUNITY-BASED HEALTH CARE ALTERNATIVES
TO EMERGENCY DEPARTMENTS. THIS INCREASED ACCESS TO PRIMARY HEALTH
SERVICES, IN TURN, REDUCES COSTS AND GIVES PATIENTS NONDISCRIMINATORY
ACCESS TO COMPREHENSIVE PRIMARY HEALTH SERVICES UNDER ONE ROOF IN A
PATIENT-CENTERED MEDICAL HOME.

340B REVENUES FUND COMMUNITY OUTREACH INITIATIVES LIKE HEALTH FAIRS AND
FREE HEALTH SCREENINGS (E.G., BLOOD SUGAR, BLOOD PRESSURE, BODY MASS
INDEX, AND CHOLESTEROL), POP UP FOOD PANTRIES, AND PUBLIC HEALTH
EDUCATIONAL INITIATIVES TO HELP VULNERABLE PATIENTS WITH CHRONIC DISEASES
SUCH AS SUBSTANCE USE DISORDER, HIV/AIDS, HEPATITIS C, OBESITY, DIABETES,
AND ISCHEMIC HEART DISEASE TO PROMOTE HEALTHIER NUTRITION AND LIFESTYLES.
RYAN WHITE RELATED 340B FUNDING SUPPORTS PEOPLE LIVING WITH HIV/AIDS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

THROUGH MEDICAL SERVICES, LABORATORY SERVICES, TELEHEALTH SERVICES,
MEDICAL CASE MANAGEMENT, MEALS DELIVERED TO THE HOME, INSURANCE PREMIUM
COST-SHARING ASSISTANCE, EMERGENCY FINANCIAL ASSISTANCE, MENTAL HEALTH
SERVICES, TRANSPORTATION SERVICES, DURABLE MEDICAL EQUIPMENT AND ALSO
EXPANDED AND ENHANCED DENTAL SERVICES.

THE 340B PROGRAM IS AN EXTREMELY IMPORTANT SOURCE OF FINANCIAL AND
RESOURCES SUPPORT IN ESSENTIAL COMMUNITY PROVIDERS LIKE COMMUNITY HEALTH
CENTERS THAT HELPS ENSURE PATIENTS AND FAMILIES HAVE ACCESS TO AND
RECEIVE THE PRIMARY HEALTH SERVICES THEY DESERVE TO ADDRESS THEIR COMPLEX
HEALTH AND SDOH NEEDS, REGARDLESS OF THEIR ZIP CODE, INSURANCE STATUS, OR
ABILITY TO PAY. CURRENT EFFORTS TO SIGNIFICANTLY REDUCE THE 340B PROGRAM
WOULD HAVE A DEVASTATING NEGATIVE IMPACT ON PATIENTS, FAMILIES, AND
COMMUNITIES AND COMMUNITY HEALTH CENTERS AND OTHER ESSENTIAL COMMUNITY
PROVIDERS THAT SERVE THEM.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE CONTINUED:

WE VET ALL POTENTIAL MISSION-ALIGNED GRANT INITIATIVES FOR COMMUNITY
HEALTH NEEDS-RESPONSIVENESS, FEASIBILITY, OUTCOMES ACHIEVABILITY AND
SUSTAINABILITY. WITH A FERVENT COMMITMENT TO AUTHENTICITY AND THE HIGHEST
INTEGRITY AND ACCOUNTABILITY STANDARDS, THROUGH ACTIVE PARTNERSHIPS WITH
A WIDE VARIETY OF LOCAL, REGIONAL, STATE, AND NATIONAL FUNDERS, WE STRIVE
TO PROMOTE UNPRECEDENTED, HIGH-IMPACT, CROSS-ORGANIZATIONAL
COLLABORATION; TO FOSTER SHARED PURPOSE AND ACCOUNTABILITY AND COLLECTIVE
IMPACT-ORIENTED ACTION STRATEGIES; AND TO DEMONSTRATE TRUSTED

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

TRANSFORMATIONAL STEWARDSHIP OF PUBLIC RESOURCES TO ADDRESS COMMUNITY
HEALTH NEEDS AND PROMOTE COMMUNITY HEALTH.

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

A.T. STILL UNIVERSITY-SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA
(TOTAL: \$9,000)

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

AMERICARES (TOTAL: \$2,668)

PURPOSE OF GRANT ASSISTANCE: AMERICARES AWARDED FUNDS TO THE WRIGHT
CENTER FOR COMMUNITY HEALTH (TWCCH) FOR A MENTAL HEALTH FIRST AID COURSE
DEVELOPED TO TEACH INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND, AND RESPOND
TO SIGNS OF MENTAL ILLNESSES, MENTAL HEALTH CRISES, AND SUBSTANCE USE
DISORDERS. THE TRAINING PROVIDES THE SKILLS NEEDED TO REACH OUT AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

PROVIDE INITIAL HELP TO SUPPORT SOMEONE WHO MAY BE DEVELOPING A MENTAL HEALTH OR SUBSTANCE USE PROBLEM OR EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE DISORDER CRISIS. THE TRAINING HAS BEEN ROLLED OUT INITIALLY TO FRONT-LINE CLINICAL STAFF, THEN PHYSICIAN LEARNERS, AND MOST RECENTLY TO THE LARGER COMMUNITY.

APPALACHIAN REGIONAL COMMISSION (TOTAL: \$80,878)

PURPOSE OF GRANT ASSISTANCE: THE APPALACHIAN REGIONAL COMMISSION (ARC) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ADDRESS THE SUBSTANCE ABUSE CRISIS BY EXPANDING A RECOVERY-ORIENTED ECOSYSTEM LEADING TO WORKFORCE ENTRY OR REENTRY. ENHANCED JOB TRAINING IS PROVIDED FOR PEER RECOVERY SUPPORT SPECIALISTS AND COMMUNITY HEALTH WORKERS (CHWS) IN CONJUNCTION WITH THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTERS (AHEC), LUZERNE COUNTY COMMUNITY COLLEGE, AND OTHER COMMUNITY PARTNERS. THE GOAL OF THIS GRANT IS TO IMPROVE THE EDUCATION, KNOWLEDGE, SKILLS, AND HEALTH OF CITIZENS TO WORK AND SUCCEED IN APPALACHIA. THE TARGET POPULATION IS ADULTS IN RECOVERY (AGES 18 AND OLDER) WHO SELF-IDENTIFY OR HAVE BEEN NOMINATED AS GOOD CANDIDATES TO WORK AS CERTIFIED RECOVERY SPECIALISTS AND/OR COMMUNITY HEALTH WORKERS.

CITY OF SCRANTON, PENNSYLVANIA (TOTAL: \$38,684)

PURPOSE OF GRANT ASSISTANCE: THE CITY OF SCRANTON AMERICAN RESCUE PLAN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

ACT (ARPA) THROUGH THE NON-PROFIT GRANT PROGRAM, AWARDED FUNDS TO THE
WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO OFFSET THE SANCTUARY
INSTITUTE TRAINING COSTS WHICH IS DESIGNED TO HELP OUR FRONTLINE
WORKFORCE, INCLUDING PROVIDERS AND STAFF, OVERCOME COMPLEX CHALLENGES
CAUSED BY TRAUMA RELATED TO THE COVID-19 PANDEMIC. THE SANCTUARY® MODEL
IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE WHICH, AT ITS CORE,
PROMOTES SAFETY AND RECOVERY FROM ADVERSITY THROUGH THE ACTIVE CREATION
OF A TRAUMA-INFORMED AND TRAUMA-COMPETENT COMMUNITY.

CITY OF SCRANTON, PENNSYLVANIA (TOTAL: \$18,918)

PURPOSE OF GRANT ASSISTANCE: THE CITY OF SCRANTON AMERICAN RESCUE PLAN
ACT (ARPA) THROUGH THE NON-PROFIT GRANT PROGRAM, AWARDED FUNDS TO THE
WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR AN OVERDOSE PREVENTION
PROGRAM, FOCUSING ON HARM REDUCTION, OVERDOSE PREVENTION, AND LONG-TERM
RECOVERY SUPPORT. THE FUNDS WILL SUPPORT TRAINING RELATED TO OVERDOSE
PREVENTION, OPIOID USE DISORDER, AND MEDICATION- ASSISTED-TREATMENT. THIS
GRANT HELPS TO EXPAND THE CAPACITY OF TWCCH'S PENNSYLVANIA OPIOID USE
DISORDER CENTER OF EXCELLENCE AND INCORPORATE HARM REDUCTION SERVICES
AIMED AT COMMUNITY-BASED TREATMENT PROGRAMS AND INTERVENTIONS.

CITY OF SCRANTON, PENNSYLVANIA (TOTAL: \$9,368)

PURPOSE OF GRANT ASSISTANCE: THE CITY OF SCRANTON AMERICAN RESCUE PLAN
ACT (ARPA) THROUGH THE NON-PROFIT GRANT PROGRAM, AWARDED FUNDS TO THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) FOR WELLNESS PROGRAMMING. THE FUNDS WILL BE UTILIZED TO INCORPORATE LIFESTYLE MEDICINE INTO EVERYDAY PRACTICE TO IMPROVE THE DELIVERY OF PRIMARY CARE HEALTH SERVICES WITH SPECIFIC FOCUS ON TREATING OBESITY AS A CHRONIC DISEASE WITH MANY COMORBIDITIES. THIS GRANT SUPPORTS ACCESS TO INTENSIFIED DIET THERAPY FOR VULNERABLE POPULATIONS.

CITY OF SCRANTON, PENNSYLVANIA & SCRANTON AREA COMMUNITY FOUNDATION
(TOTAL: \$2,237)

PURPOSE OF GRANT ASSISTANCE: THE CITY OF SCRANTON AMERICAN RESCUE PLAN ACT (ARPA) THROUGH THE NON-PROFIT GRANT PROGRAM (ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION), AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) TO WORK WITH LACKAWANNA COUNTY'S CENTER FOR HEALTH AND HUMAN SERVICES RESEARCH AND ACTION (CHHSRA) TO DEVELOP THE INFRASTRUCTURE FOR A SOCIAL/HEALTH INFORMATION EXCHANGE.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT (DCED) (TOTAL: \$25,870)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT AWARDED FUNDS FROM THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) TO SUPPORT THE EFFORTS OF LOCAL ORGANIZATIONS IN PENNSYLVANIA CONDUCTING GRASSROOTS OUTREACH TO COMMUNITIES ABOUT COVID-19 VACCINES. THE PROGRAM

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

STRIVES TO INCREASE COVID-19 VACCINATION RATES ACROSS DIFFERENT RACIAL AND ETHNIC ADULT POPULATIONS CURRENTLY EXPERIENCING DISPARITIES. TWCC WORKED THROUGH THIS GRANT TO EDUCATE COMMUNITIES ON THE COVID- 19 VACCINE TO IMPROVE UPTAKE OF THE VACCINE BY ADDRESSING HESITANCY, CONCERNS, AND BARRIERS, TO IMPROVE THE HEALTH AND SAFETY OF PENNSYLVANIA. THE COMMUNITIES OF PRIORITY INCLUDE RACIAL AND ETHNIC MINORITIES, LGBTQ+, PERSONS EXPERIENCING HOMELESSNESS, LOW-INCOME PERSONS, AND PERSONS WITH MENTAL AND OR PHYSICAL DISABILITIES, AMONG OTHERS.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (DDAP) (TOTAL: \$310,517)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (DDAP), AWARDED FUNDS FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) FOR A PREGNANCY SUPPORT SERVICES GRANT TO EXTEND THE REACH OF ITS HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM INTO LUZERNE, WAYNE, AND SUSQUEHANNA COUNTIES. IN CONCERT WITH ITS PARTNERS, TWCC IS COORDINATING THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) AS WELL AS PREGNANCY AND POST- PARTUM MATERNAL AND CHILD SUPPORT SERVICES IN COMMUNITIES THAT DO NOT HISTORICALLY BENEFIT FROM A STRONG NETWORK OF COLLABORATING HEALTH AND SOCIAL SERVICE AGENCIES TO ADDRESS THIS NEED.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL: \$119,841)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

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

FORM 990, PART III, LINE 4C CONTINUED

PROGRAM SERVICE CONTINUED:

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL:
\$120,342)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED FUNDS FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

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

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL: \$110,855)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT A NEW COMMUNITY-BASED HEALTHCARE CLINIC IN COVINGTON TOWNSHIP, WHICH IS LOCATED IN LACKAWANNA COUNTY, NEAR RURAL WAYNE AND MONROE COUNTIES. THE WRIGHT CENTER FOR COMMUNITY HEALTH NORTH POCONO PRACTICE IS A FULL-SERVICE, FAMILY-FRIENDLY PRIMARY AND PEDIATRIC MEDICAL CARE OFFICE THAT ACCEPTS PATIENTS OF ALL AGES. THE ADVANCED PRACTITIONERS PROVIDE PRIMARY MEDICAL CARE AS WELL AS BEHAVIORAL HEALTH AND ADDICTION AND RECOVERY SERVICES, EFFECTIVELY INCREASING ACCESS TO THESE VITAL PRIMARY HEALTH SERVICES FOR THE UNINSURED, UNDERINSURED, AND UNDERSERVED POPULATIONS LIVING IN THIS REGION.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH) (TOTAL: \$45,000)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH PROVIDED 2,496 ORASURE INTELLISWAB COVID-19 RAPID TESTS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR DISTRIBUTION TO OUR PATIENTS FOR USE AT HOME AS COVID CONCERNS REMAIN HIGH, PARTICULARLY FOR VULNERABLE POPULATIONS AND THOSE WITH LIMITED ACCESS TO TESTING RESOURCES ELSEWHERE. THIS TEST IS A RAPID ANTIGEN TEST DESIGNED TO DETECT MULTIPLE STRAINS OF THE VIRUS. IT IS VERY EASY TO USE AND PROVIDES CLEAR TEST RESULTS IN JUST MINUTES. IT IS AUTHORIZED FOR OVER THE COUNTER USE IN INDIVIDUALS AGED 2 YEARS AND OLDER WITH OR WITHOUT SYMPTOMS.

COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HUMAN SERVICES (DHS)
(TOTAL: \$297,903)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES AWARDED FEDERAL PANDEMIC RESPONSE GRANT FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO EXPAND THE OUTREACH OF OUR MOBILE HEALTH CLINIC "DRIVING BETTER HEALTH" TO INCREASE ACCESS TO PRIMARY HEALTH SERVICES IN MEDICALLY UNDERSERVED COMMUNITIES AND TO MEDICALLY UNDERSERVED POPULATIONS. ADDITIONALLY, FUNDS ARE UTILIZED TO PROVIDE CULTURALLY COMPETENT PROGRAMS AND SOURCES THAT ARE ALIGNED WITH TRAUMA-INFORMED PRACTICES AND SUPPORT OF THE SANCTUARY INSTITUTE TRAINING TO BECOME A TRAUMA-COMPETENT ENTERPRISE.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

COMMONWEALTH OF PENNSYLVANIA (TOTAL \$1,047,294)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) PROVIDED \$1,047,294 TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TOWARD THE CONSTRUCTION COSTS OF RENOVATING A 35,000 SQUARE FOOT FACILITY INTO A PRIMARY CARE TEACHING HEALTH CENTER LOCATED IN WILKES-BARRE, PENNSYLVANIA. THIS NEW WILKES-BARRE TEACHING HEALTH CENTER RELOCATED TWCCH'S KINGSTON, PENNSYLVANIA CLINIC HISTORICALLY SERVING NEARLY 5,500 PATIENTS, WITH THE NOTABLE EXPANDED CAPACITY TO PROVIDE NONDISCRIMINATORY PRIMARY HEALTH SERVICES TO APPROXIMATELY 25,000 PATIENTS ANNUALLY, REGARDLESS OF THEIR INSURANCE STATUS, ZIP CODE, OR ABILITY TO PAY. THIS NEW TEACHING HEALTH CENTER WILL CONTINUE THE SHARED MISSION OF TWCCH AND TWCGME TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. THE NOTABLE EXPANSION OF EDUCATIONAL CAPACITY WILL EXTEND THE COMMUNITY BENEFIT BEYOND THE TRAINING OF PRIMARY CARE PHYSICIANS TO INCLUDE MEDICAL STUDENTS AND INTERPROFESSIONAL HEALTH STUDENTS FROM REGIONALLY AND NATIONALLY AFFILIATED ACADEMIC INSTITUTIONS, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, LAKE ERIE COLLEGE OF MEDICINE, AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA.

DUKE UNIVERSITY (TOTAL: \$38,500)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

PURPOSE OF GRANT ASSISTANCE: DUKE UNIVERSITY AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) VIA A SUBAWARD FOR A GRANT FUNDED BY THE NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES. THIS PROJECT INCREASES ACCESS TO AND UPTAKE OF DIAGNOSTIC COVID-19 TESTING AMONG MEDICALLY UNDERSERVED RESIDENTS OF NORTHEAST PENNSYLVANIA WITH A FOCUS ON URBAN AND RURAL COUNTIES, SERVING DIVERSE PATIENTS, INCLUDING PERSONS WHO DO NOT SPEAK ENGLISH FLUENTLY, RACIAL AND ETHNIC MINORITIES, THE LGBTQ+ COMMUNITY, AND PERSONS RESIDING IN GEOGRAPHICALLY ISOLATED AREAS. THROUGH THIS GRANT, TWCCH UTILIZES A MOBILE HEALTHCARE CLINIC CALLED "DRIVING BETTER HEALTH" TO DELIVER THESE SERVICES TO TEN SITES, INCLUDING NONPROFIT COMMUNITY CENTERS, COMMUNITY-BASED BUSINESSES, AND FAITH-BASED ORGANIZATIONS. OUR EXPERIENCED BILINGUAL HEALTHCARE PROFESSIONALS HAVE UTILIZED THE MOBILE CLINIC TO NIMBLY RESPOND TO THE FAST-CHANGING COVID-19 PANDEMIC. THE SERVICES INCLUDE SCREENING AND TESTING PATIENTS FOR COVID-19, PROVIDING EDUCATION, ADMINISTERING COVID-19 TESTS, AND PROVIDING VITAL HEALTH INFORMATION IN ENGLISH AND SPANISH.

FEDERAL COMMUNICATIONS COMMISSION (FCC) (TOTAL: \$21,112)

PURPOSE OF GRANT ASSISTANCE: THE FEDERAL COMMUNICATIONS COMMISSION (FCC) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND OUR CRITICAL ACCESS PARTNER, ENDLESS MOUNTAINS HEALTH SYSTEMS, TO PURCHASE AND INSTALL TECHNOLOGY DEVICES AND SUPPORTING INFORMATION SERVICES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

RELATED TO TELEHEALTH SERVICES. TWCC'S ELECTRONIC HEALTH RECORD PLATFORM, MEDENT, HAS INTEGRATED TELEHEALTH CAPABILITIES AND WILL SERVE AS THE PLATFORM FOR THE REQUESTED TELEHEALTH DEVICES AND INFORMATION SERVICES. THE DEVICES WILL UTILIZE EXISTING HIGH-SPEED BROADBAND CONNECTIONS WITH A HIPAA- COMPLIANT PATIENT AND CLINICAL PROVIDER INTERFACE. THE SERVICES WILL BE UTILIZED TO ENHANCE PATIENT PORTALS, DIGITAL APPLICATIONS, AND OTHER TOOLS TO SUPPORT SCHEDULING, VISIT SHOW RATES, AND FOLLOW-UP FOR TELEHEALTH VISITS FOR COVID-19-RELATED SERVICES AND WILL NOT DUPLICATE ANY ADEQUATE ESTABLISHED TELEHEALTH PLATFORMS OR SERVICES.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) ARP-LAL
(TOTAL: \$1,056,614)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED A GRANT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) THROUGH THE AMERICAN RESCUE PLAN (ARP) LOOK-ALIKE (LAL) FUNDING PROGRAM TO SUPPORT FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKES TO RESPOND TO AND MITIGATE THE SPREAD OF COVID-19, AND TO ENHANCE AND EXPAND PRIMARY HEALTHCARE SERVICES AND INFRASTRUCTURE. THE FUNDS WERE USED FOR PERSONNEL COSTS INCLUDING BENEFITS AND HEALTH INFORMATION TECHNOLOGY TO SUPPORT TELEHEALTH SERVICES, COVID-19 TESTING, AND VACCINE ADMINISTRATION, CALL CENTER OPERATIONS, CONSULTANT ENGAGEMENT FOR A COMPREHENSIVE NEED'S ASSESSMENT ON HOW COVID HAS IMPACTED OUR WELL-BEING, PANDEMIC RELATED TRAINING AND EDUCATION, INFORMATION TECHNOLOGY SOFTWARE,

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

DENTAL EQUIPMENT AND SUPPLIES, AND CARGO AND PATIENT TRANSPORT VEHICLES.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) COVID-19 VACCINATIONS
(TOTAL: \$330,262)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH (TWCCH) TO EXPAND COVID-19 VACCINATION (ECV) FUNDING FOR HEALTH
CENTERS. THIS FUNDING SUPPORTED HEALTH CENTERS TO INCREASE ACCESS TO,
CONFIDENCE IN, AND DEMAND FOR UPDATED COVID-19 VACCINES WITHIN THEIR
SERVICE AREAS. TWCCH INTENTIONALLY TARGETED THE SPANISH-SPEAKING
COMMUNITIES IN SCRANTON AND WILKES-BARRE, PENNSYLVANIA VIA THE TRAINING
AND USE OF BILINGUAL COMMUNITY-CLINIC NAVIGATORS. A MARKETING CAMPAIGN
WAS FUNDED TO COMPLEMENT THIS EFFORT BY PROVIDING COVID-19 AND VACCINE
INFORMATION/EDUCATION IN BOTH ENGLISH AND SPANISH ACROSS THE SERVICE
AREA. THIS FORMULA-FUNDED AWARD IS THROUGH THE PAYCHECK PROTECTION
PROGRAM AND HEALTH CARE ENHANCEMENT ACT AND THE PUBLIC HEALTH AND SOCIAL
SERVICES EMERGENCY FUND.

FORM 990, PART III, LINE 4C CONTINUED

PROGRAM SERVICE CONTINUED:

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DENTISTRY
(TOTAL: \$504,155)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES
ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

HEALTH (TWCC) TO COLLABORATE WITH THE NEW YORK UNIVERSITY (NYU) LANGONE, CODA ACCREDITED ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM TO BECOME A CODA APPROVED CLINICAL LEARNING ENVIRONMENT IN AN EXPANSION OF THEIR AEGD PROGRAM. THE TWCC/NYU LANGONE RESIDENCY FOCUSES ON VULNERABLE AND MEDICALLY COMPLEX POPULATIONS INCLUDING OLDER ADULTS, HOMELESS INDIVIDUALS, VICTIMS OF ABUSE AND/OR TRAUMA, INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE-RELATED DISORDERS, INDIVIDUALS WITH DISABILITIES, AND INDIVIDUALS WITH HIV/AIDS AND HCV. THE AEGD RESIDENCY IS EMBEDDED IN TWCC'S NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) CERTIFIED PATIENT-CENTERED MEDICAL HOME (PCMH) FOR COMPREHENSIVE INTEGRATION OF ORAL HEALTH WITH PHYSICAL AND MENTAL/BEHAVIORAL HEALTH SERVICES.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RURAL COMMUNITIES OPIOID RESPONSE PROGRAM-NEONATAL ABSTINENCE SYNDROME (RCORP-NAS) (TOTAL: \$176,040)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) FOR THE RURAL COMMUNITIES OPIOID RESPONSE PROGRAM NEONATAL ABSTINENCE SYNDROME (RCORP-NAS) GRANT PROJECT WHICH WAS DEVELOPED TO REDUCE THE MORBIDITY AND MORTALITY OF SUBSTANCE USE DISORDERS (SUD), INCLUDING OPIOID USE DISORDER (OUD) AND NAS, IN RURAL COMMUNITIES. THESE FUNDS ARE TARGETED TO PATIENTS WHO RESIDE IN WAYNE AND SUSQUEHANNA COUNTIES, FOCUSING ON FEMALES IN THEIR CHILD-BEARING YEARS WHO ARE AT

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

RISK OF HAVING A BABY EXPOSED TO HARMFUL ADDICTIVE SUBSTANCES THAT ARE AT RISK FOR WITHDRAWAL IN THE NEWBORN PERIOD. FUNDS ARE UTILIZED FOR PERSONNEL, SUBCONTRACTED SERVICES, PREVENTION EDUCATION, TRAVEL, AND OTHER COSTS.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RURAL COMMUNITIES OPIOID RESPONSE PROGRAM-IMPLEMENTATION (RCORP-I) (TOTAL: \$49,711)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCH) FOR A RURAL COMMUNITIES OPIOID RESPONSE PROGRAM IMPLEMENTATION (RCORP-I) GRANT TO ESTABLISH A COMMUNITY CONSORTIUM TO ADDRESS THE OPIOID EPIDEMIC AND INCREASE ACCESS TO MEDICATION ASSISTED TREATMENT (MAT). THROUGH THIS FUNDING, TWCH IS ENGAGING COMMUNITY RESOURCES THROUGHOUT RURAL NORTHEAST PENNSYLVANIA TO MAXIMIZE MAT ACCESS AND EFFORTS THROUGH A TEAM-BASED CARE DELIVERY INFRASTRUCTURE SPECIFICALLY TARGETED TO SERVING RURAL POPULATIONS.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RYAN WHITE (TOTAL: \$340,880)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCH) TO PROVIDE A COMPREHENSIVE SYSTEM OF HIV PRIMARY MEDICAL AND BEHAVIORAL CARE, ESSENTIAL SUPPORT SERVICES, AND MEDICATIONS FOR

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

LOW-INCOME PATIENTS WITH HIV/AIDS, WHO RESIDE ACROSS A SEVEN-COUNTY AREA. HRSA EARLY INTERVENTION SERVICES PROGRAM FUNDING ALLOWS TWCCCH TO PROVIDE HIV COUNSELING, MEDICAL EVALUATION, AND CLINICAL DIAGNOSTIC SERVICES FOR PATIENTS. THE WRIGHT CENTER RYAN WHITE CLINIC (TWCCCH RWC) IS THE DESIGNATED SERVICE AREA'S PREDOMINANT PROVIDER OF HIV/AIDS PRIMARY HEALTH SERVICES AND READILY COLLABORATES WITH ALL COMMUNITY-BASED RESOURCE AGENCIES OPERATING IN THE SERVICE AREA WITH THE SHARED GOALS TO REDUCE THE NUMBER OF PEOPLE INFECTED WITH HIV; TO FACILITATE BETTER ACCESS TO A CONTINUUM OF CARE; TO ENROLL AND MAINTAIN PATIENTS IN CARE; TO REDUCE HIV-RELATED HEALTH DISPARITIES; AND TO REDUCE NEW HIV INFECTIONS THROUGH BOTH PRIMARY AND SECONDARY PREVENTION INITIATIVES, WHILE AVOIDING DUPLICATION OF EFFORTS. THIS PROGRAM TARGETS PEOPLE LIVING WITH HIV/AIDS (PLWHA) IN SEVEN COUNTIES, REACHING RURAL, LOW-INCOME, HARD-TO-REACH, AND TRADITIONALLY UNDERSERVED AREAS IN NORTHEAST PENNSYLVANIA.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RYAN WHITE
(TOTAL: \$75,087)

PURPOSE OF GRANT ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH) FOR CAPACITY BUILDING TO ENHANCE ACCESS TO DENTAL SERVICES FOR PATIENTS LIVING WITH HIV/AIDS. FUNDS WILL BE USED FOR INFRASTRUCTURE DEVELOPMENT AS IT RELATES TO INTEGRATING PRIMARY CARE AND ORAL HEALTH SERVICES, WITH A FOCUS ON PROVIDING DENTAL CARE FOR PEOPLE WHO ARE LIVING WITH HIV/AIDS AND RECEIVING SERVICES IN THE WRIGHT CENTER'S RYAN WHITE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

HIV/AIDS PROGRAM.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PLANNING AND
DEVELOPMENT (TOTAL: \$21,714)

PURPOSE OF GRANT ASSISTANCE: THE WRIGHT CENTER FOR COMMUNITY HEALTH
TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) FUNDING IS TO
ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM THAT IS ACCREDITED BY
THE COMMISSION ON DENTAL ACCREDITATION (CODA) AT THE WRIGHT CENTER FOR
COMMUNITY HEALTH (TWCCH). THE NEW RESIDENCY PROGRAM WILL BE ACHIEVED BY
UTILIZING GRANT FUNDS TO SUPPORT THE DEVELOPMENT AND LAUNCH OF A NEW CODA
ACCREDITED PEDIATRIC DENTAL RESIDENCY PROGRAM IN AN AREA WHERE PRIMARY
CARE AND PEDIATRIC DENTAL SERVICES ARE LIMITED, ESPECIALLY FOR PATIENTS
ON MEDICAID OR PATIENTS WHO ARE UNINSURED. THE STATEWIDE SHORTAGE OF
DENTAL PROFESSIONALS IS INTENSIFYING, AND THIS WILL HAVE A SIGNIFICANT
NEGATIVE IMPACT ON THE ORAL HEALTH OF PENNSYLVANIANS, ESPECIALLY WITH
ONGOING OPIOID AND STIMULANT MISUSE EPIDEMICS AND A LACK OF PUBLIC WATER
FLUORIDATION.

LACKAWANNA COUNTY, PENNSYLVANIA (TOTAL: \$25,000)

PURPOSE OF GRANT ASSISTANCE: THE LACKAWANNA COUNTY COMMISSIONERS AWARDED
FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH THE
LACKAWANNA COUNTY NON-PROFIT COVID-19 RESPONSE GRANT PROGRAM FUNDED BY
THE AMERICAN RESCUE PLAN. THESE FUNDS ARE USED TO MEET VULNERABLE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

LACKAWANNA COUNTY PATIENTS' NONMEDICAL NEEDS BY PROVIDING GROCERY STORE
GIFT CARDS TO PATIENTS AND FAMILIES TO ADDRESS DOCUMENTED FOOD
INSECURITIES EXACERBATED BY THE COVID-19 PANDEMIC.

NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL (TOTAL: \$97,538)

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

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS COVID-19 VACCINE
HESITANCY PROGRAM (TOTAL: \$252,902)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY
HEALTH CENTERS (PACHC) AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT
(ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE
HESITANCY TO RECEIVE THE COVID-19 PRIMARY SERIES AND BOOSTER VACCINES AND

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

TO INCREASE CRITICAL FRONTLINE WORKERS. THE WRIGHT CENTER USED THE FUNDS TO TRAIN AND HIRE COMMUNITY HEALTH WORKERS (CHWS) WHO WORK WITHIN THEIR COMMUNITIES TO COMMUNICATE AND EDUCATE ABOUT THE EFFECTIVENESS AND SAFETY OF THE COVID-19 VACCINES AND ALSO MEDICAL ASSISTANTS (MAS) TO ASSIST IN THE VACCINATION PROCESS BY SUPPORTING CLINICIANS.

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS COVID-19 VACCINE HESITANCY PROGRAM (TOTAL: \$119,661)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC) AWARDED FUNDING THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO REDUCE HESITANCY TO RECEIVE THE COVID-19 PRIMARY SERIES AND BOOSTER VACCINES THROUGH A WORKFORCE MARKETING CAMPAIGN TO RECRUIT AND TRAIN MEDICAL STAFF TO PROVIDE VACCINE HESITANCY EDUCATION AND VACCINES TO RESPOND TO COVID-19. PACHC PARTNERED WITH AN ADVERTISING AND MARKETING FIRM TO DEVELOP A STATEWIDE COMMUNITY HEALTH CENTER MARKETING AND COMMUNICATIONS CAMPAIGN AND PROVIDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO IMPLEMENT THIS CAMPAIGN.

FORM 990, PART III, LINE 4C CONTINUED

PROGRAM SERVICE CONTINUED:

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS COVID-19 VACCINE HESITANCY PROGRAM (TOTAL: \$42,249)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

HEALTH CENTERS (PACHC) IN PARTNERSHIP WITH THE COMMONWEALTH OF PENNSYLVANIA, DEPT. OF HEALTH (DOH) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO INCREASE EFFORTS ADDRESSING COVID-19 VACCINE HESITANCY ACROSS OUR SERVICE AREA. FUNDS WERE USED FOR A PATIENT AND COMMUNITY MESSAGING SYSTEM TO DECREASE COVID-19 VACCINE HESITANCY THROUGH PATIENT AND PUBLIC EDUCATION, COMMUNICATION OF VACCINE OPPORTUNITIES, INCREASED PATIENT ENGAGEMENT, AND COMMUNITY OUTREACH.

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS COVID-19 TESTING PROGRAM (TOTAL: \$530,085)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC) IN PARTNERSHIP WITH THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF HEALTH (DOH), AND THE COVID-19 RESPONSE TEAM AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO INCREASE ACCESS TO COVID-19 DIAGNOSTIC TESTING AND PREVENTATIVE SERVICES. THE WRIGHT CENTER FOR COMMUNITY HEALTH USED THE FUNDS TO PROVIDE ACCESS TO COVID-19 TESTING AND PREVENTATIVE SERVICES WITHIN THE COUNTIES WE SERVE, WITH INTENTIONAL OUTREACH TO VULNERABLE POPULATIONS.

PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (TOTAL: \$53,487)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC) AND THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TITLE V FUNDING TO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC) TO SUPPORT ENGAGEMENT
AMONG PENNSYLVANIA'S FEDERALLY QUALIFIED HEALTH CENTERS OF CHILDREN WITH
SPECIAL HEALTHCARE NEEDS AND THEIR FAMILIES. THE PROJECT AIMS TO INCREASE
ACCESS FOR LOW-INCOME MOTHERS AND THEIR CHILDREN WITH SPECIAL HEALTHCARE
NEEDS TO HIGH QUALITY, EQUITABLE HEALTH SERVICES, INCLUDING PREVENTIVE
HEALTH SERVICES, REHABILITATIVE SERVICES, AND COMMUNITY-BASED SYSTEMS OF
COORDINATED CARE AND RESOURCES.

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (TOTAL: \$120,954)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA IMMUNIZATION COALITION
(PAIC) AND THE PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
(PAAAP) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC)
TO ADDRESS ACCESS TO AND EDUCATION ABOUT VACCINES, PARTICULARLY THE
COVID-19 VACCINE. FUNDS WERE USED FOR COMMUNITY OUTREACH THROUGH
EDUCATIONAL CAMPAIGNS, COMMUNICATIONS, AND POP-UP IMMUNIZATION CLINICS
THAT SERVE COMMUNITIES DISPROPORTIONATELY AFFECTED BY THE VIRUS (E.G.
RURAL COMMUNITIES, COMMUNITIES OF COLOR, IMMIGRANTS, FAMILIES WITH
LIMITED ENGLISH PROFICIENCY/LANGUAGE BARRIERS, THOSE EXPERIENCING
HOMELESSNESS/HOUSING INSTABILITY, AND LGBTQ+ INDIVIDUALS) WHO LIVE IN
NORTHEAST PENNSYLVANIA.

PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (TOTAL: \$5,000)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA CHAPTER OF THE AMERICAN

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

ACADEMY OF PEDIATRICS THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH'S
"FIRST FOODS CONTRACT" AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY
HEALTH (TWCCH) TO SUPPORT THE IMPROVED BREASTFEEDING INITIATION AMONG
MOMS WITH SUBSTANCE USE DISORDER PROJECT TO IMPROVE BREASTFEEDING
INITIATION AND DURATION RATES. ENROLLEES OF THE HEALTHY MATERNAL OPIATE
MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM ARE CONNECTED WITH BREASTFEEDING
PEER SUPPORT AND PROVIDED WITH BREASTFEEDING-RELATED SUPPLIES.

SCRANTON AREA COMMUNITY FOUNDATION (TOTAL: \$3,000)

PURPOSE OF GRANT ASSISTANCE: THE SCRANTON AREA COMMUNITY FOUNDATION
AWARDED FUNDS THROUGH A CRITICAL NEEDS GRANT TO THE WRIGHT CENTER FOR
COMMUNITY HEALTH (TWCCH). THE FUNDS PROVIDE EMERGENCY CHILDCARE
ASSISTANCE TO WOMEN ENROLLED IN THE HEALTHY MATERNAL OPIATE MEDICAL
SUPPORT (HEALTHY MOMS) PROGRAM TO COVER DAYCARE COSTS UNTIL THE MOM
RECEIVES SUBSIDIZED CHILDCARE. THIS HELPS MOMS RETURN TO THE WORKFORCE,
SO THEY CAN PROVIDE FOR THEIR FAMILIES AND BUILD A BETTER LIFE IN
RECOVERY FROM SUBSTANCE USE DISORDER.

THE ROBERT H. SPITZ FOUNDATION (TOTAL: \$4,756)

PURPOSE OF GRANT ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION, ADMINISTERED
BY THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED FUNDS TO THE WRIGHT
CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT PARTICIPANTS IN THE
HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM WHO ARE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

EXPERIENCING FINANCIAL HARDSHIPS EXACERBATED BY THE PANDEMIC. THE FUNDS
PROVIDE HEALTHY MOMS PARTICIPANTS WITH FINANCIAL ASSISTANCE TO HELP WITH
INITIAL HOUSING COSTS, SUCH AS SECURITY, RENT, AND UTILITY BILLS.

STRONGHOLD GROUP (TOTAL: \$10,500)

PURPOSE OF GRANT ASSISTANCE: THE STRONGHOLD GROUP DONATED 4,200 ISOLATION
GOWNS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THESE GOWNS WERE
USED IN CONJUNCTION WITH OTHER FORMS OF PERSONAL PROTECTIVE EQUIPMENT
INCLUDING N-95 FACE MASKS AND GLOVES TO REDUCE THE RISK OF COVID-19
INFECTION AMONG HEALTH CARE WORKERS WHEN CARING FOR COMMUNITY MEMBERS
LIVING WITH COVID-19 AND OTHER HIGHLY INFECTIOUS DISEASES.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)
(TOTAL: \$352,629)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

THE PENNSYLVANIA STATE UNIVERSITY (TOTAL: \$32,898)

PURPOSE OF GRANT ASSISTANCE: THE PENNSYLVANIA STATE UNIVERSITY SUPPORTED THE WRIGHT CENTER FOR COMMUNITY HEALTH WITH A SUBAWARD OF A HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) FUNDED PRIMARY CARE MEDICINE AND DENTISTRY CLINICIAN EDUCATOR CAREER DEVELOPMENT AWARD. THE AWARD SUPPORTS DR. STEPHANIE GILL AND IS FOCUSED ON DEVELOPMENT AND QUALITY IMPROVEMENT OF A PRIMARY CARE INTEGRATED ORAL HEALTH CURRICULUM. DR. GILL LEADS THE CURRICULUM PROJECT, PROJECT EVALUATION RESEARCH, AND PUBLICATIONS, AND SHE WORKS WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER TO PROVIDE CONTINUING MEDICAL EDUCATION OPPORTUNITIES ON THIS TOPIC.

UNITED WAY OF WYOMING VALLEY RYAN WHITE PART B MEDICAL CASE MANAGEMENT (TOTAL: \$1,328,289)

PURPOSE OF GRANT ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY (UWWV), IN WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AS A SUB-GRANTEE, TO OFFER RYAN WHITE PART B MEDICAL CASE MANAGEMENT SERVICES ACROSS A SEVEN-COUNTY AREA TO PEOPLE LIVING WITH HIV/AIDS AND TO PROVIDE SUPPORT SERVICES AND RESOURCES FOR THESE PATIENTS FOR MEDICAL TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE, ORAL HEALTHCARE, HEALTH INSURANCE PREMIUMS, HEALTHCARE REFERRALS, AND MENTAL HEALTH SERVICES.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

UNITED WAY OF WYOMING VALLEY (TOTAL: \$17,811)

PURPOSE OF GRANT ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY (UWWV), IN WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR THE "SEE TO SUCCEED" PROGRAM FROM AN AWARD THROUGH THE MOSES TAYLOR FOUNDATION. THIS PROGRAM COORDINATED PARTNERSHIPS AND ESTABLISHED AN EYE CARE CLINIC THAT ROTATES AMONG SCHOOLS WITHIN THE WILKES-BARRE AREA SCHOOL DISTRICT AND HANOVER AREA SCHOOL DISTRICT, BOTH LOCATED IN LUZERNE COUNTY, PENNSYLVANIA TO ENSURE THAT EVERY STUDENT HAS ACCESS TO AN EYE EXAM AND CORRECTIVE EYEWEAR, CONCORDANT WITH STATE MANDATES. THE UNITED WAY'S BUDGET INCLUDES TOTAL COSTS COVERAGE FOR UNINSURED OR UNDERINSURED STUDENTS.

VOT-ER (TOTAL: \$4,500)

PURPOSE OF GRANT ASSISTANCE: VOT-ER, A 501(C)(3) AFFILIATED NONPROFIT, IS A NONPARTISAN ORGANIZATION WORKING TO INTEGRATE PROMOTION OF CIVIC ENGAGEMENT INTO HEALTHCARE. VOT-ER AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR A COMMUNITY CIVIC ENGAGEMENT PROGRAM. TWCCH UTILIZES THE TOOLS FROM THE VOT-ER COMMUNITY CIVIC ENGAGEMENT PROGRAM TO EDUCATE OUR HISTORICALLY UNDERSERVED PATIENTS AND COMMUNITY MEMBERS ABOUT THE IMPORTANCE OF PARTICIPATORY CITIZENSHIP AND VOTING, AND THE INTERCONNECTEDNESS BETWEEN THEIR HEALTH, VOTING, AND THE POLITICAL DETERMINANTS OF HEALTH. VOT-ER HAS PARTNERED WITH THE NATIONAL

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

ASSOCIATION OF HEALTH CENTERS (NACHC) AND ALTAMED TO HELP CLINICS LIKE
TWCCH OFFER VOTER REGISTRATION MATERIALS TO THEIR PATIENTS. GRANT FUNDS
WERE USED FOR STAFF TRAINING, MATERIALS, VOT-ER TOOLS, AND EVENTS TO
INCREASE AWARENESS ABOUT THE IMPORTANCE OF PARTICIPATORY CITIZENSHIP AND
VOTING.

FORM 990, PART IV, LINE 28

BUSINESS TRANSACTIONS:

IN NOVEMBER 2017, TWCCH AND ITS AFFILIATED ORGANIZATION, TWCGME, EXECUTED
A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO DEVELOP AND
RENT A 36,500 SQ. FT. FLAGSHIP CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE
HUB AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA, A FORMALLY
ECONOMICALLY DISTRESSED CITY AT THAT TIME. MR. JOSEPH FERRARIO WAS A
VOLUNTEER DIRECTOR ON THE BOARD OF DIRECTORS OF TWCCH AS WELL AS THE
AFFILIATED TWCGME UNTIL JULY 12, 2019, WHEN HE RESIGNED FROM TWCCH'S
BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCCH'S AFFILIATED
ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO TWCGME. AT THE TIME THE
LEASE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF
WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS
FULLY DISCLOSED AND COMMUNICATED, ETHICALLY ASSESSED, AND APPROVED BY THE
BOARD OF DIRECTORS OF TWCCH AND TWCGME PRIOR TO ENTERING INTO THE
TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART
VI, SECTION B, LINE 12C WAS FOLLOWED, AND A LEGAL ETHICS OPINION
APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING AND MANAGING A
CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE
LEGAL COUNSEL, WITH ALL GUIDANCE BEING FOLLOWED. ON JULY 25, 2019, THE

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

15-YEAR LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCCH'S AFFILIATED ENTITY, TWCME, BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCME SUBLEASES SPACE TO TWCCH AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA FOR FQHC LAL CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCME WAS THE PRIMARY LESSEE OF 41,990 SQ. FT. OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

FORM 990, PART V, LINE 2

COMMON PAYMASTER:

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

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

FORM 990 REVIEW:

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

TWCCH'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND ENTERPRISE COMPLIANCE AND INTEGRITY DEPARTMENT WITH REVIEW AND INPUT FROM THE PRESIDENT & CEO, AND IT IS THEN REVIEWED BY AN INDEPENDENT, CONTRACTED CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND THEN TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND INPUT PRIOR TO FILING. UPON COMPLETION OF THIS REVIEW AND ANY NECESSARY REVISIONS, THE FORM 990 IS FINALIZED AND SIGNED BY THE ORGANIZATION'S PRESIDENT & CEO AND FILED WITH THE IRS. TWCCH'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

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

CONFLICT OF INTEREST POLICY:

A WRITTEN CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS, AND THE GOVERNANCE OFFICER AND THE SENIOR VICE PRESIDENT FOR CORPORATE INTEGRITY ENSURE IT IS REVIEWED, UPDATED IF NECESSARY, AND RENEWED ANNUALLY OR MORE FREQUENTLY WHEN NECESSARY OR APPROPRIATE. A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY THE DIRECTORS, OFFICERS, AND ALL STAFF, INCLUDING KEY EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OF INTEREST OR POTENTIAL CONFLICT ARISE DURING THE YEAR, THE GOVERNANCE OFFICER AND THE SENIOR VICE PRESIDENT FOR CORPORATE INTEGRITY ENSURE THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED AND REVIEWED. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

DISCLOSED, VETTED BY INTERNAL COUNSEL AND THE AUDIT COMMITTEE, AND
REVIEWED BY THE BOARD WITH OUTSIDE ETHICS CONSULTATION OBTAINED WHEN
APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD
ANNUALLY DURING THE REVIEW, UPDATE, AND RENEWAL OF THE CONFLICT OF
INTEREST POLICY. DIRECTORS' COMPLIANCE WITH THE POLICY IS MONITORED BY
THE AUDIT COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER AND SENIOR
VICE PRESIDENT FOR CORPORATE INTEGRITY. COMPLIANCE OF STAFF WITH THE
CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH THE SUPPORTIVE
OVERSIGHT OF THE VICE PRESIDENT OF HUMAN RESOURCES, INTERNAL COUNSEL, AND
THE SENIOR VICE PRESIDENT FOR CORPORATE INTEGRITY.

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

COMPENSATION DETERMINATION:

THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCCH'S TOP MANAGEMENT
OFFICIAL, THE PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO), IS LED BY THE
EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEE ENGAGES A
THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT PERIODICALLY (GENERALLY
EVERY THREE TO FIVE YEARS) TO PROVIDE A COMPREHENSIVE OBJECTIVE
COMPENSATION STUDY, ASSESSMENT, AND ANALYSIS EACH TIME THE CEO'S
CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONAL DATA
CONSIDERED MAY INCLUDE INFORMATION FROM THE AMERICAN JOB CENTER NETWORK
WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF
COMPARABLE ORGANIZATIONS, AS WELL AS COMPENSATION SURVEYS OF THE
PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL
ASSOCIATION OF COMMUNITY HEALTH CENTERS, OR OTHER RELEVANT REGIONAL AND
NATIONAL SOURCES. THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY PERFORMS

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

A DETAILED, ROBUST, COMPREHENSIVE PERFORMANCE EVALUATION OF THE PRESIDENT & CEO'S AND ORGANIZATION'S PERFORMANCE. THIS ANNUAL PROCESS INCLUDES ASSESSMENT OF WHETHER BASE CHANGES OR MERIT BONUS PAYMENT ADJUSTMENTS TO THE SALARY AND BENEFITS OF THE PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, ENSURE FAIR VALUE BASED ON ALL FACTS AND CIRCUMSTANCES. ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION IN BETWEEN CONTRACT TERMS ARE ASSESSED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE OVERALL COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT AND THE OVERALL PERFORMANCE OF THE ORGANIZATION, WITH DUE CONSIDERATION OF THE CONTRACTED INDEPENDENT THIRD-PARTY COMPENSATION STUDY, MARKET COMPARABILITY, AND AFFORDABILITY. THE EXECUTIVE COMMITTEE'S ANNUAL DELIBERATIONS, CONSIDERATIONS, AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN EXECUTIVE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION COMPLETION AND COMPENSATION DECISION AND THEN REPORTED TO AND RATIFIED BY THE FULL BOARD.

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

COMPENSATION DETERMINATION:

IN ADDITION TO THE PRESIDENT & CEO, THE CHIEF MEDICAL OFFICER, AND CHIEF OPERATING OFFICER ARE DIRECTLY EMPLOYED BY TWCC. THE SERVICES OF ALL OTHER TWCC EXECUTIVES AND STAFF ARE CONTRACTED FROM TWCGME, TWCC'S AFFILIATED ENTITY AND THE COMMON PAYMASTER. COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS, EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES, AND ALL STAFF IS DETERMINED BY THE ORGANIZATION'S PRESIDENT & CEO AND HUMAN RESOURCES

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

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

DEPARTMENT, WHO, WITH CONSIDERATION OF CURRENT AND FREQUENTLY SHIFTING MARKET DYNAMICS, RELY ON A FORMAL, PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT ENGAGED BY HUMAN RESOURCES PERFORMS AND PRESENTS THE ORGANIZATION-WIDE COMPENSATION STUDY TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER, AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF TWCGME'S AND TWCCH'S BOARDS OF DIRECTORS. THE PRESIDENT & CEO ALSO CONSIDERS ADDITIONAL DATA IN DETERMINATION OF COMPENSATION WITHIN THE ORGANIZATION, SUCH AS INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS. OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY AND COMPENSATION RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENT AVAILABILITY:

TWCCH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE AT 501 SOUTH WASHINGTON AVENUE, SUITE 1000 IN SCRANTON, PENNSYLVANIA, 18505, AND OTHER LOCATIONS AS REQUIRED BY IRS RULES AND REGULATIONS, WITH COPIES PROVIDED UPON REQUEST. TWCCH'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN
A DOWNLOADABLE FORMAT, AND THEY ARE KEPT IN A SECURE LOCATION AT EVERY
REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED BY REQUEST
CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

Name of the organization

Employer identification number

THE WRIGHT CENTER MEDICAL GROUP**23-2772504**

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COASTAL CALLNET 1908 EASTWOOD ROAD, SUITE 330 WILMINGTON, NC 28403	PROFESSIONAL FEES	678,731.
FORVIS, LLP 910 E ST LOUIS STREET SPRINGFIELD, MO 65806	PROFESSIONAL FEES	513,280.
TELESPOND SENIOR SERVICES 1200 SAGINAW STREET SCRANTON, PA 18505	PROFESSIONAL FEES	292,824.
COMMUNITY COMPUTER SERVICE, INC. 15 HULBERT STREET, PO BOX 980 AUBURN, NY 13021	PROFESSIONAL FEES	269,073.
MATERNAL AND FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, SUITE 600 WILKES-BARRE, PA 18701	PROFESSIONAL FEES	180,945.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

23-2772504

THE WRIGHT CENTER MEDICAL GROUP

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER FOR GRADUATE MEDICAL E 23-2007832 501 S WASHINGTON AVE, STE 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(2) THE WRIGHT CENTER ALLIANCE 81-2982874 501 S WASHINGTON AVE, STE 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12A1	TWCGME	X	
(3) PATIENT ENGAGEMENT COUNCIL 81-3053323 501 S WASHINGTON AVE, STE 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	X	
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

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

Part VII Supplemental Information

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

FORM 990, SCHEDULE R, PART II

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME)

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, TWCGME IS THE ACGME-ACCREDITED SPONSORING INSTITUTION FOR SEVERAL ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS. TWCC AND TWCGME SHARE PURPOSE AS ALIGNED ENTITIES IN A TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) WHOSE NOBLE MISSION IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE (ALLIANCE)

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, THE WRIGHT CENTER ALLIANCE WAS CREATED AS A SUPPORTING PARENT ORGANIZATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IN ORDER TO ALIGN, ENABLE, AND OPTIMIZE SHARED MISSION DELIVERY ACHIEVEMENT AND COMMUNITY BENEFIT IMPACT OF ANY AFFILIATED, NONPROFIT WRIGHT CENTER ENTITIES.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

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

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, TWCPCE'S PURPOSE IS TO
EMPOWER PATIENTS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE DELIVERY,
ENHANCEMENT, AND TRANSFORMATION OF HEALTH CARE SERVICES AND
INTER-PROFESSIONAL WORKFORCE DEVELOPMENT AND TO IMPROVE THE HEALTH OF THE
COMMUNITY THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND
EFFORTS SPECIFICALLY DIRECTED TO ADDRESS THE SOCIAL AND ECONOMIC
DETERMINANTS OF HEALTH. TWCCCH IS THE SOLE CORPORATE MEMBER OF TWCPCE.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

2022

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CEO / PHYSICIAN

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>64845475.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, 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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS, LLP **ERO firm name** to enter my PIN 46455 **as my signature**
Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Linda Thomas-Hemak

Date 5/13/2024

Part III Certification and Authentication

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

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

Kyrala Arab

Date 05-03-2024

**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.

CMF 990*/ 990T*
PA- Paper Filing

Form **8879-TE** (2022)

JSA
2X3008 2.000

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

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

2022

Department of the Treasury
Internal Revenue Service

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

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

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

A <input type="checkbox"/> Check box if address changed.		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WRIGHT CENTER MEDICAL GROUP	D Employer identification number 23-2772504
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	Print or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE, STE 1000	E Group exemption number (see instructions)
		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 44888850.	F <input type="checkbox"/> Check box if an amended return.
G Check organization type	<input checked="" type="checkbox"/> 501(c) corporation	<input type="checkbox"/> 501(c) trust	<input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university
H Check if filing only to	<input type="checkbox"/> Claim credit from Form 8941	<input type="checkbox"/> Claim a refund shown on Form 2439	
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) <input type="text"/>			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of SANDRA YASTREMSKI, CFO Telephone number 570-343-2383 501 S. WASHINGTON AVE, STE 1000 SCRANTON, PA 18505			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	1	
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions.	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9 Trusts. Section 199A deduction. See instructions.	9	
10 Total deductions. Add lines 8 and 9	10	
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero.	11	NONE

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	NONE
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	THE WRIGHT CENTER MEDICAL GROUP	23-2772504
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	501 S. WASHINGTON AVENUE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SCRANTON, PA 18505	

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

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

- The books are in the care of ► RONALD DANIELS, CFO
501 S. WASHINGTON AVENUE, STE 1000 SCRANTON PA 18505
Telephone No. ► 570 343-2383 Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2024, 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, 2022, and ending 06/30, 2023.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

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

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 1a
b Other credits (see instructions). 1b
c General business credit. Attach Form 3800 (see instructions) 1c
d Credit for prior year minimum tax (attach Form 8801 or 8827). 1d
e Total credits. Add lines 1a through 1d. 1e
2 Subtract line 1e from Part II, line 7. 2 NONE
3 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
Other (attach statement) 3
4 Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under section 1294. Enter tax amount here. 4 NONE
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5
6a Payments: A 2021 overpayment credited to 2022 6a
b 2022 estimated tax payments. Check if section 643(g) election applies 6b
c Tax deposited with Form 8868. 6c
d Foreign organizations: Tax paid or withheld at source (see instructions) 6d
e Backup withholding (see instructions) 6e
f Credit for small employer health insurance premiums (attach Form 8941) 6f
g Other credits, adjustments, and payments: Form 2439
Form 4136 Other Total 6g
7 Total payments. Add lines 6a through 6g 7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 NONE
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. 10
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded 11

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

1 At any time during the 2022 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 Did the organization change its method of accounting? (see instructions) X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

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.
Sign Here Signature of officer Linda Monahan Date 5/14/24 Title CEO / PHYSICIAN
May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No
Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
KRISTAL K CREACH
Firm's name FORVIS, LLP Firm's EIN 44-0160260
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 6 Phone no. 417-865-8701

SUPPLEMENTAL INFORMATION

=====

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

2022

Department of the Treasury
Internal Revenue Service

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

Name of filer

EIN or SSN

THE WRIGHT CENTER MEDICAL GROUP

23-2772504

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, CEO / PHYSICIAN

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>NONE</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038CP, 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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS, LLP to enter my PIN 46455 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Linda Thomas-Hemak

Date 5/13/2024

Part III Certification and Authentication

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

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

Walter Acach

Date 05-03-2024

**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.

CMF 990*/990T*
PA- Paper Filing

Form **8879-TE** (2022)

JSA
2X3008 2.000

IRS Tax Determination

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

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

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

Date:

DEC 4 1997

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

Dear Applicant:

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

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

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

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

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

STRP Medical Group, P.C.

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

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

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

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

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

STRP Medical Group, P.C.

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

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

STRP Medical Group, P.C.

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

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

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

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

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

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

Sincerely,



Marvin Friedlander
Chief, Exempt Organizations
Technical Branch 1

Enclosures:
Form 872-C
Pub. 1771



**Department of the Treasury
Internal Revenue Service
Ogden, UT 84201**

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

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

Taxpayer Identification Number: 23-2772504

Form(s):

Dear Taxpayer:

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

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

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

Sincerely,

T Childers Dardy
1003657897
Customer Service Representative