

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the **2023** calendar year, or tax year beginning **07/01**, 2023, and ending **06/30**, 20 **24**

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

C Name of organization **PATIENT ENGAGEMENT COUNCIL**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
501 S. WASHINGTON AVENUE STE 1000
 City or town, state or province, country, and ZIP or foreign postal code
SCRANTON, PA 18505

D Employer identification number
81-3053323

E Telephone number
(570) 343-2383

G Gross receipts \$ **253,563**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

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

J Website: **THEWRIGHTCENTER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2016**

M State of legal domicile: **PA**

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

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE) A PENNSYLVANIA 501(C)(3) TAX-EXEMPT NON-PROFIT CORPORATION. (CONTINUED ON SCHEDULE O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	26
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 44,912	Current Year 227,580
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(1,785)	(2,753)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,127	224,827
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,500
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25)	231	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,905	134,495
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,405	134,495
	19	Revenue less expenses. Subtract line 18 from line 12	(51,278)	90,332
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 122,999	End of Year 184,197
	21	Total liabilities (Part X, line 26)	42,242	13,108
	22	Net assets or fund balances. Subtract line 21 from line 20	80,757	171,089

Part II Signature Block

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

Sign Here

Signature of officer: *Linda Thomas Hemak MD* Date: **1/5/14/25**

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

Type or print name and title

Paid Preparer Use Only

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

Firm's name: **FORVIS MAZARS, LLP** Firm's EIN: **44-0160260**

Firm's address: **910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523** Phone no.: **(417) 865-8701**

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

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

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

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

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

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

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. PATIENT ENGAGEMENT COUNCIL	Taxpayer identification number (TIN) 81-3053323
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVE, 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

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

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

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

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

- The books are in the care of ► **SANDRA YASTREMSKI, CPA, 501 S. WASHINGTON AVE, SUITE 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.

- I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 20 ____ or
 - tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.
- If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 134,264 including grants of \$ _____) (Revenue \$ _____)
TWCPCE'S PATIENT AND COMMUNITY CENTERED AND RESPONSIVE OUTREACH ACTIVITIES AND PROGRAMS AMOUNTED TO \$134,264 IN EXPENSES DURING THE COVERED PERIOD. TWCPCE CONDUCTED MULTIPLE EVENTS TO AID PATIENTS, FAMILIES, AND THE COMMUNITIES SERVED BY TWCC. TO SUPPORT ITS WORK, TWCPCE HELD ITS SECOND ANNUAL DR. WILLIAM WATERS GOLF TOURNAMENT ON MONDAY, MAY 13, 2024, AT GLENMAURA NATIONAL GOLF CLUB IN MOOSIC, PENNSYLVANIA. A KEYSTONE EVENT FOR TWCPCE, THE CHARITY GOLF TOURNAMENT EVENT IS NAMED AFTER THE LATE WILLIAM M. WATERS, PH.D., WHO SERVED AS VICE CHAIR OF THE WRIGHT CENTER FOR COMMUNITY HEALTH'S BOARD OF DIRECTORS AND CO-CHAIR OF TWCPCE UNTIL 2022. THE 2024 GOLF TOURNAMENT SPECIFICALLY HONORED THE LATE JOHN P. MOSES, ESQ., A WILKES-BARRE NATIVE, HIGHLY REPUTED ATTORNEY, AND INFLUENTIAL PHILANTHROPIST WHO CARED DEEPLY ABOUT HIS COMMUNITY.

(CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 134,264

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed [PA](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505, (570) 343-2383

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 CO-CHAIR	1.0 55.0	✓		✓				0 920,557	44,676	
(2) CATHERINE GENCO TREASURER END 04/24	1.0 5.0	✓		✓				0 0	0	
(3) ELLEN WALKO SECRETARY	1.0 1.0	✓		✓				0 0	0	
(4) GERARD GEOFFROY IMMEDIATE PAST CHAIR / INTERIM TREASURER	1.0 5.0	✓		✓				0 0	0	
(5) LEE ANN ESCHBACH, PHD VICE CHAIR	1.0 1.0	✓		✓				0 0	0	
(6) MARY MARRARA CO-CHAIR	1.0 5.0	✓		✓				0 0	0	
(7) PEDRO ANES TREASURER BEG 06/24	1.0 1.0	✓		✓				0 0	0	
(8) AYUSHI JAIN, MD RESIDENT LEADER LIAISON END 06/24	1.0 0.0	✓						0 0	0	
(9) CAROL RUBEL DIRECTOR	1.0 5.0	✓						0 0	0	
(10) CHARLIE HEMAK DIRECTOR	1.0 0.0	✓						0 0	0	
(11) GAIL CICERINI DIRECTOR	1.0 0.0	✓						0 0	0	
(12) GIRARD PETULA, PHD DIRECTOR	1.0 0.0	✓						0 0	0	
(13) JACOB MILLER, MD DIRECTOR	1.0 0.0	✓						0 0	0	
(14) KARI MACHELLI, RN DIRECTOR	1.0 0.0	✓						0 0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) KIERLOS YOUNAN, MD RESIDENT LEADER LIAISON BEG 06/24	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) LORRAINE LUPINI DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) MELISSA SIMRELL DIRECTOR END 01/24	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(18) NICOLE LANGAN DIRECTOR BEG 06/24	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) PAUL HAUGLAND DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) SARAH QUINLIN-SHERIDAN DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) TAMMY SAUNDERS DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) YASH DESHPANDE, MD CHIEF RESIDENT LIAISON BEG 06/24	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23)										
(24)										
(25)										
1b Subtotal								0	920,557	44,676
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	920,557	44,676

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	45,302		
	d	Related organizations	1d	109,630		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	72,648		
	g	Noncash contributions included in lines 1a-1f	1g	\$ 40,000		
	h	Total. Add lines 1a-1f		227,580		
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f		All other program service revenue . .		0	0	0
g		Total. Add lines 2a-2f		0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real			
			(ii) Personal			
			6a			
	b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c	0	0	
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
			7a			
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss)	7c	0	0	
	d	Net gain or (loss)				
	8a	Gross income from fundraising events (not including \$ <u>45,302</u> of contributions reported on line 1c). See Part IV, line 18	8a	25,758		
	b	Less: direct expenses	8b	28,736		
c	Net income or (loss) from fundraising events		(2,978)		(2,978)	
9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
		10a				
		b	Less: cost of goods sold	10b		
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11a	PURCHASE DISCOUNTS				
	b		900099	225		225
	c					
	d	All other revenue		0	0	0
	e	Total. Add lines 11a-11d		225		
12	Total revenue. See instructions		224,827	0	0	(2,753)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	6,535	6,535		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion				
13 Office expenses	109,552	109,321		231
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS EXPENSES	18,408	18,408		
b -----				
c -----				
d -----				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	134,495	134,264	0	231
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	122,999	1	183,697
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	500
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	122,999	16	184,197	
Liabilities	17 Accounts payable and accrued expenses	33,207	17	8,108
	18 Grants payable		18	
	19 Deferred revenue		19	5,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	9,035	25	0
	26 Total liabilities. Add lines 17 through 25	42,242	26	13,108
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	80,757	27	171,089
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	80,757	32	171,089
33 Total liabilities and net assets/fund balances	122,999	33	184,197	

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	224,827
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,495
3	Revenue less expenses. Subtract line 2 from line 1	3	90,332
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	80,757
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,089

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.		

**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

2023

**Open to Public
Inspection**

Name of the organization PATIENT ENGAGEMENT COUNCIL	Employer identification number 81-3053323
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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)(vii)**. (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 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		85,024	94,414	44,912	227,580	451,930
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	85,024	94,414	44,912	227,580	451,930
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)						30,783
6 Public support. Subtract line 5 from line 4						421,147

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	0	85,024	94,414	44,912	227,580	451,930
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	8,231	437	13	225	8,906
11 Total support. Add lines 7 through 10						460,836
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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).		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME		8,231	437	13	225	8,906
	Total	0	8,231	437	13	225	8,906

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization PATIENT ENGAGEMENT COUNCIL

Employer identification number 81-3053323

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [checked] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [checked] 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 PATIENT ENGAGEMENT COUNCIL	Employer identification number 81-3053323
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 40,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 109,630	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PATIENT ENGAGEMENT COUNCIL	Employer identification number 81-3053323
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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) <small>(See instructions.)</small>	(d) Date received
2	SOCKS ----- ----- -----	\$ 40,000	05/30/2024 -----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization PATIENT ENGAGEMENT COUNCIL	Employer identification number 81-3053323
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple sections for conservation easement details, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Form with sections 1a, 1b, 2 for reporting on art and historical treasures, including revenue and asset amounts.

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

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

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

Part V Endowment Funds

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

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

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

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

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

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

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

	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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	- 28,736
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	FUNDRAISING EXPENSES	28,736

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF "MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY." MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD DURING THE REPORTING PERIOD.

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

		(a) Event #1 <u>GOLF TOURNAMENT</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	71,060			71,060
	2 Less: Contributions	45,302			45,302
	3 Gross income (line 1 minus line 2)	25,758	0	0	25,758
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	4,233			4,233
	6 Rent/facility costs	10,625			10,625
	7 Food and beverages	10,901			10,901
	8 Entertainment				0
	9 Other direct expenses	2,977			2,977
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,736
11 Net income summary. Subtract line 10 from line 3, column (d)				(2,978)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PATIENT ENGAGEMENT COUNCIL

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

2023

Open to Public Inspection

Employer identification number

81-3053323

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>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</p>	1b	
<p>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?</p>	2	
<p>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.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>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:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>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</p>	7	✓
<p>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</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LINDA THOMAS-HEMAK, MD	(i)	0	0	0	0	0	0
	CO-CHAIR	(ii)	797,282	100,000	23,275	26,400	18,276	965,233
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

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.

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>THE CO-CHAIR IS COMPENSATED BY ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), FOR THE SERVICES OF TWCGME'S PRESIDENT AND CEO, WHO IS EMPLOYED BY AND SERVES AS PRESIDENT AND CEO OF TWCCH. CONSEQUENTLY, TWCPCE DOES NOT DIRECTLY COMPENSATE THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCCH BOARDS COLLABORATIVELY DETERMINE THE RESPECTIVE CHIEF EXECUTIVE'S COMPENSATION SPECIFIC TO THEIR ORGANIZATION, ENGAGING A THIRD-PARTY EXTERNAL CONSULTANT TO CONDUCT A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY GENERALLY EVERY THREE TO FIVE YEARS. DURING CONTRACT NEGOTIATIONS WITH THE PRESIDENT AND CEO, THE RELEVANT COMPONENTS OF THE STUDY ARE APPROPRIATELY AGED AND SUPPLEMENTED BY DATA FROM SOURCES SUCH AS THE AMERICAN JOB CENTER NETWORK, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS FROM THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AMONG OTHER RELEVANT REGIONAL AND NATIONAL BENCHMARKS. ANNUALLY, THE EXECUTIVE COMMITTEES COLLABORATIVELY CONDUCT A THOROUGH PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE AND THE RESPECTIVE ORGANIZATIONS, ASSESSING THE APPROPRIATENESS OF SALARY AND BENEFIT ADJUSTMENTS. THESE ADJUSTMENTS, IF MADE BETWEEN CONTRACT TERMS, ARE BENCHMARKED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE CHIEF EXECUTIVE'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE COMPENSATION DETERMINATION.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

PATIENT ENGAGEMENT COUNCIL

Employer identification number

81-3053323

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5	✓		40,000	MARKET VALUE
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29	0
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	Yes	No
30a		✓
31		✓
32a		✓
33		

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the Organization
PATIENT ENGAGEMENT COUNCIL

Employer Identification Number
81-3053323

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	<p>THE MISSION OF TWCPC IS TO EMPOWER AND ENGAGE PATIENTS IN PROMOTING THE HEALTH AND WELFARE OF OUR COMMUNITIES WHILE ADVANCING THE OUTCOMES AND EXPERIENCE OF HEALTH CARE AND RELATED SERVICES AND WORKFORCE DEVELOPMENT. IT AIMS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY IMPACT HEALTH OUTCOMES. TWCPC ANALYZES DE-IDENTIFIED PATIENT DATA AND REVIEWS LOCAL, REGIONAL, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND HEALTH INDICATORS TO ENSURE THAT ITS OUTREACH ACTIVITIES AND PROGRAMS ARE STRATEGICALLY ALIGNED WITH TWCCH'S MISSION TO ADDRESS THE MOST PRESSING NON-MEDICAL NEEDS AND CHALLENGES OF PATIENTS, FAMILIES, AND THE COMMUNITIES TWCCH SERVES.</p>
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	<p>THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPC) A PENNSYLVANIA 501(C)(3) TAX-EXEMPT NON-PROFIT CORPORATION. THE MISSION OF TWCPC IS TO EMPOWER AND ENGAGE PATIENTS IN PROMOTING THE HEALTH AND WELFARE OF OUR COMMUNITIES WHILE ADVANCING THE OUTCOMES AND EXPERIENCE OF HEALTH CARE AND RELATED SERVICES AND WORKFORCE DEVELOPMENT. IT AIMS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY IMPACT HEALTH OUTCOMES.</p> <p>TWCPC'S WORK IS INTRINSICALLY LINKED TO THAT OF THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), TWCPC'S SOLE CORPORATE MEMBER. TWCCH, A PENNSYLVANIA 501(C)(3) TAX-EXEMPT NON-PROFIT CORPORATION, IS DESIGNATED BY THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LOOK-ALIKE) ESSENTIAL COMMUNITY PROVIDER OF COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES WITHOUT REGARD FOR ABILITY TO PAY, INSURANCE STATUS, OR ZIP CODE. TWCCH DELIVERS COMPREHENSIVE, NON-DISCRIMINATORY, WHOLE-PERSON PRIMARY HEALTH SERVICES WITHIN A PATIENT-CENTERED MEDICAL HOME (PCMH) FRAMEWORK ACROSS THE LIFESPAN, FROM PEDIATRICS TO GERIATRICS, AND INCLUDE MEDICAL, WOMEN'S HEALTH, GENERAL DENTAL, MENTAL AND BEHAVIORAL HEALTH, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY, INFECTIOUS DISEASE, RYAN WHITE HIV/AIDS SERVICES, RHEUMATOLOGICAL, NUTRITIONAL, AND LIFESTYLE MEDICINE. THESE COMPREHENSIVE, FULLY INTEGRATED, NON-DISCRIMINATORY PRIMARY HEALTH SERVICES, ENHANCED BY SPECIALTY INTEGRATION ACTIVITIES, EXPAND ACCESS TO HIGH QUALITY CARE FOR PATIENTS, FAMILIES AND COMMUNITIES WHILE ENHANCING THE EDUCATIONAL EXPERIENCES OF THE PHYSICIAN AND INTERPROFESSIONAL HEALTHCARE WORKFORCE.</p> <p>TWCCH AND ITS PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCME), SHARE A MISSION TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE WHOLE-PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCCH AND TWCME COLLABORATIVELY SHARE A PASSIONATE PURPOSE TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) TEACHING HEALTH CENTER 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 DEVELOPMENT. THIS INNOVATIVE MODEL ADDRESSES THE NATIONAL PRIMARY CARE WORKFORCE SHORTAGE, MIS-DISTRIBUTION, AND RELATED ACCESS NEEDS BY PROMOTING COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PRIMARY CARE WORKFORCE DEVELOPMENT PLATFORMS.</p> <p>THE COMMUNITY AND PATIENT-DRIVEN GOVERNANCE PRINCIPLES OF THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPC) AMPLIFIES TWCCH'S FQHC LOOK-ALIKE GOVERNANCE PLATFORM BY ALIGNING ITS COMMUNITY SERVICE PROJECTS WITH THE SPECIFIC NEEDS OF THE COMMUNITIES SERVED BY EACH TWCCH HEALTH CENTER LOCATION. THE BOARD OF DIRECTORS OF TWCPC IS CO-CHAIRLED BY THE PRESIDENT & CEO OF TWCCH AND TWCME. TWCPC'S BOARD INCLUDES PATIENTS AND COMMUNITY STAKEHOLDERS, AS WELL AS REPRESENTATIVES FROM TWO STRATEGICALLY IDENTIFIED STAKEHOLDER GROUPS: RESIDENT PHYSICIANS TRAINING IN TWCME'S PRIMARY CARE RESIDENCY PROGRAMS; AND TWCCH STAFF MEMBERS WHOSE ROLES INVOLVE ADDRESSING AND TRACKING THE NON-MEDICAL NEEDS OF TWCCH'S PATIENTS AND FAMILIES THAT NEGATIVELY IMPACT HEALTH OUTCOMES. TWO OF TWCME'S PRIMARY CARE RESIDENT PHYSICIANS SERVE AS VOTING MEMBERS OF TWCPC'S BOARD OF DIRECTORS, BRIDGING THE GAP BETWEEN PHYSICIAN LEARNERS AND PATIENT, FAMILY, AND COMMUNITY NEEDS. THIS VITAL CONNECTION NOT ONLY FOSTERS RESIDENT PHYSICIAN WELLNESS AND RESILIENCE THROUGH MEANINGFUL SERVICE OPPORTUNITIES BUT ALSO DEEPENS THEIR TIES TO THE PATIENTS, FAMILIES, AND COMMUNITIES TWCCH SERVES, ULTIMATELY STRENGTHENING THE PHYSICIAN WORKFORCE PIPELINE AND WELCOMING THEM TO REMAIN IN THE REGION POST-GRADUATION. THE TWCCH STAFF POSITION VOTING MEMBERS OF TWCPC'S BOARD INCLUDE THE AVP OF INTEGRATED PRIMARY HEALTH SERVICES AND THE ELECTRONIC MEDICAL RECORD AND HEALTH INFORMATICS MANAGER.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	THESE BOARD MEMBERS DIRECTLY INTEGRATE TWCPCE'S WORK WITH THE OPERATIONS OF THE GME-SNC THROUGH DATA-DRIVEN, NEEDS-RESPONSIVE PROGRAMMING. TWCPCE, UNDER THE GUIDANCE OF TWCCH AND TWCGME, ANALYZES DE-IDENTIFIED PATIENT DATA AS WELL AS LOCAL, REGIONAL, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS AND HEALTH INDICATORS. THIS COMPREHENSIVE APPROACH ENSURES THAT TWCPCE'S OUTREACH AND PROGRAMS ARE STRATEGICALLY ALIGNED WITH TWCCH'S MISSION TO ADDRESS THE MOST PRESSING NON-MEDICAL NEEDS AND CHALLENGES OF PATIENTS, FAMILIES, AND THE COMMUNITIES TWCCH SERVES.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>ATTORNEY MOSES' SUPPORT WAS PARAMOUNT IN ESTABLISHING THE WRIGHT CENTER FOR COMMUNITY HEALTH'S (TWCCH'S) WILKES-BARRE TEACHING HEALTH CENTER, WHICH OPENED ON JANUARY 9, 2023, FOLLOWING THE URGENT RELOCATION OF ITS OPERATIONS FROM FIRST HOSPITAL IN KINGSTON DUE TO THE HOSPITAL'S CLOSURE. THIS LOCATION IS NOW THE LARGEST TEACHING HEALTH CENTER IN TWCCH'S 13-LOCATION NORTHEAST PENNSYLVANIA NETWORK. RENOWNED FOR HIS DEDICATED AND GENEROUS SERVICE TO MULTIPLE NON-PROFITS IN NORTHEAST PENNSYLVANIA, AND ALSO ON THE NATIONAL STAGE AS CEO OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS, TENNESSEE, ATTORNEY MOSES EXEMPLIFIED A REMARKABLE LIFE OF INTEGRITY, GENEROSITY, AND BOUNDLESS DEDICATION TO MAKING A DIFFERENCE. THE SECOND ANNUAL CHARITY GOLF TOURNAMENT RAISED \$45,302, AND PROCEEDS WERE DEDICATED TO SUPPORTING TWCCH'S MISSION TO ENSURE ACCESS TO HIGH-QUALITY, WHOLE-PERSON PRIMARY HEALTH SERVICES, REGARDLESS OF ABILITY TO PAY, INSURANCE STATUS, OR ZIP CODE.</p> <p>TWCPCE RECEIVED RESOURCES TO SUPPORT ITS PROGRAMMING FROM TWO OTHER SIGNIFICANT SOURCES. TWCCH, AS THE SOLE CORPORATE MEMBER OF TWCPCE, PROVIDED A \$50,000 CONTRIBUTION TO ENABLE PROGRAMMING DESIGNED TO ADDRESS THE NON-MEDICAL NEEDS NEGATIVELY IMPACTING THE HEALTH STATUS OF PATIENTS, FAMILIES, AND COMMUNITIES SERVED BY TWCCH THROUGH ITS 13 PRIMARY HEALTH SERVICE CLINICAL LOCATIONS. ADDITIONALLY, TWCCH PASSED THROUGH \$59,630 TO TWCPCE FROM ITS RECEIPT OF SHARED SAVINGS AS A PARTICIPANT IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION (KEYSTONE ACO), A MEDICARE SHARED SAVINGS PROGRAM ACO. HAVING FINALLY RECOUPED TWCGME'S DECADE-LONG INVESTMENTS IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION AS A 10% OWNER, TWCGME HAD THE OPPORTUNITY TO PASS THROUGH THE MAJORITY OF SHARED SAVINGS RECEIVED FROM KEYSTONE ACO TO TWCCH (A KEYSTONE ACO PARTICIPANT). TWCCH USES THOSE RESOURCES TO ENRICH THE HEALTH SERVICES DELIVERED TO PATIENTS, INCLUDING EXPANDING CASE MANAGEMENT, PRINCIPAL ILLNESS NAVIGATION, COMMUNITY HEALTH WORKER, AND PHARMACY SERVICES, AS EXAMPLES. TWCCH ENSURES THE EFFECTIVE USE OF THESE CONTRIBUTIONS TO TWCPCE THROUGH ITS MANDATORY APPROVAL AUTHORITY OF TWCPCE'S STRATEGIC AND OPERATIONAL PLANS AND ANNUAL OPERATING BUDGET, AS DEFINED IN TWCPCE'S BYLAWS.</p> <p>TWCPCE RAISED ADDITIONAL FUNDING THROUGH A MYRIAD OF OTHER SMALLER EVENTS, INCLUDING BUT NOT LIMITED TO NEPA GIVES AND THE GIVING TUESDAY. NEPA GIVES IS A 24-HOUR ONLINE GIVING EVENT WHERE DONORS MAY MAKE SECURE ONLINE DONATIONS TO THEIR FAVORITE LOCAL NONPROFIT ORGANIZATIONS, SUCH AS TWCPCE. ANY REGISTERED 501(C)(3) NONPROFIT ORGANIZATION SERVING RESIDENTS IN NORTHEASTERN PENNSYLVANIA CAN PARTICIPATE IN NEPA GIVES. REGIONAL PHILANTHROPIC AGENCIES CAME TOGETHER TO HOST NEPA GIVES, INCLUDING SCRANTON AREA COMMUNITY FOUNDATION, CARBON COUNTY COMMUNITY FOUNDATION, COMMUNITY FOUNDATION FOR THE TWIN TIERS, GREATER PIKE COMMUNITY FOUNDATION, THE COMMUNITY FOUNDATION OF MONROE COUNTY, THE LUZERNE FOUNDATION, AND THE WAYNE COUNTY COMMUNITY FOUNDATION. DONATIONS WERE THEN ENHANCED WITH BONUS FUNDS PROVIDED BY NEPA GIVES SPONSORS, ALLOWING DONOR DOLLARS TO STRETCH FURTHER. DURING THE COVERED PERIOD, TWCPCE RAISED \$3,432.92. SIMILARLY, GIVING TUESDAY WAS HOSTED BY ALLONE CHARITIES WHICH PARTNERS WITH 40+ NON-PROFIT ORGANIZATIONS TO COMPLEMENT THEIR FUNDRAISING EFFORTS. ALLONE CHARITIES SUPPORTS EACH ORGANIZATION THAT RAISES OVER \$1,000 WITH A MATCH OF \$1,000. ALLONE'S GIVING TUESDAY IS HELD ON THE GLOBAL DAY OF GIVING TO GALVANIZE THE REGION IN SUPPORTING ORGANIZATIONS THAT ARE IMPROVING THE HEALTH DELIVERY SYSTEM AND MAKING A DIFFERENCE IN HEALTH ISSUES THAT AFFECT THOSE CLOSE TO US. DURING THE REPORTING PERIOD, TWCPCE RAISED \$3,040 ON GIVING TUESDAY.</p> <p>WITH THE FUNDING RAISED THROUGH HOSTING AND PARTICIPATING IN CHARITABLE FUNDRAISING EVENTS, THE DONATION FROM TWCCH, AND THE PASS-THROUGH OF KEYSTONE ACO SHARED SAVINGS FROM TWCCH, TWCPCE IMPLEMENTED VARIOUS COMMUNITY AND PATIENT NEEDS-RESPONSIVE PROGRAMS. TO ENSURE ALIGNMENT WITH SPECIFIC COMMUNITY AND PATIENT NEEDS IN EACH OF TWCCH'S HEALTH CENTER LOCATIONS, TWCPCE PROPOSES ITS ANNUAL STRATEGIC PRIORITIES BASED ON DE-IDENTIFIED POPULATION HEALTH DATA AND LOCAL, REGIONAL, STATE, AND NATIONAL COMMUNITY HEALTH NEEDS ASSESSMENTS. THE ANNUAL PLAN AND BUDGET ARE PRESENTED TO THE TWCCH BOARD OF DIRECTORS' PLANNING AND DEVELOPMENT COMMITTEE FOR REVIEW AND EVALUATION, AND SUBSEQUENTLY REVIEWED AND APPROVED BY THE TWCCH GOVERNING BOARD. WITH THIS ALIGNMENT ENSURED AND THE BUDGET APPROVED, TWCPCE DIRECTORS AND VOLUNTEER BOARD MEMBERS INITIATE THE ANNUAL PROGRAMMING PLAN AND COMMUNITY SERVICE EVENTS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>DURING THE COVERED PERIOD, FOOD INSECURITY AND CLOTHING ASSISTANCE EMERGED AS PREDOMINANT HEALTH NEEDS ACROSS CLINICAL LOCATIONS. TWCPCCE HELD MANY FOOD PANTRIES THAT SERVED 6,300 PATIENTS AND FAMILIES WITH NEEDED FOOD. MULTIPLE COMMUNITY CLOSET ACTIVITIES SUPPORTED 563 PATIENTS/FAMILIES WITH WINTER COATS AND CLOTHING, AND ANOTHER 100 PATIENTS WITH BAGS OF WARMTH CONSISTING OF HATS, GLOVES, SCARVES, AND WHEN AVAILABLE, SNACKS. TWCPCCE ALSO SECURED A DONATION OF 10,000 PAIRS OF BOMBAS SOCKS FOR DISTRIBUTION TO PATIENTS AND FAMILIES, WITH 2,975 PAIRS OF SOCKS DISTRIBUTED DURING THE COVERED PERIOD. TWCPCCE ENABLED TRANSPORTATION FOR 834 PATIENTS FOR MEDICALLY-RELATED TRAVEL. DURING THE FISCAL YEAR, MORE THAN 835 SCHOOL-AGED CHILDREN IN LACKAWANNA COUNTY RECEIVED BACKPACKS AND SCHOOL SUPPLIES. THE BLOOD DRIVES PROMOTED BY TWCPCCE IN ASSOCIATION WITH THE AMERICAN RED CROSS LED TO THE DONATION OF 184 PINTS OF BLOOD, ENOUGH TO SAVE 582 LIVES. NOTABLY, TWCPCCE ALSO PROVIDED HOUSING SUPPORT TO 473 PATIENTS AND FAMILIES, AND ASSISTED ANOTHER 687 PATIENTS AND FAMILIES WITH UTILITY NEEDS.</p> <p>TWCPCCE ORGANIZED HEALTH EDUCATION, ARTISTIC, AND SOCIAL ENGAGEMENT ACTIVITIES AT VARIOUS COMMUNITY VENUES AND SENIOR CENTERS TO BENEFIT OLDER ADULTS WHO ARE AT PARTICULAR RISK FOR SOCIAL ISOLATION AND THE RELATED NEGATIVE HEALTH CONSEQUENCES. MORE THAN 1,200 INDIVIDUALS WERE REACHED THROUGH SELF-AFFIRMING, EXPRESSIVE ART, AND MINDFULNESS ACTIVITIES. THESE ACTIVITIES TOOK PLACE AT VARIOUS HOMELESS SHELTERS, RECOVERY CENTERS, SENIOR CENTERS, AND YOUTH CENTERS IN OUR REGION. ADDITIONALLY, TWCPCCE INTEGRATED ARTISTIC AND MINDFULNESS ACTIVITIES PROGRAMMING WITH PATIENTS AND FAMILIES ENGAGED IN TWCCH'S RYAN WHITE SERVICES, AND OTHER POPULATIONS AFFECTED BY COMPLEX NON-MEDICAL PATIENT AND COMMUNITY NEEDS THAT NEGATIVELY IMPACT HEALTH STATUS.</p> <p>TWCPCCE SUPPORTED THE ADVANCED CERTIFICATION AND PARTICIPATION OF INDIVIDUALS TO FURTHER ENHANCE SKILL SETS TO BETTER SUPPORT PATIENTS, FAMILIES, AND THE COMMUNITIES SERVED BY TWCCH. FOR EXAMPLE, TWCPCCE SUPPORTED THE CERTIFICATION OF AN INDIVIDUAL IN OPENING MINDS THROUGH ART (OMA) TO ENRICH THE ENGAGEMENT WITH SENIORS LIVING WITH DEMENTIA IN THE VARIOUS SENIOR CENTERS AND FACILITIES THAT ARE VISITED THROUGHOUT THE YEAR, WHILE ALSO ENHANCING RECURRING MONTHLY ART GROUPS AT FACILITIES SUCH AS TELESPOND SENIOR SERVICES AND FALLBROOK HEALTHY AGING CAMPUS. TWCPCCE ALSO ENGAGED IN RECURRING EVENTS AT COLLABORATING ORGANIZATIONS SUCH AS KEYSTONE MISSION, COMMUNITY INTERVENTION CENTER, SCRANTON COUNSELING CENTER'S PSYCHIATRIC REHABILITATION UNIT, WHITE BIRCH, GENEVA HOUSE, AND THE DRUG AND ALCOHOL TREATMENT SERVICE. SOME OF THE PROJECTS AT THESE EVENTS INCLUDED CREATING SELF-COMPASSION CARDS, KINDNESS ROCKS, AND ARTISTIC AND MINDFULNESS EXERCISES.</p> <p>IN THE ARENA OF PUBLIC HEALTH EDUCATION, TWCPCCE WAS EMPOWERED TO CONNECT COMMUNITIES, INCREASE MENTAL HEALTH EDUCATION AND SCREENINGS, AND COMBAT STIGMA BY BUILDING MENTAL HEALTH LITERACY BY TRAINING STAFF MEMBERS OF TWCCH IN MENTAL HEALTH FIRST AID (MHFA), A SKILLS-BASED TRAINING COURSE THAT TEACHES PARTICIPANTS ABOUT MENTAL HEALTH AND SUBSTANCE-USE ISSUES AND COPING SKILLS. THESE INDIVIDUALS ARE CONDUCTING COMMUNITY AND STAFF MHFA EDUCATION TO SPREAD LEARNING, CONTRIBUTING TO STIGMA REDUCTION AND MENTAL HEALTH FIRST AID PREPAREDNESS THROUGHOUT THE COMMUNITIES TWCCH SERVES. IN FISCAL YEAR 2023-2024, TWCPCCE SUPPORTED THE TRAINING OF 13 TWCCH STAFF MEMBERS IN ADULT MHFA. ADDITIONALLY, TWCPCCE COLLABORATED WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NEPA AHEC) IN SUPPORTING THE TRAINING OF 22 AREA HIGH SCHOOL SENIORS IN YOUTH MHFA, AND TRAINED ANOTHER 25 COMMUNITY MEMBERS PARTICIPATING IN NEPA AHEC'S SCHOLARS PROGRAM IN ADULT MFHA.</p> <p>TWCPCCE WAS HONORED TO SPONSOR SEVERAL INTEGRATIVE COMMUNITY THERAPY (ICT) SESSIONS, A PROGRAM OF THE VISIBLE HANDS COLLABORATIVE, DURING THE REPORTING PERIOD. INTEGRATIVE COMMUNITY THERAPY (ICT) IS A METHOD OF SUPPORTING INDIVIDUAL AND COMMUNITY HEALTH THROUGH GROUP CONVERSATION. INSPIRED BY THE BRAZILIAN METHOD, TERAPIA COMUNITARIA INTEGRATIVA, AN INTERNATIONALLY RECOGNIZED APPROACH TO MENTAL HEALTH SUPPORT, ICT USES GUIDED CONVERSATION BETWEEN MEMBERS OF A COMMUNITY TO CREATE A SAFE SPACE FOR PARTICIPANTS TO SHARE LIFE EXPERIENCES AND WISDOM. THIS ACCESSIBLE, EFFECTIVE METHOD DOES NOT RELY ON THE TRADITIONAL HEALTHCARE SYSTEM'S REFERRALS, DOCTORS, INSURANCE, ETC.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	<p>YES. THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) IS THE SOLE CORPORATE MEMBER OF TWCPCCE, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION. TWCCH OPERATES AS A US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER OFFERING NON-DISCRIMINATORY, SAFETY-NET, COMPREHENSIVE, AND FULLY INTEGRATED WHOLE-PERSON PRIMARY HEALTH AND RYAN WHITE/INFECTIOUS DISEASE SERVICES, ENSURING ACCESS REGARDLESS OF INSURANCE STATUS, GEOGRAPHIC LOCATION, OR ABILITY TO PAY. AS A HRSA-RECOGNIZED PIONEERING TEACHING HEALTH CENTER, TWCCH SERVES AS THE PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENT IN NORTHEAST PENNSYLVANIA FOR THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION'S RESIDENT AND FELLOW PHYSICIAN TRAINEES, AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA), AND THE CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP), ALONGSIDE INTERPROFESSIONAL HEALTHCARE LEARNERS FROM OVER A DOZEN REGIONAL ACADEMIC INSTITUTIONS EDUCATING AND TRAINING FUTURE HEALTHCARE PROFESSIONALS.</p>
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>YES. AS THE SOLE CORPORATE MEMBER OF TWCPCCE, TWCCH HOLDS THE POWER TO APPOINT TWCPCCE'S GOVERNING BOARD MEMBERS, SUBJECT TO THE AFFIRMATIVE VOTE OF TWCPCCE'S BOARD OF DIRECTORS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	YES. FOR SIGNIFICANT CORPORATE ACTIONS, TWCPC'S BYLAWS ESTABLISH SPECIFIC VOTING REQUIREMENTS TO ENSURE CAREFUL CONSIDERATION OF AND ALIGNMENT WITH TWCCH'S INTERESTS AS THE SOLE CORPORATE MEMBER. THERE ARE SPECIFIC ACTIONS THAT REQUIRE A SUPERMAJORITY VOTE OF TWCCH AS WELL AS THE AFFIRMATIVE VOTE OF TWCPC. THOSE ACTIONS INCLUDE: THE ADOPTION, AMENDMENT, OR REVOCATION OF TWCPC'S ARTICLES OF INCORPORATION; THE TERMINATION, LIQUIDATION, REORGANIZATION, DIVISION, CONVERSION, OR DISSOLUTION OF TWCPC, AS WELL AS ANY MERGER, CONSOLIDATION, OR COMBINATION WITH ANOTHER ENTITY; ANY CHANGE OR TRANSFER OF TWCCH'S OWNERSHIP STAKE IN TWCPC, OR THE CREATION OR ISSUANCE OF ANY ADDITIONAL MEMBERSHIP INTERESTS; THE ESTABLISHMENT OF ANY SUBSIDIARY CORPORATIONS BY TWCPC; AND THE ADOPTION OR AMENDMENT OF TWCPC'S BYLAWS. ADDITIONALLY, THERE ARE ACTIONS THAT SIMPLY REQUIRE THE AFFIRMATIVE VOTE OF TWCCH AND THE AFFIRMATIVE VOTE OF TWCPC. THOSE ACTIONS SPECIFICALLY INCLUDE: THE INCURRENCE OF DEBT EXCEEDING AMOUNTS REASONABLY DESIGNATED BY THE MEMBER, EXCEPT WHEN SUCH DEBT IS PART OF A BUDGET ALREADY APPROVED BY THE MEMBER; THE ASSUMPTION OF ANY OBLIGATION (WHETHER CURRENT OR CONTINGENT) TO GUARANTEE OR BE RESPONSIBLE FOR THE DEBTS OR OBLIGATIONS OF ANOTHER PARTY, WHERE SUCH OBLIGATION EXCEEDS AMOUNTS DESIGNATED BY THE MEMBER, UNLESS IT IS PART OF A MEMBER-APPROVED BUDGET; THE APPROVAL OF THE TWCPC'S ANNUAL OPERATING AND CAPITAL BUDGETS, AS WELL AS ANY MATERIAL CHANGES OR AMENDMENTS TO THESE BUDGETS; THE VOLUNTARY GRANTING OF ANY LIEN OR ENCUMBRANCE (INCLUDING A CONFESSION OF JUDGMENT) ON TWCPC'S ASSETS, EXCEPT FOR THOSE GRANTED IN THE NORMAL COURSE OF BUSINESS OPERATIONS; THE SELECTION OF TWCPC'S EXTERNAL FINANCIAL AUDITORS, GENERAL LEGAL COUNSEL, OR INVESTMENT ADVISORS; THE APPROVAL OF TWCPC'S STRATEGIC AND OPERATING PLANS, INCLUDING ANY MODIFICATIONS OR UPDATES TO THESE PLANS; THE APPROVAL OF TWCPC'S STATEMENTS OF PURPOSE, VISION, OR MISSION, AS WELL AS ANY CHANGES TO THESE FOUNDATIONAL STATEMENTS; THE ADOPTION OF ANY EMPLOYEE BENEFIT PLANS FOR TWCPC'S PERSONNEL; THE APPOINTMENT AND REMOVAL OF ANY DIRECTOR OR OFFICER OF TWCPC; AND THE HIRING OR APPOINTMENT AND THE DISMISSAL OF A CHIEF EXECUTIVE FOR TWCPC.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	TWCPC'S FORM 990 IS PREPARED BY THE SENIOR LEADERSHIP TEAM OF THE FINANCE AND ENTERPRISE INTEGRITY DEPARTMENTS WITH DETAILED REVIEW AND INPUT FROM THE EXECUTIVE MANAGEMENT TEAM AND PRESIDENT & CEO. THE DRAFT FORM 990 IS THEN REVIEWED BY AN INDEPENDENT, CONTRACTED CPA FIRM. THE REFINED FORM 990 IS THEN DISTRIBUTED TO THE AUDIT/COMPLIANCE AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW, INPUT, AND APPROVAL FOR FEDERAL FILING. UPON COMPLETION OF THIS REVIEW, NECESSARY REVISIONS, AND APPROVAL, THE FORM 990 IS FINALIZED, SIGNED BY THE ORGANIZATION'S PRESIDENT & CEO, AND FILED WITH THE IRS. TWCPC'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED IN HARD COPY UPON REQUEST, CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.
FORM 990, PART VI, LINE 12A - 12B, & 12C - CONFLICT OF INTEREST POLICY	A WRITTEN CONFLICT OF INTEREST POLICY CREATED AND RECOMMENDED BY THE SVP FOR ENTERPRISE INTEGRITY HAS BEEN AND APPROVED BY THE PRESIDENT AND CEO AND BOARD OF DIRECTORS. THE SVP FOR ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER WORK TOGETHER TO ENSURE IT IS REVIEWED, UPDATED IF NECESSARY, AND RENEWED ANNUALLY OR MORE FREQUENTLY WHEN NECESSARY OR APPROPRIATE. THE SVP FOR ENTERPRISE INTEGRITY, ALONG WITH THE GOVERNANCE AND CHIEF COMPLIANCE OFFICERS, ENSURE THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL GOVERNING BOARD MEMBERS ("DIRECTORS") AND OFFICERS. TOGETHER, THIS TEAM, ALONG WITH THE VP OF HUMAN RESOURCES, ENSURES THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY EXECUTIVE MANAGEMENT AND ALL STAFF, INCLUDING BUT NOT LIMITED TO KEY EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OF INTEREST OR POTENTIAL CONFLICT ARISE DURING THE YEAR AMONG DIRECTORS AND OFFICERS, THE GOVERNANCE OFFICER AND THE SVP FOR ENTERPRISE INTEGRITY ENSURE THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED TO REFLECT THE POSSIBLE CONFLICT. POTENTIAL CONFLICTS OF DIRECTORS AND OFFICERS, IF ANY, ARE FULLY DISCLOSED, VETTED BY INTERNAL COUNSEL AND THE AUDIT/COMPLIANCE COMMITTEE, AND REVIEWED BY THE BOARD WITH OUTSIDE ETHICS CONSULTATION OBTAINED WHEN APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO NEW DIRECTORS AND OFFICERS DURING BOARD ORIENTATION AND TO THE FULL BOARD ANNUALLY DURING THE REVIEW, UPDATE, AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS' AND OFFICERS' COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT/COMPLIANCE COMMITTEE OF THE BOARD AND SUPPORTED BY THE GOVERNANCE OFFICER AND SVP FOR ENTERPRISE INTEGRITY. EDUCATION ON CONFLICTS OF INTEREST, INCLUDING ANY REVISIONS TO THE CONFLICT OF INTEREST POLICY, IS PROVIDED TO NEW EMPLOYEES DURING ORIENTATION, AND ANNUALLY DURING THE PERFORMANCE REVIEW PROCESS. ADHERENCE BY STAFF TO THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH THE SUPPORTIVE OVERSIGHT OF THE VP OF HUMAN RESOURCES, THE SVP FOR ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE CO-CHAIR IS COMPENSATED BY ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), FOR THE SERVICES OF TWCGME'S PRESIDENT AND CEO, WHO IS EMPLOYED BY AND SERVES AS PRESIDENT AND CEO OF TWCCH. CONSEQUENTLY, TWCPCE DOES NOT DIRECTLY COMPENSATE THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCCH BOARDS COLLABORATIVELY DETERMINE THE RESPECTIVE CHIEF EXECUTIVE'S COMPENSATION, ENGAGING A THIRD-PARTY EXTERNAL CONSULTANT TO CONDUCT A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY GENERALLY EVERY THREE TO FIVE YEARS. DURING CONTRACT NEGOTIATIONS WITH THE PRESIDENT AND CEO, THE RELEVANT COMPONENTS OF THE STUDY ARE APPROPRIATELY AGED AND SUPPLEMENTED BY DATA FROM SOURCES SUCH AS THE AMERICAN JOB CENTER NETWORK, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS FROM THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AMONG OTHER RELEVANT REGIONAL AND NATIONAL BENCHMARKS. ANNUALLY, THE EXECUTIVE COMMITTEES COLLABORATIVELY CONDUCT A THOROUGH PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE AND THE RESPECTIVE ORGANIZATIONS, ASSESSING THE APPROPRIATENESS OF SALARY AND BENEFIT ADJUSTMENTS. THESE ADJUSTMENTS, IF MADE BETWEEN CONTRACT TERMS, ARE BENCHMARKED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE CHIEF EXECUTIVE'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE COMPENSATION DETERMINATION.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	TWCPCE'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE KEPT IN A SECURE LOCATION AND ARE AVAILABLE FOR PUBLIC INSPECTION DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE AT 501 SOUTH WASHINGTON AVENUE, SUITE 1000 IN SCRANTON, PENNSYLVANIA, 18505, AND OTHER LOCATIONS AS REQUIRED BY IRS RULES AND REGULATIONS. HARD COPIES ARE PROVIDED UPON REQUEST FOR REVIEW. TWCPCE'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE ALSO AVAILABLE ON ITS WEBSITE IN A DOWNLOADABLE FORMAT.
SCHEDULE B, PART I AND II - CONTRIBUTORS	<p>SPITZ FOUNDATION - PATIENT & COMMUNITY ENGAGEMENT - BREAKING THE CYCLE OF POVERTY (\$8,000)</p> <p>PURPOSE OF ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION, ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED FUNDS TO THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE). A SUBSIDIARY OF THE WRIGHT CENTER FOR COMMUNITY HEALTH, TWCPCE AIMS TO IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGH EDUCATION, ADVOCACY, AND PATIENT-CENTERED SERVICES THAT HELP INDIVIDUALS OVERCOME FOOD INSECURITY, HOMELESSNESS, AND OTHER FACTORS KNOWN AS THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH. FACTORS ALSO INCLUDE THINGS SUCH AS LIMITED ACCESS TO EDUCATIONAL OPPORTUNITIES AND A LACK OF FINANCIAL RESOURCES. THIS PROJECT AIMS TO HELP BREAK THE CYCLE OF POVERTY BY TACKLING FOOD INSECURITY AND TRANSPORTATION CHALLENGES FOR OUR PATIENTS AND THE COMMUNITY. DISADVANTAGED INDIVIDUALS AND FAMILIES RECEIVE SUPPORT THROUGH A FOOD DONATION PROGRAM, BUS PASSES, AND TRANSPORTATION AID TO ALLEVIATE FINANCIAL HARDSHIPS.</p> <p>BOMBAS - DONATIONS OF SOCKS TO PATIENTS FACING HARDSHIPS (\$40,000)</p> <p>PURPOSE OF ASSISTANCE: BOMBAS DONATED 10,000 PAIRS OF SOCKS TO THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE). A SUBSIDIARY OF THE WRIGHT CENTER FOR COMMUNITY HEALTH, TWCPCE AIMS TO IMPROVE THE HEALTH OF OUR COMMUNITIES THROUGH EDUCATION, ADVOCACY, AND PATIENT-CENTERED SERVICES THAT HELP INDIVIDUALS OVERCOME FOOD INSECURITY, HOMELESSNESS, AND OTHER FACTORS KNOWN AS THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH. THE SOCKS ARE BEING DISTRIBUTED TO OUR PATIENTS AND COMMUNITY MEMBERS FACING HARDSHIPS.</p>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

PATIENT ENGAGEMENT COUNCIL

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

2023

Open to Public Inspection

Employer identification number

81-3053323

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (23-2007832) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✓
(2) THE WRIGHT CENTER ALLIANCE (81-2982874) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12 TYPE I	TWCGME	✓	
(3) THE WRIGHT CENTER MEDICAL GROUP (23-2772504) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✓
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

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

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

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

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)													

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

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 20 24

2023

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 PATIENT ENGAGEMENT COUNCIL	EIN or SSN 81-3053323
Name and title of officer or person subject to tax LINDA THOMAS-HEMAK, MD, CO-CHAIR, DIRECTOR	

Part I Type of Return and Return Information

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>224,827</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS MAZARS, LLP to enter my PIN

5	3	3	2	3
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 5/14/25

Part III Certification and Authentication

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

4	3	0	3	2	9	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 *Kystra Averb* Date 05/13/2025

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

PUBLIC DISCLOSURE COPY

Form 990-T

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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 20 24

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).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 184,197; D Employer identification number 81-3053323; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

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

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

J Enter the number of attached Schedules A (Form 990-T).

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes (checked). If "Yes," enter the name and identifying number of the parent corporation: THE WRIGHT CENTER MEDICAL GROUP 23-2772504.

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

Part I Total Unrelated Business Taxable Income

Table for Part I with 11 rows. Line 11: Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. Amount: 0.

Part II Tax Computation

Table for Part II with 7 rows. Line 7: Total. Add lines 3 through 6 to line 1 or 2, whichever applies. Amount: 0.

Part III Tax and Payments

Table for Part III with 5 main rows and sub-rows (1a-1d, 3a-3e). Line 5: Current net 965 tax liability paid from Form 965-A, Part II, column (k). Amount: 0.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form 990-T (2023)

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

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

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

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

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

Part I — Identification

Type or Print File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. PATIENT ENGAGEMENT COUNCIL	Taxpayer identification number (TIN) 81-3053323
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVE, 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

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

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

- The books are in the care of ► **SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, SUITE 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.

- I request an automatic 6-month extension of time until **05/15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 20 ____ or
 - tax year beginning **07/01**, 20 **23**, and ending **06/30**, 20 **24**.
- If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

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

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a		0	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		0	
c	Tax deposited with Form 8868	6c		0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		0	
e	Backup withholding (see instructions).	6e		0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		0	
g	Elective payment election amount from Form 3800			0	
h	Payment from Form 2439	6h		0	
i	Credit from Form 4136	6i		0	
j	Other (see instructions)	6j		0	
7	Total payments. Add lines 6a through 6j	7			0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8			0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			0
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax 0 Refunded	11			0

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

1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

(SEE STATEMENT)

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 *Linda Thomas Hemker* 5/14/25 **MD, CO-CHAIR, DIRECTOR**

Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name KRYSTAL CREACH	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01248198
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260			
	Firm's address 910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523	Phone no. (417) 865-8701			

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

Return Reference	Amount	Explanation
990-T CORE FORM		
FORM 990-T, PART I, LINE 1	0	THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 2024

2023

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

PATIENT ENGAGEMENT COUNCIL

81-3053323

Name and title of officer or person subject to tax

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

Part I Type of Return and Return Information

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

1a	Form 990 check here	<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>0</u>
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS MAZARS, LLP to enter my PIN

5	3	3	2	3
---	---	---	---	---

 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 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 5/14/25

Part III Certification and Authentication

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

4	3	0	3	2	9	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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.

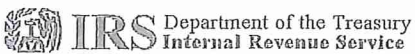
ERO's signature

Kystra Arab

Date 05/13/2025

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

IRS Tax Determination



P.O. BOX 2508
CINCINNATI OH 45201

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

00034449

BODC: TE

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



005114

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

Dear Applicant,

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

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

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

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

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

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

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

Most organizations are required to file an annual information return

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

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

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

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

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

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

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

DEPARTMENT OF THE TREASURY

Date: **APR 05 2019**

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

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

Dear Applicant:

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

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

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

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

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

Letter 947

PATIENT ENGAGEMENT COUNCIL

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

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephen A. Martin". The signature is written in a cursive style with some capital letters.

Director, Exempt Organizations
Rulings and Agreements