

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Header section A-M: For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024. Includes organization name THE WRIGHT CENTER MEDICAL GROUP, EIN 23-2772504, and principal officer LINDA THOMAS-HEMAK MD.

Part I Summary

Summary table with 22 rows. Categories include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Total revenue is 69,984,033 and total expenses is 63,689,982.

Part II Signature Block

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

Signature of officer Linda Thomas-Hemak MD, dated 5/14/25. Title: LINDA THOMAS-HEMAK, MD, PRESIDENT & CEO.

Paid Preparer Use Only section: Preparer KRISTAL CREACH, Firm FORVIS MAZARS, LLP, EIN 44-0160260.

May the IRS discuss this return with the preparer shown above? See instructions. [X] 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](http://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](http://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. <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Taxpayer identification number (TIN) <b>23-2772504</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>501 S. WASHINGTON AVENUE, 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SCRANTON, PA 18505</b>	

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

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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 [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] 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 \$ 30,162,960 including grants of \$ 0 ) (Revenue \$ 61,256,740 )

CLINICAL SERVICES:

A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) DESIGNATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LOOK-ALIKE), THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) SUBMITTED ITS REQUIRED ANNUAL UNIFORM DATA SYSTEM REPORTS PROVIDING THE IMPACT METRICS OF TWCCH'S PATIENT-CENTERED MEDICAL HOME PROVISION OF FULLY-INTEGRATED AND COMPREHENSIVE WHOLE-PERSON NON-DISCRIMINATORY PRIMARY HEALTH SERVICES, REGARDLESS OF ZIP CODE, INSURANCE STATUS, OR ABILITY TO PAY. DURING THE COVERED PERIOD, TWCCH SERVED 36,734 UNIQUE PATIENTS AND ENGAGED IN 132,909 TOTAL BILLABLE VISITS BETWEEN JULY 2023 AND JUNE 2024, WHICH INCLUDED 85,294 MEDICAL VISITS, 14,443 BEHAVIORAL HEALTH VISITS, 13,696 DENTAL VISITS, AND 19,476 INPATIENT HOSPITAL VISITS.

(CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 17,511,451 including grants of \$ 0 ) (Revenue \$ 0 )

340B DRUG PRICING PROGRAM:

TO FURTHER ENHANCE OUR HIGH INTEGRITY REINVESTMENT OF 340B RESOURCES INTO SERVICE DELIVERY FOR PATIENTS AND FAMILIES, TWCCH BEGAN ITS RE-ASSESSMENT OF THE INTENTIONAL ALLOCATION OF 340B REVENUES. AS A LONG-STANDING PARTICIPANT IN THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES 340B DRUG PRICING PROGRAM AS A RYAN WHITE PROGRAM HRSA GRANTEE AND TITLE X SERVICE PROVIDER, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) HAS CONSISTENTLY PRIORITIZED AFFORDABLE ACCESS TO MEDICATION. HOWEVER, WITH ITS DESIGNATION AS A FQHC LOOK-ALIKE EFFECTIVE JUNE 1, 2019, TWCCH EXPANDED ITS 340B PARTICIPATION ACROSS PRIMARY CARE, ENHANCING AND ENRICHING THE NON-DISCRIMINATORY WHOLE-PERSON PRIMARY HEALTH SERVICES WE PROVIDE. THIS CRITICALLY IMPORTANT FEDERAL PROGRAM ENABLES ELIGIBLE HEALTHCARE PROVIDERS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT REDUCED PRICES FROM PHARMACEUTICAL MANUFACTURERS.

(CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 5,361,893 including grants of \$ 1,071,894 ) (Revenue \$ 0 )

GRANT PROGRAMS:

THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) IS A FQHC LOOK-ALIKE, NON-PROFIT, TAX-EXEMPT 501(C)(3) TEACHING HEALTH CENTER THAT PASSIONATELY APPLIES FOR MISSION-ALIGNED AND MISSION-AMPLIFYING FEDERAL, STATE, LOCAL, AND PHILANTHROPIC AGENCIES' GRANT FUNDING INITIATIVES AS NEEDED AND APPROPRIATE TO ENSURE, ACCELERATE, AND FURTHER THE DELIVERY OF TWCCH'S 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.

(CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 111,742 including grants of \$ 126,000 ) (Revenue \$ 542,445 )

4e Total program service expenses 53,148,046

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> 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"/>
<b>6</b> 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"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> 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"/>
<b>12a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> 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"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<b>22</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>23</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>24a</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>32</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>33</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37</b> 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	393		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	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"/>
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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>7b</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"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</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? . . . . .		
<b>11a</b>	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>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	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"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</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. . . . .		
<b>16a</b>	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>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
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 PRESIDENT & CEO / PHYSICIAN	40.0 15.0			✓			690,418	230,139	44,676	
(2) JIGNESH SHETH, MD CMO / PHYSICIAN	40.0 15.0			✓			438,126	146,042	44,676	
(3) JUMEE BAROOAH, MD PHYSICIAN	20.0 35.0					✓	192,957	343,035	40,211	
(4) VINOD SHARMA, MD PHYSICIAN	25.0 30.0					✓	199,275	199,275	42,142	
(5) MARY LOUISE DECKER, MD MEDICAL DIRECTOR / PHYSICIAN	55.0 0.0					✓	381,642	0	28,264	
(6) WILLIAM DEMPSEY, MD DCMO / PHYSICIAN	45.0 10.0					✓	291,945	51,520	39,699	
(7) JENNIFER WALSH, ESQ FORMER SVP ENT COMP INTEG	0.0 55.0					✓	0	330,781	31,621	
(8) RONALD DANIELS, CPA CFO END 08/23; CAO BEG 08/23	0.0 55.0			✓			0	327,347	32,749	
(9) ENRIQUE SAMONTE, MD PHYSICIAN	50.0 5.0					✓	280,727	34,697	38,081	
(10) TIMOTHY BURKE, DO PHYSICIAN	35.0 20.0					✓	194,581	114,278	40,478	
(11) MAUREEN LITCHMAN, MD MEDICAL DIRECTOR / PHYSICIAN	40.0 15.0					✓	223,463	95,770	28,516	
(12) ERIN MCFADDEN, MD DCMO, MEDICAL DIRECTOR/PHYSICIAN	55.0 0.0					✓	300,263	0	34,753	
(13) DOUGLAS KLAMP, MD PHYSICIAN	40.0 15.0					✓	202,117	86,621	39,761	
(14) ALBERTO MARANTE, MD DIRECTOR PEDIATRIC PUBLIC HEALTH	50.0 5.0					✓	253,809	19,104	35,640	

**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) SANDRA YASTREMSKI, CPA CFO BEG 08/23	0.0 55.0			✓				0 220,382	28,082	
(16) MANJU THOMAS, MD DCMO / MED DIRECTOR	45.0 10.0				✓		167,359	44,488	17,772	
(17) JOSHUA BRADDELL, CRNP MEDICAL DIRECTOR	55.0 0.0				✓		175,333	0	29,537	
(18) CATHERINE GENCO TREASURER END 04/24	5.0 1.0	✓		✓			0	0	0	
(19) DEBORAH KOLSOVSKY VICE CHAIR END 06/24; CHAIRMAN BEG 06/24	5.0 0.0	✓		✓			0	0	0	
(20) GERARD GEOFFROY CHAIRMAN END 06/24; IMMEDIATE PAST CHAIR BEG 06/24	5.0 2.0	✓		✓			0	0	0	
(21) KEN OKREPKIE TREASURER BEG 06/24	5.0 0.0	✓		✓			0	0	0	
(22) MARY MARRARA SECRETARY	5.0 2.0	✓		✓			0	0	0	
(23) RICHARD KREBS VICE CHAIR BEG 06/24	5.0 0.0	✓		✓			0	0	0	
(24) ELLEN WALKO DIRECTOR	1.0 1.0	✓					0	0	0	
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>							3,992,015	2,243,479	596,658	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							3,992,015	2,243,479	596,658	

**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 55

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

**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
SORDONI CONSTRUCTION SERVICES, INC, 45 OWEN STREET, FORTY FORT, PA 18704	PROFESSIONAL FEES	2,880,011
COASTAL CALLNET, 1908 EASTWOOD ROAD, SUITE 330, WILMINGTON, NC 28403	PROFESSIONAL FEES	707,619
FORVIS, LLP, 910 E ST LOUIS STREET, SPRINGFIELD, MO 65806	PROFESSIONAL FEES	698,177
COMMUNITY COMPUTER SERVICE, INC, 15 HULBERT STREET, PO BOX 980, AUBURN, NY 13021	PROFESSIONAL FEES	318,605
IMAGINE MEDICAL GROUP P.A., 3939 WEST RIDGE ROAD, SUITE A100, ERIE, PA 16506	PROFESSIONAL FEES	279,376
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	9	

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	1,381,406				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	1,192,606				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	4,233,760				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	360,258				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 29,549				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		7,168,030				
	<b>Program Service Revenue</b>	<b>2a</b>	NET PATIENT SERVICES REVENUE	Business Code	621400	56,924,959	56,924,959	
<b>b</b>		TEACHING REVENUE		621400	4,331,781	4,331,781		
<b>c</b>		OTHER PROGRAM SERVICE REVENUE		621400	542,445	542,445		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .			0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			61,799,185			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			816,452		816,452	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	(i) Real	6a	19,507			
			(ii) Personal	6b				
				6c	19,507	0		
	<b>d</b>	Net rental income or (loss) . . . . .			19,507		19,507	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	7a				
			(ii) Other	7b				
				7c	0	0		
	<b>d</b>	Net gain or (loss) . . . . .						
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a				
				8b				
				8c				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		9a					
			9b					
			9c					
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		10a					
			10b					
			10c					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS REVENUE	Business Code	900099	148,522		148,522	
	<b>b</b>	PURCHASE DISCOUNTS		900099	32,337		32,337	
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .			0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			180,859			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			69,984,033	61,799,185	0	1,016,818	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	475,297	475,297		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	722,597	722,597		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,173,085	2,658,528	514,557	
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	21,678,399	17,064,564	4,613,835	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,449,612	1,091,525	358,087	
<b>9</b>	Other employee benefits . . . . .	2,349,946	1,689,748	660,198	
<b>10</b>	Payroll taxes . . . . .	1,627,345	1,238,493	388,852	
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	3,443,171	3,443,171		
<b>b</b>	Legal . . . . .	6,198	6,198		
<b>c</b>	Accounting . . . . .	153,489		153,489	
<b>d</b>	Lobbying . . . . .	69,198		69,198	
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	1,568,575	720,743	847,832	0
<b>12</b>	Advertising and promotion . . . . .	171,478	167,761	3,717	
<b>13</b>	Office expenses . . . . .	411,918	357,873	54,045	
<b>14</b>	Information technology . . . . .	328,853	248,004	80,849	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,733,302	1,256,797	476,505	
<b>17</b>	Travel . . . . .	37,974	37,059	915	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings . . . . .	80,365	65,476	14,889	
<b>20</b>	Interest . . . . .	166,701	125,559	41,142	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	692,639	692,639		
<b>23</b>	Insurance . . . . .	578,469	483,221	95,248	
<b>24</b>	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.)				
<b>a</b>	<u>MEDICATION EXPENSE</u> . . . . .	12,714,794	12,714,794		
<b>b</b>	<u>ADMINISTRATION &amp; SUPPORT</u> . . . . .	6,057,066	4,438,168	1,618,898	
<b>c</b>	<u>DIRECT MEDICAL EXPENSE</u> . . . . .	3,136,334	2,935,464	200,870	
<b>d</b>	<u>REPAIRS &amp; MAINTENANCE</u> . . . . .	616,237	307,013	309,224	
<b>e</b>	All other expenses . . . . .	246,940	207,354	39,586	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	63,689,982	53,148,046	10,541,936	0
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,250	<b>1</b>	1,400
	<b>2</b> Savings and temporary cash investments . . . . .	14,983,188	<b>2</b>	13,072,901
	<b>3</b> Pledges and grants receivable, net . . . . .	3,821,627	<b>3</b>	3,259,293
	<b>4</b> Accounts receivable, net . . . . .	6,451,187	<b>4</b>	7,236,946
	<b>5</b> 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 . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	6,284,150	<b>7</b>	6,284,150
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	23,477	<b>9</b>	79,849
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 17,336,679		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 3,649,793	9,512,134	<b>10c</b> 13,686,886
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,811,837	<b>15</b>	3,468,254
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	44,888,850	<b>16</b>	47,089,679	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,344,967	<b>17</b>	3,856,787
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	151,455	<b>19</b>	63,444
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,589,357	<b>23</b>	1,287,635
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	7,145,621	<b>25</b>	4,930,312
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	14,231,400	<b>26</b>	10,138,178
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	30,609,362	<b>27</b>	36,389,825
	<b>28</b> Net assets with donor restrictions . . . . .	48,088	<b>28</b>	561,676
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	30,657,450	<b>32</b>	36,951,501
<b>33</b> Total liabilities and net assets/fund balances . . . . .	44,888,850	<b>33</b>	47,089,679	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	69,984,033
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	63,689,982
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,294,051
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,657,450
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	36,951,501

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	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.	✓	
<b>3a</b>	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>b</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.	✓	

**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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) JOSEPH MARINELLI, RPH, MBA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) KIM HERITSCKO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) LEE ANN ESCHBACH, PHD ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(28) LEWIS MARCUS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) MARY ANN CHINDEMI, RN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) MARY KLEM ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) MELISSA SIMRELL ----- DIRECTOR END 02/24	1.0 ----- 1.0	✓						0	0	0
(32) PATRICIA DESOUZA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) PEDRO ANES ----- DIRECTOR	1.0 ----- 1.0	✓						0	0	0
(34) ROBERT NEARY ----- DIRECTOR BEG 06/24	1.0 ----- 0.0	✓						0	0	0
(35) TRACY HUNT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,016,717	8,092,274	7,402,844	7,899,796	7,168,030	38,579,661
<b>2</b> 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 . . . .	26,424,414	44,801,585	50,829,701	56,601,639	61,799,185	240,456,524
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	34,441,131	52,893,859	58,232,545	64,501,435	68,967,215	279,036,185
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						279,036,185

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . . .	34,441,131	52,893,859	58,232,545	64,501,435	68,967,215	279,036,185
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	181,950	62,936	63,058	212,320	835,959	1,356,223
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	181,950	62,936	63,058	212,320	835,959	1,356,223
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	13,275	92,706	66,659	135,317	180,859	488,816
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	34,636,356	53,049,501	58,362,262	64,849,072	69,984,033	280,881,224
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	99.34 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.56 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00 %
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.28 %
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>20 Private foundation.</b> 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		

**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.

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

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> 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 III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER INCOME	13,275	92,706	66,659	135,317	180,859	488,816

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 THE WRIGHT CENTER MEDICAL GROUP

Employer identification number 23-2772504

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

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

Special Rules

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

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

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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	----- ----- -----	\$ ----- 9,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 92,938	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 6,316	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ ----- 31,082	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ ----- 21,207	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 22,419	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 14,397	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 333,333	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ ----- 434,664	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ ----- 120,391	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ ----- 52,097	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ ----- 907,617	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ ----- 28,723	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ ----- 29,549	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ ----- 105,457	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ ----- 863	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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
19	----- ----- -----	\$ ----- 40,826	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ ----- 444,611	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ ----- 18,059	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ ----- 249,086	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ ----- 262,564	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ ----- 28,927	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ ----- 125,568	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ ----- 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ ----- 21,765	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ ----- 17,597	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ ----- 148,400	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ ----- 91,667	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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
31	----- ----- -----	\$ ----- 105,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 39,420	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 43,742	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 63,769	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 43,109	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 138,910	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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
37	----- ----- -----	\$ ----- 48,040	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ ----- 101,700	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ ----- 6,454	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ ----- 195,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ ----- 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ ----- 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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
43	----- ----- -----	\$ 8,244	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ 2,619	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ 1,192,606	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ 1,381,406	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ 12,888	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ 60,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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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
16	MEDICAL SUPPLIES ----- ----- -----	\$ 29,549	04/25/2024 -----
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----

Name of organization <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Employer identification number <b>23-2772504</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	69,198													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	69,198													
<b>d</b>	Other exempt purpose expenditures . . . . .	53,148,046													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	53,217,244													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	58,728	47,073	61,859	69,198	236,858
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

**Part IV Supplemental Information**

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

SEE NEXT PAGE

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Part IV

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART IV - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES</p>	<p>TWCCH ENGAGED COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR MISSION-ALIGNED FEDERAL AND STATE PUBLIC HEALTH IMPROVEMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS, LOOK-ALIKES, THE 340B DRUG PRICING PROGRAM, AND THE NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"), AND OTHER FEDERAL AND STATE PUBLIC HEALTH PROGRAMS. TWCCH PAID COZEN O'CONNOR \$45,000 AND ERG PARTNERS \$18,000 FOR THESE SERVICES, AMOUNTS THAT ARE INCLUDED IN THE TOTAL REFLECTED ON TWCCH'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, THREE MAIN PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATORS TO ADVOCATE FOR APPROPRIATIONS FOR MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC MISSION-ALIGNED PRIMARY CARE AND PUBLIC-HEALTH SERVICES AND WORKFORCE DEVELOPMENT-ORIENTED LEGISLATION. MOREOVER, DURING THE 2023-2024 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT &amp; CEO, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCCH DIRECTLY SPENT \$67,948 ON REPORTABLE LOBBYING ACTIVITIES.</p> <p>TWCCH ALSO PAID \$1,250 TO THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC) SPECIFICALLY TO SUPPORT PACHC'S OUTSIDE LOBBYING AND ADVOCACY EFFORTS THROUGH THE BRAVO GROUP TO PROMOTE PRIMARY CARE AND PUBLIC HEALTH INITIATIVES AND LEGISLATION.</p> <p>TWCGME ALSO ENGAGED THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM, AND OTHER FEDERAL AND STATE PUBLIC HEALTH AND HEALTHCARE WORKFORCE DEVELOPMENT PROGRAMS. TWCGME PAID COZEN O'CONNOR \$45,000 AND ERG PARTNERS \$18,000 FOR THESE SERVICES, AMOUNTS THAT ARE INCLUDED IN THE TOTAL REFLECTED ON TWCGME'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, THREE MAIN PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATORS TO ADVOCATE FOR APPROPRIATIONS FOR MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC MISSION-ALIGNED PRIMARY CARE AND PUBLIC-HEALTH SERVICES AND WORKFORCE DEVELOPMENT-ORIENTED LEGISLATION. MOREOVER, DURING THE 2023-2024 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCGME'S PRESIDENT &amp; CEO AND A CHIEF RESIDENT AND RESIDENT LEADER OF ADVOCACY, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCGME DIRECTLY SPENT \$66,134 ON REPORTABLE LOBBYING ACTIVITIES.</p> <p>ADDITIONALLY, TWCGME IS A CORPORATE MEMBER OF THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), A 501(C)(6) TAX EXEMPT ENTITY. DURING THE REPORTING PERIOD, \$33,000 OF DUES PAID TO AATHC WAS DEDICATED TO REPORTABLE LOBBYING ACTIVITIES, INCLUDING THE ENGAGEMENT OF ARENTFOX SCHIFF.</p>

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: THE WRIGHT CENTER MEDICAL GROUP; Employer identification number: 23-2772504

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 rows for questions about conservation easements, 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 rows for reporting revenue and assets related to art and historical treasures.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

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

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

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

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

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

**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
<b>1a</b> Land		172,800		172,800
<b>b</b> Buildings		12,757,324	2,363,091	10,394,233
<b>c</b> Leasehold improvements		400,743	329,011	71,732
<b>d</b> Equipment		1,623,576	957,691	665,885
<b>e</b> Other		2,382,236		2,382,236
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				13,686,886

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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) ROU - LEASE ASSET	3,315,594
(2) DUE FROM THIRD-PARTY PAYORS	152,660
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	3,468,254

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO RELATED PARTY	1,679,224
(3) ROU - LEASE LIABILITY	3,251,088
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	4,930,312

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 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	NET ASSETS RELEASED FROM RESTRICTION	48,088
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	TEMPORARILY RESTRICTED CONTRIBUTIONS	561,676

**Part XIII**

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	23-1856766	501(C)(3)	160,538				SEE PART IV
(2) (SEE STATEMENT)	25-1562285	501(C)(3)	13,389				SEE PART IV
(3) (SEE STATEMENT)	87-4287656	501(C)(3)	7,500				SEE PART IV
(4) (SEE STATEMENT)	24-6000376		58,240				SEE PART IV
(5) (SEE STATEMENT)	23-2007832	501(C)(3)	126,000				SEE PART IV
(6) (SEE STATEMENT)	81-2982874	501(C)(3)	109,630				SEE PART IV
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 6

3 Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023



Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH COMPREHENSIVE GRANTS SUBMISSIONS, POST-AWARD MANAGEMENT AND OUTCOMES REPORTING, AND COMPLIANCE PROCESSES. APPROPRIATE MONITORING OF GRANT-RELATED ACTIVITIES IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. THE GRANTS DEPARTMENT ALSO EMPLOYS A RIGOROUS VETTING MATRIX TO EVALUATE COMMUNITY BENEFIT IMPACT POTENTIAL GRANT OPPORTUNITIES, ENSURING MISSION ALIGNMENT, FEASIBILITY, LOGISTICAL SUITABILITY, ACHIEVABILITY, AND LONG-TERM SUSTAINABILITY. UTILIZING STRATEGIC LOGIC MODELS, STAGE-GATE ANALYSIS, AND COMPREHENSIVE PROJECT PLANNING AND MANAGEMENT, WE MAP ESSENTIAL COLLABORATIVE PARTNERSHIPS, OPERATIONAL WORKFLOWS AND FINANCIAL PROJECTIONS TO OPTIMIZE STANDARDIZED INTEGRATION AND LONG-TERM SUSTAINABILITY OF GRANT-RELATED ACTIVITIES. THIS APPROACH GUARANTEES FEASIBILITY, READINESS, AND THE REALIZATION OF OUR COMMITMENT TO THE RESPONSIBLE AND ETHICAL STEWARDSHIP OF PUBLIC AND PRIVATE GRANT RESOURCES. IN APRIL 2021, THE GRANTS DEPARTMENT ESTABLISHED A DEDICATED PROJECT MANAGEMENT OFFICE TO STREAMLINE SPONSORED PROJECT IMPLEMENTATION, MONITORING, AND COMPLIANCE. LEVERAGING PROJECT MANAGEMENT SOFTWARE, THE OFFICE PROVIDES COMPREHENSIVE TRACKING, DASHBOARD VISUALIZATIONS OF GRANT PROCESSES AND OUTCOME METRICS, AND CENTRALIZED EXPENSE MANAGEMENT. TWCGME CONSISTENTLY ADHERES TO ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPIC REPORTING REQUIREMENTS ACROSS ITS GRANT PORTFOLIO.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	MATERNAL & FAMILY HEALTH SERVICES 15 PUBLIC SQUARE, SUITE 600, WILKES-BARRE, PA 18701
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	OUTREACH CENTER FOR COMMUNITY RESOURCES 431 NORTH SEVENTH AVENUE, SCRANTON, PA 18503
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT 169 NORTH PENNSYLVANIA BOULEVARD, WILKES-BARRE, PA 18701
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE PENNSYLVANIA STATE UNIVERSITY 227 WEST BEAVER AVENUE, STATE COLLEGE, PA 16801
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PATIENT ENGAGEMENT COUNCIL 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE	<p>MATERNAL AND FAMILY HEALTH SERVICES - \$160,538 PURPOSE: PROVIDES PERSONNEL AND SUPPORT FOR THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM AND OPIOID SUPPORT PROGRAMS UNDER THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS, AND THE UNITED STATES HEALTH RESOURCES AND SERVICES ADMINISTRATION RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - IMPLEMENTATION.</p> <p>OUTREACH CENTER FOR COMMUNITY RESOURCES - \$13,389 PURPOSE: PROVIDES PERSONNEL AND SUPPORT FOR THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM AND OPIOID SUPPORT PROGRAMS UNDER THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS.</p> <p>THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT (THE INSTITUTE) - \$7,500 PURPOSE: SPONSORSHIP OF NORTHEAST PENNSYLVANIA REGION INDICATORS EVENT WITH AN ACADEMIC PARTNER.</p> <p>THE PENNSYLVANIA STATE UNIVERSITY - \$58,240 PURPOSE: HEALTH RESOURCES AND SERVICES ADMINISTRATION FUNDS WERE PASSED THROUGH TO PENNSYLVANIA STATE UNIVERSITY (PENN STATE) COLLEGE OF MEDICINE VIA A SUBAWARD. PENN STATE PROJECT EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES (PROJECT ECHO) IS WORKING WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH TO RUN A 3-COHORT ECHO SERIES, PROVIDING EDUCATIONAL TRAINING FOR RURAL CONSORTIUM MEMBERS OVER THE 3-YEAR GRANT PERIOD FROM 2023 TO 2026. THE GOAL IS TO REDUCE THE INCIDENCE AND IMPACT OF NEONATAL ABSTINENCE SYNDROME IN RURAL COMMUNITIES BY IMPROVING SYSTEMS OF CARE, FAMILY SUPPORT, AND NON-MEDICAL FACTORS THAT AFFECT HEALTH, AND ULTIMATELY INCREASING PRACTITIONERS' KNOWLEDGE OF THE PREVENTION AND TREATMENT OF NEONATAL ABSTINENCE SYNDROME.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - \$126,000  PURPOSE: THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) RESPONSIBLY COMPENSATED THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION TO FACILITATE LEASEHOLD IMPROVEMENTS FOR TWCCH'S BENEFIT AT THE CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA, IN COMPLIANCE WITH REQUIREMENTS RELATED TO THE UNITED STATES NEW MARKETS TAX CREDIT PROJECT AT THAT LOCATION.</p> <p>PATIENT AND COMMUNITY ENGAGEMENT - \$109,630  PURPOSE: THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) PROVIDED FUNDS TO THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPC) 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. TWCPC 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. THE SOURCE OF THE FUNDING PROVIDED BY TWCCH TO TWCPC WAS A SHARED SAVINGS PAYMENT TWCCH RECEIVED AS A PARTICIPATING PROVIDER IN A MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO). THIS PAYMENT RECOGNIZED TWCCH'S CONTRIBUTION TO ACHIEVING COST SAVINGS AND MEETING QUALITY PERFORMANCE STANDARDS FOR MEDICARE BENEFICIARIES WITHIN THE ACO.</p>
<p>SCHEDULE I, PART III, COLUMN (A) - TYPE OF GRANT OR ASSISTANCE</p>	<p>THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) PROVIDED ASSISTANCE TO 338 INDIVIDUALS AS SUBRECIPIENTS OF A GRANT RECEIVED FROM THE UNITED WAY OF WYOMING VALLEY, WITH FUNDING UNDER THE RYAN WHITE COMPREHENSIVE AIDS RESOURCES EMERGENCY ACT.</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK, MD PRESIDENT & CEO / PHYSICIAN	(i)	597,962	75,000	17,456	19,800	13,707	723,925	0
	(ii)	199,320	25,000	5,819	6,600	4,569	241,308	0
2 JIGNESH SHETH, MD CMO / PHYSICIAN	(i)	400,663	20,453	17,010	19,800	13,707	471,633	0
	(ii)	133,554	6,818	5,670	6,600	4,569	157,211	0
3 JUMEE BAROOAH, MD PHYSICIAN	(i)	175,855	8,905	8,197	9,504	4,972	207,433	0
	(ii)	312,631	15,831	14,573	16,896	8,839	368,770	0
4 VINOD SHARMA, MD PHYSICIAN	(i)	178,514	9,430	11,331	13,200	7,871	220,346	0
	(ii)	178,514	9,430	11,331	13,200	7,871	220,346	0
5 MARY LOUISE DECKER, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	327,694	30,674	23,274	26,079	2,185	409,906	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM DEMPSEY, MD DCMO / PHYSICIAN	(i)	264,617	6,260	21,068	21,576	12,168	325,689	0
	(ii)	46,697	1,105	3,718	3,808	2,147	57,475	0
7 JENNIFER WALSH, ESQ FORMER SVP ENT COMP INTEG	(i)	0	0	0	0	0	0	0
	(ii)	294,017	13,850	22,914	23,674	7,947	362,402	0
8 RONALD DANIELS, CPA CFO END 08/23; CAO BEG 08/23	(i)	0	0	0	0	0	0	0
	(ii)	288,536	14,025	24,786	23,357	9,392	360,096	0
9 ENRIQUE SAMONTE, MD PHYSICIAN	(i)	247,205	12,440	21,082	20,356	13,536	314,619	0
	(ii)	30,554	1,537	2,606	2,516	1,673	38,886	0
10 TIMOTHY BURKE, DO PHYSICIAN	(i)	171,337	8,808	14,436	14,018	11,483	220,082	0
	(ii)	100,627	5,173	8,478	8,233	6,744	129,255	0
11 MAUREEN LITCHMAN, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	196,370	9,743	17,350	15,938	4,023	243,424	0
	(ii)	84,159	4,175	7,436	6,831	1,724	104,325	0
12 ERIN MCFADDEN, MD DCMO, MEDICAL DIRECTOR/PHYSICIAN	(i)	265,942	11,641	22,680	21,508	13,245	335,016	0
	(ii)	0	0	0	0	0	0	0
13 DOUGLAS KLAMP, MD PHYSICIAN	(i)	192,341	8,944	832	15,456	12,377	229,950	0
	(ii)	82,432	3,833	356	6,624	5,304	98,549	0
14 ALBERTO MARANTE, MD DIRECTOR PEDIATRIC PUBLIC HEALTH	(i)	251,683	0	2,126	20,431	12,714	286,954	0
	(ii)	18,944	0	160	1,538	957	21,599	0
15 SANDRA YASTREMSKI, CPA CFO BEG 08/23 (SEE STATEMENT)	(i)	0	0	0	0	0	0	0
	(ii)	188,385	9,174	22,823	15,390	12,692	248,464	0
16	(i)							
	(ii)							

**Part II**

**Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<sup>(16)</sup> MANJU THOMAS, MD DCMO / MED DIRECTOR	(i)	159,145	7,904	310	12,485	1,555	181,399	0
	(ii)	42,305	2,101	82	3,319	413	48,220	0
<sup>(17)</sup> JOSHUA BRADDELL, CRNP MEDICAL DIRECTOR	(i)	144,880	7,953	22,500	11,861	17,676	204,870	0
	(ii)	0	0	0	0	0	0	0

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>TWCCH CONTRACTS .25 FTE OF ITS PRESIDENT AND CEO TO TWCGME TO PERFORM THE ROLE AS PRESIDENT AND CEO OF TWCGME. THE EXECUTIVE COMMITTEE OF THE TWCCH BOARD LEADS THE PROCESS FOR DETERMINING THE COMPENSATION OF THE WRIGHT CENTER FOR COMMUNITY HEALTH'S (TWCCH) PRESIDENT &amp; CEO, 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 OFFICER'S PERFORMANCE FOR EACH ORGANIZATION, 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 OFFICER'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>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>SUBJECT TO BOARD APPROVAL AND FINANCIAL FEASIBILITY, ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS, CONTINGENT UPON SUCCESSFUL PERFORMANCE EVALUATIONS. ELIGIBILITY REQUIRES ADHERENCE TO SPECIFIC CRITERIA, INCLUDING ACTIVE PARTICIPATION IN TWCCH'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT PROGRAM, THE SAFE EVENT REPORTING SYSTEM, AND MEANINGFUL COMMUNITY VOLUNTEER SERVICE OBLIGATIONS. UPON BOARD APPROVAL AND DETERMINATION OF AFFORDABILITY, MERIT-BASED BONUS PAYMENTS ARE CALCULATED BASED ON INDIVIDUAL JOB PERFORMANCE SCORES FROM THE EVALUATION PROCESS. EMPLOYEES ON PROBATIONARY STATUS OR THOSE WHO HAVE RESIGNED ARE INELIGIBLE. THE ELIGIBILITY OF EMPLOYEES ON A PERFORMANCE IMPROVEMENT PLAN IS DETERMINED AT THE DISCRETION OF THEIR DIRECT SUPERVISOR. FOR THE 2023-2024 INCENTIVE PLAN, PERFORMANCE BONUSES RANGED FROM 0% TO 7% OF BASE SALARY. WHILE THE TOTAL BONUS POOL WAS BUDGETED AND BOARD-APPROVED AT 5% OF PAYROLL, ACTUAL BONUS PAYOUTS REMAINED BELOW THE BUDGETED AMOUNT.</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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

Employer identification number

23-2772504

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	✓	1	29,549	MARKET VALUE
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		

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 20 - COLUMN (B) - NUMBER OF CONTRIBUTIONS	THE NUMBERS ENTERED IN COLUMN B REPRESENT THE NUMBER OF DONORS WHO CONTRIBUTED THESE ITEMS DURING THE YEAR.

**SCHEDULE O  
(Form 990)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the Organization  
**THE WRIGHT CENTER MEDICAL GROUP**

Employer Identification Number  
**23-2772504**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	<p>THE WRIGHT CENTER MEDICAL GROUP D/B/A THE WRIGHT CENTER FOR COMMUNITY HEALTH EDUCATION (TWCCH) AND ITS PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), 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 DELIVERS COMPREHENSIVE, NON-DISCRIMINATORY, WHOLE-PERSON PRIMARY HEALTH SERVICES IN A PATIENT CENTERED MEDICAL HOME (PCMH) CARE DELIVERY FRAMEWORK FOR PATIENTS AND FAMILIES, REGARDLESS OF THEIR ABILITY TO PAY OR ZIP CODE, WHILE EDUCATING THE CURRENT AND FUTURE PHYSICIAN AND INTERPROFESSIONAL HEALTH CARE WORKFORCE. OUR COMPREHENSIVE, INTEGRATED PRIMARY HEALTH SERVICES ACROSS THE LIFESPAN, FROM PEDIATRICS TO GERIATRICS, INCLUDE MEDICAL, WOMEN'S HEALTH, GENERAL DENTAL, MENTAL AND BEHAVIORAL, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY, INFECTIOUS DISEASE, RYAN WHITE PRIMARY AND SECONDARY PREVENTION AND TREATMENT OF HIV, AS WELL AS RHEUMATOLOGICAL, NUTRITIONAL, AND LIFESTYLE MEDICINE SERVICES. ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION ACTIVITIES ALLOW TWCCH TO EXPAND NON-DISCRIMINATORY ACCESS FOR PATIENTS AND INTERPROFESSIONAL LEARNERS TO PARTNERING SPECIALTY PROVIDERS. AS AN ESSENTIAL COMMUNITY PROVIDER, TWCCH AND ITS PRIMARY AFFILIATE, TWCGME, 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. OUR NICHE IS WORLD-CLASS, INNOVATIVE, RESPONSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL THROUGH COMMUNITY-CENTRIC, INCUMBENT AND FUTURE WORKFORCE RENEWAL. INSPIRED BY THE EMPOWERING COMMUNITY AND PATIENT GOVERNANCE AND FOCUS OF THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) FEDERALLY QUALIFIED HEALTH CENTER (FQHC AND FQHC LOOK-ALIKE) FRAMEWORK, AS WELL AS ITS TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM, OUR GME-SNC MODEL EMBRACING COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PRIMARY CARE WORKFORCE DEVELOPMENT PLATFORMS IS A POTENTIAL SOLUTION FOR INDIVIDUAL COMMUNITY HEALTH CENTER WORKFORCE RECRUITMENT AND RETENTION, AND A MEANS OF ADDRESSING OUR NATIONAL PRIMARY CARE WORKFORCE SHORTAGE, MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTH CARE SERVICES, AND HEALTH CARE CAREER ACCESS NEEDS AND CHALLENGES. PROMOTING A CULTURE OF UNIFYING PARTICIPATORY CITIZENSHIP AND SHARED LEARNING FOR BOARD, CLINICAL CARE TEAMS, STAFF, PATIENTS, AND COMMUNITY-BASED INTERPROFESSIONAL HEALTH CARE LEARNERS, WHILE STIMULATING AND LEVERAGING EACH STAKEHOLDER GROUP'S MEANINGFUL CONTRIBUTIONS TO CONTINUOUS IMPROVEMENTS IN INTERNAL AND PARTNERING CARE DELIVERY AND WORKFORCE DEVELOPMENT SYSTEMS, THE GME-SNC'S COLLECTIVE IMPACT DELIVERS AND ENRICHES TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION FOR HEALTH CENTERS, AFFILIATED ORGANIZATIONS, AND LARGER COMMUNITIES SERVED.</p>
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	<p>THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND ITS PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), 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. THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) WAS ORIGINALLY INCORPORATED IN 1994 AS THE WRIGHT CENTER MEDICAL GROUP, PC, A TAX-EXEMPT PROFESSIONAL CORPORATION (PC), TO BE THE AMBULATORY PRIMARY CARE PRACTICE PLAN AFFILIATED WITH THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). FOUNDED WITH A \$1 MILLION U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES BUREAU OF MANPOWER GRANT IN 1976, TWCGME IS A NON-PROFIT ACGME-ACCREDITED SPONSORING INSTITUTION AND THE FOUNDING EDUCATIONAL MEMBER OF A TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (THC GME-SNC). TWCGME INTEGRATES FEDERAL GME FUNDING FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TEACHING HEALTH CENTER (THC) PROGRAM, THE VETERANS ADMINISTRATION (VA), AND ACUTE INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) HOSPITALS AND INPATIENT REHABILITATION FACILITIES (IRFS) FUNDED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS).</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION</p>	<p>IN 2018, THE WRIGHT CENTER MEDICAL GROUP, PC, UNDERWENT A STRATEGIC GOVERNANCE TRANSFORMATION, FIRST CONVERTING TO A PENNSYLVANIA NON-PROFIT CORPORATION AND SUBSEQUENTLY EVOLVING INTO AN AUTONOMOUS, COMMUNITY AND PATIENT GOVERNED INDEPENDENT 501(C)(3) ENTITY. THIS PIVOTAL SHIFT POSITIONED THE ORGANIZATION TO PURSUE AND SUCCESSFULLY ACHIEVE FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LOOK-ALIKE) DESIGNATION FROM HRSA, EFFECTIVE JUNE 1, 2019. THIS REMARKABLE GOVERNANCE TRANSITION WAS DRIVEN BY THE MISSION-FOCUSED, UNANIMOUS DECISION OF PHYSICIAN AND NON-PHYSICIAN PRIMARY CARE PROVIDER STAKEHOLDERS, THEN SERVING AS BOARD MEMBERS, TO VALIDATE COMMUNITY OWNERSHIP THROUGH RELINQUISHMENT OF THEIR GOVERNANCE ROLES. THEY SELFLESSLY TRANSFERRED FIDUCIARY AUTHORITY TO COMMUNITY MEMBERS, PREDOMINANTLY PATIENTS AND CONSUMERS OF THE ENTITY'S PRIMARY HEALTH SERVICES, THEREBY ENSURING THAT THE ORGANIZATION'S LEADERSHIP DIRECTLY REFLECTS THE NEEDS AND PRIORITIES OF THOSE IT SERVES. ENGAGED PATIENTS AND COMMUNITY MEMBERS AUTHENTICALLY ASSUMED THE GOVERNING BOARD SEATS, WELCOMING THEIR EMPOWERED OFFICIAL VOICES IN THE FIDUCIARY STEWARDSHIP AND DIRECTIONAL OVERSIGHT OF THE ORGANIZATION. THE COMMUNITY BENEFIT IMPACT OF THIS UNIFYING, COMMUNITY-DRIVEN ACTION THAT CONTINUES TO VALIDATE HRSA'S VISION FOR PATIENT-LED GOVERNANCE OF COMMUNITY HEALTH CENTERS CANNOT BE OVERSTATED. THIS INTENTIONAL AND COMMUNITY EMPOWERING GOVERNANCE TRANSFORMATION ALLOWED THE ENTITY TO APPLY FOR AND SUCCESSFULLY EARN THE DESIGNATION AS A HRSA-RECOGNIZED AUTONOMOUS, INDEPENDENT, COMMUNITY AND PATIENT GOVERNED FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER OF PRIMARY HEALTH AND CONTINUED RYAN WHITE SERVICES. PROUDLY AND GRATEFULLY, AT THE CLOSE OF FISCAL YEAR ENDING JUNE 30, 2024, 88% OF THE GOVERNING BOARD MEMBERS OF TWCCH WERE ENGAGED "USERS" OF ITS PRIMARY HEALTH SERVICES AS DEFINED IN HRSA'S HEALTH CENTER PROGRAM COMPLIANCE MANUAL.</p> <p>THROUGHOUT FISCAL YEAR 2023-2024 AND CONTINUING TODAY, TWCCH OFFERS CLINICAL HEALTH SERVICES 83 HOURS PER WEEK AT ITS MID VALLEY PRACTICE IN JERMYN, EXTENDED AND SATURDAY HOURS IN WILKES-BARRE AND SCRANTON, AND 24/7 ON-CALL ACCESS FOR ALL TWCCH CLINICAL SERVICE LINES AT ALL LOCATIONS, INCLUDING BOTH AMBULATORY AND HOSPITAL VENUES. DURING THE COVERED PERIOD, TWCCH SERVED 36,734 UNIQUE PATIENTS AND ENGAGED IN 132,909 TOTAL BILLABLE VISITS BETWEEN JULY 2023 AND JUNE 2024, WHICH INCLUDED 85,294 MEDICAL VISITS, 14,443 BEHAVIORAL HEALTH VISITS, 13,696 DENTAL VISITS, AND 19,476 INPATIENT HOSPITAL VISITS. THESE NUMBERS INCLUDE HOUSE CALLS AND ALSO VISITS IN SKILLED NURSING, ASSISTED LIVING, INPATIENT AND TRANSITIONAL REHABILITATION, AND HOSPICE FACILITIES.</p> <p>TWCCH OPERATES NCQA-RECOGNIZED PATIENT-CENTERED MEDICAL HOMES (PCMH)(FORMERLY NCQA LEVEL 3) WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION AND NCQA HISTORICAL SCHOOL-BASED HEALTH CENTER RECOGNITION AS WELL. TWCCH HAS EXECUTED MEMORANDA OF UNDERSTANDING AND SHARED CARE COMPACTS WITH NUMEROUS PRIMARY AND SPECIALTY MEDICAL, DENTAL, AND MENTAL HEALTH PROVIDERS, HOSPITALS, INTEGRATED DELIVERY SYSTEMS, AND COMMUNITY-BASED RESOURCE AGENCIES THAT COMPRISE AN EXTENSIVE, ENRICHED, NON-DISCRIMINATORY RESOURCE NETWORK. TWCCH IS A DESIGNATED PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (COE), A PENNSYLVANIA COORDINATING CENTER FOR MEDICATION ASSISTED TREATMENT (PACMAT), AND THE CONVENING, PRIMARY ORGANIZATION OF A MULTI-INSTITUTION HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (MOMS) PROGRAM. TWCCH OFFERS ROBUST PRIMARY PHYSICAL, MENTAL, BEHAVIORAL, DENTAL, AND RYAN WHITE HEALTH SERVICES WITHIN THE PCMH FRAMEWORK, COORDINATING A FULL SPECTRUM OF WHOLE-PERSON HEALTH SERVICES FOR OUR PATIENTS.</p> <p>TWCCH IS A PASSIONATE CHAMPION FOR ELECTRONIC MEDICAL RECORD (EMR)/ELECTRONIC HEALTH RECORD (EHR) MEANINGFUL USE AND HEALTH INFORMATION TECHNOLOGY INTEROPERABILITY. TWCCH AVIDLY PROMOTES WIDE-SPREAD ADOPTION OF HEALTH INFORMATION EXCHANGES AND CONNECTIVITY, VOCALLY ADVOCATING FOR HIPAA-COMPLIANT HEALTH INFORMATION INTEROPERABILITY TO ENABLE INFORMED WHOLE-PERSON HEALTH SERVICES.</p> <p>TWCCH'S FQHC LOOK-ALIKE GOVERNANCE PLATFORM IS AMPLIFIED IN ITS COMMUNITY AND PATIENT DRIVEN GOVERNANCE OF THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCCE), OF WHICH TWCCH IS THE SOLE CORPORATE MEMBER. THE MISSION OF TWCPCCE, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, 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>TWCCH'S TEACHING HEALTH CENTERS ARE THE PRIMARY AMBULATORY, LONGITUDINAL CLINICAL LEARNING ENVIRONMENTS FOR TWCGM'S INTERNAL MEDICINE AND FAMILY MEDICINE RESIDENTS AS WELL AS ITS GERIATRIC FELLOWS. ADDITIONALLY, TWCCH PROUDLY SUPPORTS THE CLINICAL TRAINING OF ADVANCED EDUCATION GENERAL DENTISTRY (AEGD) RESIDENTS IN COLLABORATION WITH NYU LANGONE'S AEGD RESIDENCY ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA). DURING FISCAL YEAR 2023-2024, TWCCH TRAINED 187 INTERPROFESSIONAL HEALTH STUDENTS IN PARTNERSHIP WITH MORE THAN A DOZEN ACADEMIC INSTITUTIONS, INCLUDING LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM), AND THE A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA AND CENTRAL COAST PHYSICIAN ASSISTANT TRAINING PROGRAM IN CALIFORNIA. WE ARE AN ACTIVE PARTICIPATING PROVIDER IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION, A MEMBER OF THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AND A COLLABORATING PARTNER OF THE NORTHEAST PENNSYLVANIA AREA FOR HEALTH EDUCATION CENTER (AHEC), THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, AND THE PENN STATE PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES), A KNOWLEDGE-SHARING NETWORK LED BY EXPERT SPECIALIST TEAMS MENTORING PARTICIPATING COMMUNITY PROVIDERS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>IN THE COVERED PERIOD, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) EXPANDED OR COMMENCED PLANNING FOR THE FURTHER EXPANSION OF ITS PRIMARY HEALTH SERVICES FQHC LOOK-ALIKE FOOTPRINT TO FOUR NEW CLINICAL LOCATIONS. DURING FISCAL YEAR 2022-2023, TWCCH WAS REQUESTED TO ENGAGE WITH AN INDEPENDENT, WELL-ESTABLISHED, TRUSTED PRIMARY CARE PHYSICIAN WHO PRACTICED IN NORTH SCRANTON, PENNSYLVANIA FOR NEARLY FORTY YEARS TO ENSURE THAT, UPON HIS IMPENDING RETIREMENT, THOSE HE SERVED HAD CONTINUED ACCESS TO HIGH QUALITY, NON-DISCRIMINATORY PRIMARY HEALTH SERVICES. DURING THE COVERED PERIOD, TWCCH OPENED FQHC LOOK-ALIKE SERVICES AT THIS PRACTICE SITE AND WELCOMED ALL OF THE IMPACTED PATIENTS WHO WISHED TO TRANSITION THEIR CARE TO TWCCH. IN ORDER TO ASSURE UNINTERRUPTED ACCESS TO PRIMARY HEALTH SERVICES IN THAT LOCAL COMMUNITY AND FOR THE CONVENIENCE OF PATIENTS, FROM JULY THROUGH DECEMBER, 2023, TWCCH LEASED AND RENOVATED THAT CLINICAL SPACE IN NORTH SCRANTON BEFORE ULTIMATELY PURCHASING THE PROPERTY IN APRIL 2024. THIS TWCCH LOCATION IS CURRENTLY THRIVING, SUSTAINABLE, AND GROWING, NOTABLY EXPANDING TWCCH'S PENNSYLVANIA CENTER OF OPIOID USE DISORDER EXCELLENCE. A NEIGHBORING FACILITY HAS SINCE BEEN PURCHASED BY TWCCH TO WITH PLANS TO CONSTRUCT A NEW STATE-OF-THE-ART FQHC LOOK-ALIKE FACILITY TO EXPAND OPERATIONS TO HONOR AND MEET THE HEALTH NEEDS OF THE PATIENTS IN THE COMMUNITY.</p> <p>SIMILARLY, THE ACUTE DEPARTURE OF TWO WELL-ESTABLISHED PRIMARY CARE PHYSICIANS IN PRACTICE FOR OVER TWENTY-FIVE YEARS PROMPTED TWCCH'S INVITATION TO RESPONSIVELY OPEN FQHC LOOK-ALIKE SERVICES IN DICKSON CITY, PENNSYLVANIA DURING THE COVERED PERIOD. TWCCH IMPLEMENTED A RAPID ACTION STRATEGY AND PLAN TO PURCHASE AND RENOVATE THE BUILDING WHERE THOSE PHYSICIANS PRACTICED, OPENING THE DOORS TO A NEW TWCCH FQHC LOOK-ALIKE HEALTH CENTER IN DICKSON CITY IN OCTOBER 2024 THAT PREVENTED A SERIOUS GAP IN ACCESS TO PRIMARY HEALTH SERVICES FOR THE PATIENTS AND FAMILIES IN THAT COMMUNITY, MANY OF WHOM BELONG TO VULNERABLE POPULATIONS. JUST AS IN NORTH SCRANTON, THE DICKSON CITY PRACTICE IS SUSTAINABLE AND THRIVING TODAY. DURING THE COVERED PERIOD, TWCCH ACTIVELY EXPLORED ANOTHER EXPANSION OPPORTUNITY TO INCREASE ACCESS TO NON-DISCRIMINATORY WHOLE-PERSON PRIMARY HEALTH SERVICES IN SCRANTON, THIS TIME CO-LOCATING WITH A WELL-ESTABLISHED AREA MENTAL AND BEHAVIORAL HEALTH PROVIDER. TWCCH WAS INVITED TO COLLABORATE WITH FRIENDSHIP HOUSE, A COMMUNITY GOVERNED NON-PROFIT MENTAL HEALTH SERVICES AGENCY. THIS NEW CO-LOCATION ARRANGEMENT CAME TO FRUITION IN NOVEMBER 2024 WITH A NEW TWCCH FQHC LOOK-ALIKE HEALTH CENTER WITHIN FRIENDSHIP HOUSE'S NEW BUILDING LOCATED ON WYOMING AVENUE IN DOWNTOWN SCRANTON. THIS MISSION-ALIGNED COLLABORATION AIMS TO ENSURE THE CONTINUED EXPANSION OF ACCESS AND COORDINATION OF WHOLE-PERSON, PATIENT-CENTERED PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES FOR THE CONVENIENCE AND BENEFIT OF PATIENTS, INCLUDING FOR INDIVIDUALS WITH COMPLEX SERIOUS MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER NEEDS. THESE ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES ARE AVAILABLE TO INDIVIDUALS OF ALL AGES, REGARDLESS OF THEIR INSURANCE STATUS, ZIP CODE, OR ABILITY TO PAY. PATIENTS DO NOT NEED TO BE CLIENTS OF FRIENDSHIP HOUSE TO RECEIVE HEALTH SERVICES AT TWCCH'S FQHC LOOK-ALIKE WYOMING AVENUE HEALTH CENTER.</p> <p>CONTINUOUSLY GROWING AND EXPANDING PRIMARY HEALTH SERVICES AND JOB CREATION DURING THE COVERED PERIOD, TWCCH ALSO TOOK THE OPPORTUNITY TO PURCHASE A PROPERTY ADJACENT TO ITS FQHC LOOK-ALIKE TEACHING HEALTH CENTER IN JERMYN, PA. THIS EXPANSION WAS SUPPORTED WITH FUNDING FROM THE PENNSYLVANIA NEIGHBORHOOD ASSISTANCE PROGRAM, A TAX CREDIT PROGRAM THAT ENCOURAGES BUSINESSES TO INVEST IN PROJECTS THAT IMPROVE DISTRESSED AREAS OR SUPPORT NEIGHBORHOOD CONSERVATION. TWCCH IS CURRENTLY ENGAGED IN PLANNING FOR FUTURE DEVELOPMENT OF THAT PROPERTY TO SUPPORT THE OPERATIONS OF THE FQHC LOOK-ALIKE TEACHING HEALTH CENTER TO BETTER MEET THE NEEDS OF PATIENTS, FAMILIES, AND PHYSICIAN AND INTERPROFESSIONAL LEARNERS SERVED.</p> <p>TWCCH IMPLEMENTED A NUMBER OF NEW INITIATIVES TO ENRICH NON-DISCRIMINATORY, WHOLE-PERSON PRIMARY HEALTH SERVICES TO BETTER CARE FOR PATIENTS AND FAMILIES AND TO BETTER TRAIN THE PHYSICIAN AND INTERPROFESSIONAL HEALTHCARE WORKFORCE. IN RESPONSE TO THE EVER-GROWING DEMAND FOR MENTAL AND BEHAVIORAL HEALTH SERVICES AND THE CRUCIAL SHORTAGE OF MENTAL AND BEHAVIORAL HEALTH WORKFORCE, DURING THE REPORTING PERIOD, TWCCH CONTINUED TO ADVANCE ITS EFFORTS FOR PRIMARY CARE AND BEHAVIORAL HEALTH INTEGRATION WHILE NURTURING GRASS ROOTS PARTNERSHIPS AND COLLABORATIONS WITH COMMUNITY MENTAL AND BEHAVIORAL HEALTH SERVICE PROVIDERS.</p> <p>TWCCH STRATEGICALLY ENHANCED ITS MENTAL AND BEHAVIORAL HEALTH SERVICE LINE THROUGH INCREASING INVESTMENTS IN THE GROWTH OF MENTAL AND BEHAVIORAL HEALTH PROVIDERS BY ENCOURAGING PSYCHIATRY CERTIFICATION OF ITS PRIMARY CARE NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS, AND ALSO RECRUITING ADDITIONAL LICENSED CLINICAL SOCIAL WORKERS AND LICENSED PROFESSIONAL COUNSELORS. SCHEDULES WERE ALSO MADE VISIBLE TO OPTIMIZE AVAILABLE SLOTS AGAINST THE WAITING LIST FOR APPOINTMENTS.</p> <p>TWCCH INTENTIONALLY DEEPENED ITS RELATIONSHIP WITH A LOCAL PSYCHIATRY PRACTICE TO ENHANCE ITS ABILITY TO PROVIDE PRIMARY CARE INTEGRATED NEEDS-RESPONSIVE MENTAL AND BEHAVIORAL HEALTH SERVICES TO PATIENTS AND FAMILIES. THIS PSYCHIATRY PRACTICE HISTORICALLY HAS A STRONG BI-DIRECTIONAL REFERRAL RELATIONSHIP WITH TWCCH. ITS PSYCHIATRISTS THANKFULLY ENGAGED TO PROVIDE CONTRACTED SUPERVISION SERVICES FOR TWCCH'S PSYCHIATRY-CERTIFIED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. ADDITIONALLY, TWCCH UNDERTOOK RENEWED STRATEGIC RECRUITMENT EFFORTS TO SECURE TWO FULL-TIME PUBLIC HEALTH PSYCHIATRISTS FOR EMPLOYMENT WITH TWCCH IN NORTHEAST PENNSYLVANIA.</p> <p>PROUDLY, THIS WORK LED TO TWCCH BEING SELECTED AS ONE OF THREE PRACTICES IN THE COMMONWEALTH OF PENNSYLVANIA TO PARTICIPATE IN A PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES GRANT AWARDED IN FYE 2025 FROM THE U.S. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) PROMOTING THE COLLABORATIVE CARE MODEL</p>

Return Reference - Identifier	Explanation
	<p>(COCM) TO INTEGRATE PRIMARY CARE AND PSYCHIATRY SERVICES. A FIVE YEAR OPPORTUNITY, TWCCH'S PARTICIPATION IN THIS GRANT HOLDS MUCH PROMISE FOR INNOVATIVE INTEGRATION TOOLS AND METHODS THAT WILL POSITIVELY IMPACT HEALTH OUTCOMES OF THE POPULATIONS SERVED WHILE INFORMING OPTIMAL BUSINESS MODELING TO ENSURE LONG-TERM SUSTAINABILITY.</p>
<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>TWCCH CONTINUED TO DELIVER NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES IN ITS SUSTAINABLE FQHC LOOK-ALIKE INTEGRATED SCHOOL-BASED HEALTH CENTER IN THE SCRANTON SCHOOL DISTRICT. FROM THIS PLATFORM, TWCCH CONTINUED TO DEEPEN OUR INTENTIONAL PARTNERSHIPS WITH PUBLIC SCHOOL DISTRICTS IN OUR SERVICE AREA, EXPLORING THE FEASIBILITY OF SUSTAINABLE SCHOOL-BASED HEALTH CENTERS FOR THE BENEFIT OF STUDENTS, FAMILIES, SCHOOL EMPLOYEES, AND THE LARGER COMMUNITY. RESPONSIVE TO THE OUTREACHES FROM TWO PUBLIC SCHOOL DISTRICTS, TWCCH'S MOBILE MEDICAL AND DENTAL UNIT, "DRIVING BETTER HEALTH," WAS DEPLOYED TO DELIVER ESSENTIAL MEDICAL, DENTAL, AND PREVENTATIVE SERVICES TO STUDENTS. ON TWCCH'S SUBSEQUENT FORM 990, MORE INFORMATION WILL BE INCLUDED ABOUT THE EMERGING PARTNERSHIPS RELATED TO BOTH ENGAGEMENTS THAT HAVE OCCURRED DURING THE NEXT COVERED PERIOD.</p> <p>DURING THE REPORTING PERIOD, TWCCH CONTINUED TO DEMONSTRATE ITS COMMITMENT TO BEING AN "AGE FRIENDLY HEALTH SYSTEM," AND A STRONG PARTNER IN LARGER COLLECTIVE IMPACT INITIATIVES TO BUILD "AGE FRIENDLY COMMUNITIES." THE IMPORTANCE OF DEVELOPING AND EMPLOYING QUALIFIED, COMPASSIONATE GERIATRICIANS AND PRIMARY CARE PHYSICIANS, NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, LICENSED SOCIAL WORKERS AND COUNSELORS, AND ALLIED HEALTH PROFESSIONALS WITH GERIATRIC COMPETENCIES HAS NEVER BEEN SO URGENT: BASED ON 2023 DATA, PENNSYLVANIA NOTABLY RANKS 9TH OUT OF THE 50 STATES FOR PERCENTAGE OF THE STATE POPULATION 65 AND OLDER. CONTINUED DEVELOPMENT OF THE ENTIRE WORKFORCE'S GERIATRIC COMPETENCIES SUPPORTS TWCCH'S AGE-FRIENDLY HEALTH SYSTEM INITIATIVE. TWCCH, THE 8TH HEALTH CARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S JOHN A. HARTFORD FOUNDATION FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL, CONTINUED TO OFFER ADC SERVICES FOR ITS REGIONAL COMMUNITY, WHILE ALSO IMPLEMENTING PRINCIPLES OF THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN ALL OF ITS PRIMARY HEALTH SERVICES SITES FOR SENIORS. THESE INITIATIVES ENRICH THE GERIATRIC-SENSITIVE PREPARATION OF THE CURRENT AND FUTURE HEALTH WORKFORCE TRAINING AT THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), TWCCH'S AFFILIATED EDUCATIONAL PARTNER. DURING THE REPORTING PERIOD, TWCGME, IN PARTNERSHIP WITH TWCCH, ALSO SUCCESSFULLY RECEIVED APPROVAL FROM THE ASSOCIATION OF DIRECTORS OF GERIATRICS ACADEMIC PROGRAMS (ADGAP) AND THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) FOR AN ADVANCING INNOVATION IN RESIDENCY EDUCATION (AIRE) MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP (MED-GERI PATHWAY). THIS COMPETENCY-BASED COMBINED TRAINING MODEL ALLOWS FOR THE EARLY EXPOSURE TO GERIATRICS PRINCIPLES OF CARE OVER THE FOUR-YEAR EDUCATIONAL CONTINUUM, AS WELL AS ENHANCED PROFESSIONAL DEVELOPMENT OPPORTUNITIES DURING THE FINAL FELLOWSHIP YEAR.</p> <p>TWCCH ALSO CONTINUED ITS SUPPORT OF TELESPOOND SENIOR SERVICES AS IT PREPARED TO OPEN ITS ADULT ADVOCACY CENTER (AAC) TO SERVE VICTIMS OF ELDER ABUSE. OVER THE PAST FIVE YEARS, PENNSYLVANIA HAS SEEN A 67% INCREASE IN ELDER ABUSE REPORTS TO THE DEPARTMENT OF AGING. THE AAC IS DESIGNED TO PROVIDE SENIORS INDIVIDUAL-BASED CARE, AND IS SLATED TO OFFER FOUR BEDS FOR SENIORS IN NEED OF IMMEDIATE RELOCATION. TWCCH'S COLLABORATION WITH TELESPOOND SENIOR SERVICES ALSO CONTINUED IN THE PROVISION OF PRIMARY HEALTH SERVICES AND THE ALZHEIMER'S AND DEMENTIA CARE UNIT FOR SENIORS IN THE REGION. TWCCH COLLABORATED WITH AND SUPPORTED LACKAWANNA COUNTY AND ITS AREA AGENCY ON AGING ON THE IMPORTANT JOURNEY TO BE DESIGNATED AS AN AGE FRIENDLY COUNTY. IN EARLY 2025, POST-REPORTING PERIOD, TWCCH HOSTED ITS INAUGURAL SUCCESSFUL SYMPOSIUM ON AGING IN SCRANTON. THE PROGRAM FOCUSED ON BRINGING STAKEHOLDERS TOGETHER TO BUILD A DEMENTIA-FRIENDLY LACKAWANNA COUNTY. EXPERTS AND LOCAL REPRESENTATIVES JOINED THE CONVERSATION ON SUPPORTING DEMENTIA PATIENTS, CAREGIVERS, AND FAMILIES, PREVENTING ISOLATION, AVOIDING FINANCIAL SCAMS AND STRENGTHENING RESOURCES FOR AGING SERVICES PROFESSIONALS.</p> <p>DURING THE REPORTING PERIOD, TWCCH INTENTIONALLY ENGAGED IN THE STRATEGIC SUSTAINABILITY OF THE COMMUNITY HEALTH WORKER (CHW) SERVICES LINE BY SEIZING OPPORTUNITIES FOR CERTIFICATION THROUGH A COLLABORATION WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NEPA AHEC). THIS ENGAGEMENT ENABLED CHWS TO PARTICIPATE IN ENROLLMENT SERVICES AS WELL AS CHRONIC CARE MANAGEMENT, COMMUNITY HEALTH INTEGRATION, HOME HEALTH, AND PRINCIPAL ILLNESS NAVIGATION SERVICES AND BILLING. THE WORK OF THE CHW TEAMS IS CRITICAL TO ENSURING THE SUSTAINABILITY OF NON-MEDICAL SERVICES THAT SIGNIFICANTLY CONTRIBUTE TO IMPROVING HEALTH OUTCOMES. IN SUPPORT OF ADVANCING INTEGRATION OF THE CHW WORKFORCE, TWCCH PARTICIPATED IN THE NORTHEAST PENNSYLVANIA READINESS IN SKILLED EMPLOYMENT (NEPA RISE) PROGRAM TO PROMOTE WORKFORCE DEVELOPMENT INITIATIVES THAT ALIGN WITH TWCCH'S PASSIONATE PURPOSE AND THE CREATION OF CAREER OPPORTUNITIES WITH ECONOMIC MOBILITY. RISE IS A WORKFORCE DEVELOPMENT PROGRAM THAT FOCUSES ON AN INDIVIDUAL'S STRENGTHS, CREATING AN OPPORTUNITY TO OBTAIN TECHNICAL TRAINING WHILE ACCESSING ADDITIONAL SUPPORT FOR SUCCESS. RISE HELPS INDIVIDUALS TO LIFT THEMSELVES OUT OF POVERTY BY GAINING MARKETABLE SKILLS THAT QUALIFY THEM FOR SKILLED EMPLOYMENT IN JOBS WITH ECONOMIC MOBILITY. RISE PARTICIPANTS RECEIVE CAREER COACHING, EDUCATION FOR DEVELOPING SOFT-SKILLS, AND A RANGE OF ADDITIONAL SUPPORT TO ENSURE ACADEMIC SUCCESS AND JOB PLACEMENT. SUPPORT INCLUDES TRANSPORTATION, CHILDCARE, HOUSING, TECHNOLOGY AND LANGUAGE SUPPORT RESOURCES. TWCCH PROUDLY EMPLOYS CHWS WHO PARTICIPATED IN THE RISE PROGRAM, WHICH ALSO CONTINUED TO SUPPORT THE ADVANCEMENT OF THEIR CAREERS INTO HIGHER LEVEL AND HIGHER PAYING POSITIONS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>TWCCH WAS INVITED AND PARTICIPATED IN THE ANCHORS IN EQUITY PROGRAM, THE ANCHOR ECONOMY INITIATIVE AT THE FEDERAL RESERVE BANK OF PHILADELPHIA (FRB) THAT EXPLORES HOW ANCHOR INSTITUTIONS SUSTAIN JOBS, DRIVE ECONOMIC GROWTH, AND SUPPORT REGIONAL DEVELOPMENT IN 524 REGIONS ACROSS THE COUNTRY. ANCHOR INSTITUTIONS ARE LARGE, PUBLIC-SERVING ORGANIZATIONS SUCH AS HOSPITALS AND UNIVERSITIES THAT PROVIDE JOBS AND SERVICES WHILE SUPPORTING LOCAL ECONOMIC ACTIVITY. THE ECONOMIC GROWTH AND MOBILITY PROJECT BRINGS TOGETHER RESEARCHERS AND COMMUNITY PARTNERS TO FIND INNOVATIVE, ACTIONABLE, AND COMMUNITY-DRIVEN SOLUTIONS TO LOCAL OR REGIONAL ECONOMIC CHALLENGES THROUGH RESEARCH IN ACTION LABS THAT HELP ADVANCE SOLUTIONS TO SPECIFIC CHALLENGES TO REDUCE ECONOMIC BARRIERS IN COMMUNITIES. TOGETHER, THE ANCHOR ECONOMY INITIATIVE AND THE ECONOMIC GROWTH AND MOBILITY PROJECT LAUNCHED THE ANCHORS FOR EQUITY RESEARCH IN ACTION LAB. TWCCH'S PARTNER, THE INSTITUTE FOR ECONOMIC DEVELOPMENT AND PUBLIC POLICY, NORTHEAST PENNSYLVANIA, WAS SELECTED FOR THE ANCHORS FOR EQUITY RESEARCH IN ACTION LAB DUE TO ITS STRONG POSITION TO LEVERAGE THE INITIATIVE: THE INSTITUTE IS LOCATED IN A REGION WITH 14 HIGHER EDUCATION INSTITUTIONS AND FIVE MAJOR HEALTHCARE SYSTEMS, INCLUDING TWCME AND TWCCH. FURTHERMORE, EDUCATION AND HEALTH CARE ARE THE LARGEST EMPLOYMENT SECTORS IN NORTHEAST PENNSYLVANIA.</p> <p>TWCCH, AS A PREMIER PROVIDER OF SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES IN NORTHEAST PENNSYLVANIA, INTENTIONALLY ENGAGED IN ANOTHER FRUITFUL PARTNERSHIP WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NEPA AHEC), LUZERNE COUNTY COMMUNITY COLLEGE, THE INSTITUTE, AND THE WAYNE PIKE WORKFORCE ALLIANCE ON PROJECT PROGRESS, A WORKFORCE INITIATIVE TO CREATE JOBS WITH ECONOMIC MOBILITY TO INCREASE THE ACTIVE EMPLOYMENT OF PEOPLE IN RECOVERY. PROJECT PROGRESS, FUNDED IN PART THROUGH AN APPALACHIAN REGIONAL COMMISSION INSPIRE GRANT, WAS A THREE-YEAR EFFORT LED BY TWCCH IN COLLABORATION WITH PARTNERS ACROSS A MULTI-COUNTY AREA IN NORTHEASTERN PENNSYLVANIA HEAVILY IMPACTED BY THE ONGOING OPIOID CRISIS. THE ACRONYM PROGRESS STANDS FOR PROVIDING RECOVERY OPPORTUNITIES FOR GROWTH, EDUCATION, AND SUSTAINABLE SUCCESS. OVER THE LIFE OF THE PROGRAM, THE PROJECT FACILITATED A TOTAL OF 6 CERTIFIED RECOVERY SPECIALIST TRAINING SESSIONS WHICH RESULTED IN 122 INDIVIDUALS IN RECOVERY HAVING ACCESS TO THE TRAINING, 101 OF WHOM COMPLETED THE SCREENING PROCESS AND ENROLLED IN A CLASS. THERE HAVE BEEN 76 PARTICIPANTS TO DATE WHO HAVE COMPLETED THE TRAINING, AND 44 OF THOSE PARTICIPANTS HAVE RECEIVED THEIR CERTIFICATIONS AS EITHER CERTIFIED RECOVERY SPECIALISTS (CRS), CERTIFIED FAMILY RECOVERY SPECIALISTS (CFRS) OR CERTIFIED RECOVERY SPECIALIST SUPERVISORS (CRSS), OR A COMBINATION OF THESE CERTIFICATIONS. TWO INDIVIDUALS RECEIVED THEIR CRS AND CFRS CERTIFICATES. PROJECT PROGRESS SERVED AS AN IMPORTANT CALL TO OUR COMMUNITIES TO RECOGNIZE ADDICTION AS A CHRONIC ILLNESS AND TO WORK ACROSS SECTORS TO CREATE A RECOVERY ECOSYSTEM IN WHICH PEOPLE MOVING FROM TREATMENT TO LIFE IN RECOVERY ARE TRAINED AND SUPPORTED TO BECOME CONTRIBUTING MEMBERS OF SOCIETY. ASSISTANCE AND GUIDANCE WERE ALSO PROVIDED BY THE ALLONE FOUNDATION, THE GREATER SCRANTON CHAMBER OF COMMERCE, THE NORTHEASTERN PENNSYLVANIA ALLIANCE, THE WAYNE COUNTY COMMISSIONERS, AND THE WAYNE ECONOMIC DEVELOPMENT CORPORATION.</p> <p>DURING THE COVERED PERIOD, TWCCH ALSO TOOK AFFIRMATIVE STEPS TO IMPROVE THE INSURANCE ENROLLMENT PROCESS FOR PATIENTS, PARTICULARLY IN THE WAKE OF THE AVALANCHE OF PUBLICIZED COMMERCIALIZATION OF MEDICARE ADVANTAGE PLANS AND THE MEDICAID UNWINDING. TWCCH RECOGNIZED THAT PATIENTS AND FAMILIES DESERVE A MUCH MORE INTENTIONAL AND DISCIPLINED STRATEGY AND EDUCATIONAL APPROACH TO ENROLLMENT TO ENHANCE INFORMED DECISION-MAKING. TWCCH CONTINUES TO EXPLORE AND STRATEGIZE THE MOST APPROPRIATE CONSUMER-CENTRIC NEUTRAL PLATFORMS TO BEST EDUCATE AND SERVE PATIENTS AND FAMILIES IN THE PROCESS OF ENROLLMENT ASSISTANCE. WE WILL REPORT ADDITIONAL PROGRESS IN OUR SUBSEQUENT FORM 990.</p> <p>TWCCH APPROPRIATELY ENGAGED A NEW TRANSLATION SERVICE DURING THE COVERED PERIOD THAT OFFERS TRANSLATION IN MORE THAN 350 LANGUAGES TO PATIENTS AND PROVIDERS. THIS SERVICE WAS UTILIZED IN 6,532 PATIENT ENCOUNTERS AND COMMUNICATIONS BETWEEN JANUARY AND AUGUST OF 2024 ALONE, TRANSLATING 31 DIFFERENT LANGUAGES TO ENABLE MORE EFFECTIVE DELIVERY OF HEALTH SERVICES TO THE PATIENTS AND FAMILIES TWCCH SERVES.</p> <p>THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) ANNUALLY REVIEWS THE PERFORMANCE DATA OF HEALTH CENTERS ACROSS THE UNITED STATES AS REPORTED THROUGH ITS UNIFORM DATA SYSTEM (UDS), AND HIGHLIGHTS THE ORGANIZATIONS THAT MEET OR EXCEED ITS GOALS IN CATEGORIES OF SPECIAL FOCUS. IT BESTOWS THE TOP PERFORMERS WITH ITS COMMUNITY HEALTH QUALITY RECOGNITION (CHQR) BADGES. FOR FISCAL YEAR 2023-2024, TWCCH WAS RECOGNIZED BY HRSA FOR ITS QUALITY WORK IN THREE PERFORMANCE CATEGORIES, INCLUDING FOR ADVANCING HIT (HEALTH INFORMATION TECHNOLOGY) FOR QUALITY TO BETTER SERVE PATIENTS AND FAMILIES. THESE AWARDS BUILT ON TWCCH'S NOTABLE PRIOR ACHIEVEMENTS. HRSA FIRST AWARDED CHQR BADGES IN 2021, USING DATA FROM THE PRIOR YEAR'S REPORTING PERIOD. SINCE THAT TIME, TWCCH IS PROUD TO HAVE EARNED 10 CHQR BADGES. TWCCH ALSO RECEIVED THE TIMES LEADER'S PLATINUM LEVEL RECOGNITION FOR BEST PLACES TO WORK; GOLD STATUS AS A NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTER'S ADVOCACY CENTER OF EXCELLENCE; PLATINUM RECOGNITION FOR HRSA'S DONATION CAMPAIGN, WHICH UNITES AMERICA'S WORKFORCE FOR ORGAN, EYE, AND TISSUE DONATION; THE AMERICAN HEART ASSOCIATION'S SILVER RECOGNITION FOR BLOOD PRESSURE CONTROL OUTCOMES; THE PENNSYLVANIA QUALITY INSIGHTS' CERTIFICATE OF EXCELLENCE FOR IMPROVING CARDIOVASCULAR HEALTH AS A CARDIOVASCULAR HEALTH HALL OF FAME CHAMPION; AND NCQA RECOGNITION FOR DATA AGGREGATION AS A MEMBER OF THE KEYSTONE HEALTH INFORMATION EXCHANGE.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>DURING THE REPORTING PERIOD, TWCCH CONTINUED TO STRATEGICALLY CLARIFY ITS COLLECTIVE IMPACT VISION FOR A MULTI-INSTITUTIONAL CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN). THE IMPENDING TRANSFER OF OWNERSHIP OF A NUMBER OF LOCAL HOSPITAL AND OUTPATIENT HEALTH CARE ASSETS IN NORTHEASTERN PENNSYLVANIA IS INCREASING THE SIGNIFICANCE OF THE CEIN INITIATIVE. COLLABORATIVE PARTNERSHIPS, WITH THE ADVANCE APPROVAL OF THE PA DEPARTMENT OF HUMAN SERVICES, ENABLED TWCCH AND TWCGME TO LAUNCH ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION THAT EXPANDED NON-DISCRIMINATORY ACCESS FOR PATIENTS TO GASTROENTEROLOGY AND CARDIOVASCULAR DISEASE PHYSICIAN FACULTY, WHILE ALSO ENRICHING THE EDUCATION OF PRIMARY CARE RESIDENTS AND SPECIALTY FELLOWS.</p> <p>TWCCH CONTINUED ITS PASSIONATE, DEEP INVESTMENT IN THE TRANSFORMATIONAL WORK TO PROGRESS ON OUR THREE YEAR JOURNEY TOWARDS SANCTUARY MODEL CERTIFICATION. SEVERAL ACCOMPLISHMENTS THIS YEAR DEMONSTRATED TWCCH'S PROGRESS FROM A HISTORICALLY OVER-BURDENED AND UNDER-RESOURCED, TRAUMA-ORGANIZED PRIMARY CARE PROVIDER TO AN ADVERSITY-COMPETENT ENTERPRISE FOCUSED ON RESILIENCE-SKILLED EMPLOYMENT, WHOLE-PERSON HEALTH SERVICES, AND HEALTHCARE WORKFORCE DEVELOPMENT. THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE AND TRANSFORMATIONAL CULTURE SHIFT WHICH PROMOTES PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY FROM ADVERSITY THROUGH THE ACTIVE CREATION OF AN ADVERSITY-INFORMED AND COMPETENT COMMUNITY. AN ADVERSITY-COMPETENT, RESILIENCE-SKILLED ORGANIZATION IS ONE THAT RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS OF ADVERSE EXPERIENCES AND ORGANIZES SYSTEM-WIDE INTERVENTIONS AIMED AT MITIGATING THE NEGATIVE EFFECTS OF ADVERSITY AND STRESS THAT ARE MANIFESTED IN THOSE EMPLOYED IN AND SERVED BY THE ORGANIZATION AND THE ORGANIZATION ITSELF. "SANCTUARY" CAN BE OFFERED AS A GUIDING CONSTRUCTIVE FRAMEWORK FOR TRANSFORMATION FROM SURVIVAL-MODE ORIENTED, OFTEN DIVISIVE CARE DELIVERY AND EDUCATIONAL PLATFORMS TO RESILIENCE-FOCUSED AND COMPETENT SYSTEMATIZED APPROACHES FOR TEAMING THAT PROMOTE PSYCHOLOGICAL SAFETY, TRUST, PARTICIPATORY CITIZENSHIP, DEMOCRATIZATION, SOCIAL RESPONSIBILITY AND ACCOUNTABILITY, AND SOCIAL LEARNING. TWCCH BEGAN ITS DEEP INVESTMENT AND ROLL-OUT OF SANCTUARY TRAINING IN EARNEST IN AUGUST 2022. SINCE THAT TIME, TWCCH HAS IMPLEMENTED MULTIPLE COHORTS OF 5-DAY IMMERSION TRAINING EVENTS TO SPREAD LEARNING ACROSS THE ORGANIZATION, INCLUDING GOVERNING BOARD MEMBERS AND EXECUTIVE MANAGEMENT AS WELL AS EMPLOYEES AND RESIDENT AND FELLOW PHYSICIANS IN TRAINING. IN JANUARY 2024, A 3-DAY TRAIN THE TRAINER REQUIREMENT WAS COMPLETED. TWCCH AND TWCGME BOARD MEMBERS RECEIVED SHORT BURSTS OF TRAINING IN EVERY REGULAR BOARD MEETING. THE EXECUTIVE MANAGEMENT TEAM, AS THE SANCTUARY STEERING COMMITTEE, APPROVED THE REQUIRED TRAINING FOR ALL STAFF TO OCCUR ON A ROTATING SCHEDULE DURING WORK HOURS AS A TESTAMENT TO THE INVESTMENT OF THE ENTERPRISE IN THE SUCCESS OF THE MODEL. SANCTUARY LANGUAGE HAS BEEN FULLY INTEGRATED INTO TWCCH'S OPERATIONAL POLICIES AND PROCEDURES MANUALS.</p> <p>WITH COSTS OF PROVIDING HEALTH INSURANCE FOR EMPLOYEES CONTINUING TO CLIMB BEYOND MULTIPLES OF AVERAGE INFLATION WITHOUT BOUNDARIES, AND THE INCREASING CONCERN ABOUT THE ROLE PHARMACY BENEFIT MANAGERS (PBMS) PLAY IN THE COSTS OF COMMERCIAL HEALTH INSURANCE PREMIUMS, TWCCH AND TWCGME BEGAN EXPLORING THE VIABILITY OF SELF-INSURING FOR HEALTH BENEFITS AND INTERNALIZING PHARMACY SERVICES. TWCCH ANTICIPATES THAT THESE INITIATIVES WILL BRING ADDITIONAL BENEFITS TO PATIENTS, LEARNERS AND STAFF, INCLUDING ENSURING TIMELY AND AFFORDABLE MEDICATION ACCESS. THE WRIGHT CENTER ENTERPRISE ALSO EXPLORED THE FEASIBILITY OF ENGAGEMENT IN OR WITH INSURANCE BROKERAGE ACTIVITIES TO ENSURE THAT PATIENTS, LEARNERS, AND STAFF HAVE THE BEST INFORMATION POSSIBLE TO MAKE INFORMED COVERAGE DECISIONS. THESE FUTURISTIC INITIATIVES SHOW PROMISING POTENTIAL TO BETTER STEWARD THE PRECIOUS PUBLIC RESOURCES WE RECEIVE TO IMPLEMENT THE SHARED MISSION OF TWCCH AND TWCGME WHILE ALSO OFFERING ADDITIONAL RESOURCES TO ALL STAKEHOLDERS.</p> <p>HAVING FINALLY RECOUPED TWCGME'S DECADE-LONG INVESTMENTS IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION FOR THE FIRST TIME, TWCGME HAD THE OPPORTUNITY TO EXPLORE HOW SHARED SAVINGS FROM PARTICIPATION IN MEDICARE'S SHARED SAVINGS PROGRAM WOULD BE BEST STEWARDED. DETERMINED TO INVEST THOSE DOLLARS BACK INTO THE POPULATION SERVED, TWCGME (KACO OWNER/PARTNER) PASSED THROUGH THE MAJORITY OF SHARED SAVINGS TO TWCCH (KACO PARTICIPANT), WHICH USES THOSE RESOURCES TO ENRICH THE HEALTH SERVICES DELIVERED TO PATIENTS AS DESCRIBED BELOW.</p> <p>TO FURTHER ENHANCE INTERNAL CONTROLS FOR FINANCIAL MANAGEMENT, TWCCH'S CONTROLLER WAS ADVANCED TO THE POSITION OF CHIEF FINANCIAL OFFICER (CFO). BRINGING THE SKILL SET OF AN EXPERIENCED CONTROLLER TO THE CFO ROLE HAS ALREADY DEMONSTRATED A VALUE THAT CANNOT BE OVERSTATED. ADDITIONALLY, TWCCH'S PRIMARY AFFILIATE, TWCGME, HIRED A NEW VP OF ACADEMIC AFFAIRS/ASSOCIATE DESIGNATED INSTITUTIONAL OFFICIAL IN DECEMBER 2023 TO SUPPORT CEIN DEVELOPMENT AND TO LEAD AN ACTIONABLE STRATEGY TO ALIGN THE VARIOUS COMPONENTS OF CLINICAL AND EDUCATIONAL PROGRAMMING FOR GRADUATE MEDICAL EDUCATION (GME), UNDERGRADUATE MEDICAL EDUCATION (UME), INTERPROFESSIONAL MEDICAL EDUCATION (IME), AND CONTINUING MEDICAL EDUCATION (CME). IN ADDITION, TWCCH APPOINTED A CHIEF COMPLIANCE OFFICER TO SPEARHEAD A CENTRALLY CONTROLLED COMPLIANCE FUNCTION, A CHIEF CLINICAL OPERATING OFFICER TO BOLSTER QUALITY AND STANDARDIZATION OF CARE, AND A CHIEF REVENUE OFFICER TO ADVANCE TWCCH'S VALUE-BASED CARE (VBC) INITIATIVES AND NEGOTIATE APPROPRIATE PAYER CONTRACTS FOR VBC.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>TO FURTHER ENHANCE OUR HIGH INTEGRITY REINVESTMENT OF 340B RESOURCES INTO SERVICE DELIVERY FOR PATIENTS AND FAMILIES, TWCCH BEGAN ITS RE-ASSESSMENT OF THE INTENTIONAL ALLOCATION OF 340B REVENUES. AS A LONG-STANDING PARTICIPANT IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 340B DRUG PRICING PROGRAM AS A RYAN WHITE PROGRAM HRSA GRANTEE AND TITLE X SERVICE PROVIDER, TWCCH HAS CONSISTENTLY PRIORITIZED AFFORDABLE ACCESS TO MEDICATION. HOWEVER, WITH ITS DESIGNATION AS A FQHC LOOK-ALIKE EFFECTIVE JUNE 1, 2019, TWCCH EXPANDED ITS 340B PARTICIPATION ACROSS PRIMARY CARE, ENHANCING AND ENRICHING THE COMPREHENSIVE, NON-DISCRIMINATORY, WHOLE-PERSON PRIMARY HEALTH SERVICES WE PROVIDE. THIS CRITICALLY IMPORTANT FEDERAL PROGRAM ENABLES ELIGIBLE HEALTHCARE PROVIDERS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT REDUCED PRICES FROM PHARMACEUTICAL MANUFACTURERS. THE DISCOUNT IS THEN PASSED ON TO QUALIFYING PATIENTS THROUGH PARTNERSHIPS WITH PARTICIPATING PHARMACIES, THEREBY INCREASING ACCESS TO ESSENTIAL MEDICATIONS FOR VULNERABLE POPULATIONS. PATIENT ELIGIBILITY FOR 340B DISCOUNTS IS DETERMINED BASED ON INCOME AND DEMONSTRATED HARDSHIP, ENSURING THAT THOSE WITH THE GREATEST NEED RECEIVE CRUCIAL SUPPORT. CRITICAL 340B PROGRAM REVENUES GENERATED THROUGH RYAN WHITE AND FQHC LOOK-ALIKE SERVICES ARE STRATEGICALLY REINVESTED IN EACH RESPECTIVE PROGRAM TO ENHANCE AND ENRICH THE NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES TWCCH PROVIDES TO IMPROVE HEALTH OUTCOMES, EXPAND ACCESS TO ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES, REDUCE EMERGENCY DEPARTMENT UTILIZATION, AND REDUCE THE OVERALL COSTS OF TWCCH'S HEALTH CARE SYSTEM.</p> <p>FURTHERMORE, 340B REVENUES FUEL IMPACTFUL COMMUNITY OUTREACH INITIATIVES STRATEGICALLY DESIGNED TO ADDRESS THE NON-MEDICAL FACTORS THAT INFLUENCE HEALTH OUTCOMES AND PROMOTE WHOLE-PERSON WELLNESS. THESE INITIATIVES INCLUDE HEALTH FAIRS, FREE SCREENINGS (E.G., BLOOD GLUCOSE, BLOOD PRESSURE, BODY MASS INDEX (BMI), AND CHOLESTEROL), POP-UP FOOD AND CLOTHING PANTRIES, AND TARGETED PUBLIC HEALTH EDUCATION CAMPAIGNS. TWCCH FOCUSES ON EMPOWERING VULNERABLE POPULATIONS WITH CHRONIC CONDITIONS SUCH AS SUBSTANCE USE DISORDER, HIV/AIDS, HEPATITIS C, OBESITY, DIABETES, AND ISCHEMIC HEART DISEASE TO ADOPT HEALTHIER NUTRITIONAL HABITS AND LIFESTYLES. SPECIFICALLY, RYAN WHITE-RELATED 340B FUNDING PROVIDES COMPREHENSIVE SUPPORT TO INDIVIDUALS LIVING WITH HIV/AIDS, ENCOMPASSING MEDICAL, LABORATORY, AND TELEHEALTH SERVICES, MEDICAL CASE MANAGEMENT, HOME-DELIVERED MEALS, INSURANCE PREMIUM ASSISTANCE, EMERGENCY FINANCIAL AID, MENTAL HEALTH, TRANSPORTATION SERVICES, AND EXPANDED DENTAL CARE.</p> <p>CURRENT EFFORTS TO SIGNIFICANTLY REDUCE THE 340B PROGRAM WOULD HAVE A DEVASTATING NEGATIVE IMPACT ON THE HEALTH AND WELFARE OF THE PATIENTS, FAMILIES, AND COMMUNITIES WE SERVE, AS WE CANNOT AFFORDABLY SHIFT THESE COSTS INTO THE LIMITED REVENUES FOR THE CLINICAL SERVICES TWCCH PROVIDES.</p> <p>TWCCH INITIATED A CEO OUTREACH TO OTHER FQHCS IN NORTHEAST PENNSYLVANIA IN AN EFFORT TO OPTIMIZE PUBLIC RESOURCES THROUGH COLLABORATION IN AREAS SUCH AS HEALTHCARE WORKFORCE DEVELOPMENT AND FQHC PARTICIPATION IN LEARNING NETWORKS AND ACCOUNTABLE CARE INITIATIVES. THE CEOS WERE INVITED TO CONNECT ON A QUARTERLY BASIS TO PROMPT ROBUST DISCUSSIONS OF INDIVIDUAL ORGANIZATION AND REGIONAL HEALTH AND HEALTH WORKFORCE NEEDS, PROMOTING A SENSE OF SHARED RESPONSIBILITY, MUTUAL SUPPORT, AND SHARED LEARNING AMONG COLLEAGUES TO SPREAD KNOWLEDGE AND BEST PRACTICES. TO FURTHER ADVANCE THE IMPACTFUL SYNERGY OF FEDERAL RESOURCE OPPORTUNITIES DURING THE COVERED PERIOD, TWCCH BEGAN EXPLORATION OF VARIOUS HEALTH CENTER CONTROLLED NETWORKS (HCCNS) TO ENSURE OPTIMAL ALIGNMENT WITH TWCCH'S MISSION, PRIORITIES, AND CAPACITY.</p> <p>IN 2026, THE UNITED STATES WILL MARK ITS 250TH ANNIVERSARY OF THE SIGNING OF THE DECLARATION OF INDEPENDENCE. THE MISSION OF AMERICA250 IS TO CELEBRATE AND COMMEMORATE THIS SEMIQUINCENTENNIAL. IN 2018, PENNSYLVANIA'S LEGISLATURE AND GOVERNOR ESTABLISHED AMERICA250PA TO PLAN, ENCOURAGE, DEVELOP, AND COORDINATE THE COMMEMORATION OF THE 250TH ANNIVERSARY OF THE FOUNDING OF THE UNITED STATES, PENNSYLVANIA'S INTEGRAL ROLE IN THAT EVENT, AND THE IMPACT OF ITS PEOPLE ON THE NATION'S PAST, PRESENT, AND FUTURE. TWCCH ENTHUSIASTICALLY SUPPORTS AMERICA250PA, AND HAS ENGAGED IN TWO OF ITS INITIATIVES DURING THE REPORTING PERIOD. THE GOAL OF THE LIBERTY TREE PROJECT, CO-SPONSORED BY AMERICA250PA AND THE PENNSYLVANIA FREEMASONS, IS TO HAVE A CERTIFIED LIBERTY TREE PLANTED IN EACH OF PENNSYLVANIA'S 67 COUNTIES THROUGH 2026. ACCORDING TO AMERICAN250PA, "DURING THE AMERICAN REVOLUTIONARY WAR, THE SONS OF LIBERTY OFTEN CONVENED UNDER THE NATION'S ORIGINAL LIBERTY TREE IN BOSTON TO DISCUSS THEIR OPPOSITION TO BRITISH RULE IN THE COLONIES. THIS HISTORIC TREE BECAME A BEACON OF HOPE TO COLONISTS AND A SYMBOL OF AMERICAN FREEDOM. IN AN ATTEMPT TO STYMIE THESE COLONISTS, THE BRITISH DESTROYED BOSTON'S LIBERTY TREE. SUDDENLY, PATRIOTS THROUGHOUT THE 13 COLONIES BEGAN TO DESIGNATE NEW LIBERTY TREES. THE LAST KNOWN ORIGINAL LIBERTY TREE SAT ON THE CAMPUS OF SAINT JOHN'S UNIVERSITY IN MARYLAND, UNTIL IT WAS DESTROYED BY HURRICANE FLOYD IN 1999. TODAY, SEEDS FROM A SCION OF THE ORIGINAL TREE ARE BEING COLLECTED, GROWN INTO SEEDLINGS, AND PLANTED ACROSS THE COMMONWEALTH." TWCCH EARNED SELECTION TO RECEIVE A CERTIFIED LIBERTY TREE, A LIVING SYMBOL OF AMERICAN INDEPENDENCE, THAT WAS PLANTED AT VFW PARK IN DICKSON CITY - THE SITE OF ONE OF TWCCH'S NEWEST PRACTICE LOCATIONS ON LAND THAT HAS HISTORICAL TIES TO THE AMERICAN REVOLUTION. THE HISTORIC TULIP POPLAR SPONSORED BY TWCCH WILL BE THE ONLY LIBERTY TREE TO TAKE ROOT IN LACKAWANNA COUNTY AS PART OF A STATEWIDE EFFORT TO HONOR THE NATION'S FOUNDING. ITS PRESENCE WILL REINFORCE TWCCH'S NOBLE MISSION COMMITMENT TO IMPROVING THE HEALTH AND WELFARE OF OUR COMMUNITIES. THE SECOND AMERICA250PA PROJECT CELEBRATING THE SEMIQUINCENTENNIAL IN WHICH TWCCH ENGAGED IS ITS BELLS ACROSS PA ART INITIATIVE. THE FIBERGLASS LIBERTY BELLS WILL BE INFUSED WITH BEAUTY AND ARTFULLY DECORATED BY LOCAL ARTISTS. LIKE THE LIBERTY TREE PROJECT, THE GOAL IS TO PLACE AT LEAST ONE BELL IN EACH OF PENNSYLVANIA'S 67 COUNTIES. TWCCH HAS SPONSORED AND DESIGNED FIVE LIBERTY BELLS IN PENNSYLVANIA COUNTIES IN ITS SERVICE AREA.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>AS MENTIONED ABOVE, TWCCH PROUDLY RECEIVED ITS SECOND GOLD ADVOCACY CENTER OF EXCELLENCE RECOGNITION FROM THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC). TWCCH WAS FIRST AWARDED GOLD ACE STATUS IN JANUARY 2022, THE FIRST COMMUNITY HEALTH CENTER IN PENNSYLVANIA TO ACHIEVE THE RECOGNITION. BEING AWARDED A SECOND GOLD ACE STATUS IN DECEMBER 2023 SHOWS TWCCH'S CONTINUED DEDICATION TO ADVOCATING FOR AND SUPPORTING COMPREHENSIVE WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL, REGARDLESS OF ABILITY TO PAY, ZIP CODE, OR INSURANCE STATUS. TWCCH IS COMMITTED TO MISSION-DRIVEN ADVOCACY EFFORTS TO ENSURE THAT ELECTED OFFICIALS AT LOCAL, STATE, AND FEDERAL LEVELS GENUINELY UNDERSTAND AND COMMIT TO INVESTING IN THE COMPREHENSIVE, AFFORDABLE, AND INNOVATIVE PRIMARY HEALTH SERVICES AND INTERPROFESSIONAL WORKFORCE DEVELOPMENT THAT TEACHING COMMUNITY HEALTH CENTERS SUCH AS TWCCH PROVIDE FOR PEOPLE OF ALL AGES, INCOME LEVELS, AND INSURANCE STATUSES. ADDITIONALLY, TWCCH'S PUBLIC HEALTH POLICY AND ADVOCACY DEPARTMENT CONTINUED ITS WORK THROUGHOUT THE YEAR TO EDUCATE ELECTED OFFICIALS AND GOVERNMENT ADMINISTRATORS ON THE VALUE OF ITS COMMUNITY-IMMERSED GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) AS A POWERFUL, FISCALLY RESPONSIBLE, AND REPLICABLE SOLUTION TO THE AMERICA'S PRIMARY CARE SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTHCARE SERVICES, AND HEALTHCARE CAREER NEEDS AND CHALLENGES. TWCCH ALSO RESPONDED TO MULTIPLE FEDERAL, STATE, AND PROFESSIONAL NETWORKS' AND ASSOCIATIONS' REQUESTS FOR INFORMATION, SHARING LESSONS AND INSIGHTS FROM THE TRENCHES OF THE PRIMARY CARE DELIVERY AND HEALTH WORKFORCE TRAINING SITES IN ORDER TO SHARE AND LEARN BEST PRACTICE, AND TO INFORM POLICY DEVELOPMENT AT THE STATE AND FEDERAL LEVELS.</p> <p>JOINING TWCCH'S MID VALLEY AND CLARKS SUMMIT FQHC LOOK-ALIKE TEACHING HEALTH CENTERS, OUR SCRANTON AND WILKES-BARRE TEACHING HEALTH CENTERS RECEIVED NCQA'S PATIENT-CENTERED MEDICAL HOME (PCMH) CERTIFICATES OF RECOGNITION. THIS ACCOMPLISHMENT ACKNOWLEDGES THAT EACH THC HAS THE TOOLS, SYSTEMS, AND RESOURCES TO PROVIDE PATIENTS WITH THE RIGHT CARE AT THE RIGHT TIME IN THE RIGHT VENUE. PCMH PRACTICES ARE DESIGNED TO ALLOW PATIENTS AND THEIR CARE TEAMS TO BUILD BETTER RELATIONSHIPS; SUPPORT PATIENTS TO MORE EFFECTIVELY CONTROL CHRONIC CONDITIONS; AND IMPROVE THE OVERALL PATIENT AND PROVIDER EXPERIENCE. IN ADDITION, THE PCMH MODEL HAS BEEN SHOWN TO REDUCE OVERALL HEALTH CARE COSTS. THE NCQA WAS FOUNDED IN 1990 WITH SUPPORT FROM THE ROBERT WOOD JOHNSON FOUNDATION, AND SEEKS TO IMPROVE HEALTHCARE QUALITY THROUGH MEASUREMENT, TRANSPARENCY, AND ACCOUNTABILITY.</p> <p>TWCCH OFFICIALLY BECAME A CERTIFIED AMERICAN HEART ASSOCIATION (AHA) TRAINING SITE IN AUGUST 2023, ENABLING IT TO DELIVER IMPORTANT LIFE SAVING TRAINING SERVICES TO THE INTERPROFESSIONAL HEALTH CARE PROVIDERS AND STUDENTS, AS WELL AS GENERAL COMMUNITY MEMBERS IN OUR SERVICE AREA. TWCCH, AS AN AHA TRAINING CENTER, OFFERS A ROBUST, HIGH QUALITY TRAINING CURRICULUM. FOR HEALTH PROFESSIONALS, INCLUDING TWCCH AND TWCGME STAFF AND LEARNERS AS WELL AS OTHER MEDICAL PROVIDERS AND STUDENTS IN THE REGION, TWCCH PROVIDED CERTIFICATIONS AND RECERTIFICATIONS IN BASIC LIFE SUPPORT (BLS), ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS), PEDIATRIC ADVANCED LIFE SUPPORT (PALS), AND PEDIATRIC EMERGENCY ASSESSMENT, RECOGNITION AND STABILIZATION (PEARS). FOR THE COMMUNITY AT LARGE, TWCCH OFFERED HEARTSAVER CARDIOPULMONARY RESUSCITATION (CPR) AND AUTOMATED EXTERNAL DEFIBRILLATOR (AED) AS WELL AS NARCAN TRAINING. HEART CODE SKILLS TESTING WERE AVAILABLE FOR ALL DISCIPLINES AS WELL. TO DATE, TWCCH AWARDED 2,743 CERTIFICATIONS/RE-CERTIFICATIONS: 1,647 CERTIFICATIONS/RE-CERTIFICATIONS IN BLS, 352 IN ACLS, 105 IN PALS, AND 639 IN CPR. MOREOVER, TWCCH'S TRAINING CENTER ALSO PROVIDED NON-CERTIFICATION TRAINING TO 848 INDIVIDUALS IN THE FOLLOWING AREAS: HANDS ONLY CPR, USE OF NARCAN, STOP THE BLEED, IV INSERTION, ADVANCED AIRWAY, AND MOCK CODES, AMONG OTHERS. ALL TRAINING CONDUCTED ADHERED TO THE AHA'S SUPERIOR TRAINING SITE GUIDELINES, WHICH ARE WIDELY CONSIDERED THE GOLD STANDARD.</p> <p>DURING THE REPORTING PERIOD, TWCCH ALSO ENGAGED IN ACTIVITIES OF THE AMERICAN COLLEGE OF PHYSICIANS SUCH AS THE ACP DAY OF GIVING, AND PROMOTED THE CONCEPT OF "PARTICIPATORY CITIZENSHIP" INTERNALLY TO EMPOWER OUR STAFF AND LEARNERS TO BETTER UNDERSTAND OUR SHARED PUBLIC HEALTH SERVICE RESPONSIBILITIES AND THE IMPORTANT ROLE EACH PERSON PLAYS IN CONTRIBUTING TO TWCCH'S MISSION DELIVERY. TWCCH ALSO CONTINUED ITS SUPPORT OF STAFF AND LEARNER ENGAGEMENT ON RELEVANT EXTERNAL COMMITTEES WITH ASSOCIATIONS SUCH AS THE ACGME, THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), THE PENNSYLVANIA AND NORTHEAST PENNSYLVANIA MEDICAL SOCIETIES, THE AREA HEALTH EDUCATION CENTER, THE INSTITUTE OF PUBLIC POLICY AND ECONOMIC DEVELOPMENT, AND IN OTHER COMMUNITY FORUMS IN SUPPORT OF ITS "PARTICIPATORY CITIZENSHIP" PHILOSOPHY.</p> <p>TWCCH CONTINUED ITS CLINICAL TRAINING PARTNERSHIP WITH A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE (SOMA), HOSTING 30 OSTEOPATHIC MEDICAL STUDENTS FOR DIDACTICS AND CLINICAL TRAINING IN SCRANTON, PENNSYLVANIA. TWCCH SUCCESSFULLY ENTERED ITS SECOND YEAR AS A TRAINING SITE FOR THE PUBLIC HEALTH ORIENTED CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP), ITS SIMILARLY DESIGNED HOMETOWN SCHOLARS PIPELINE PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF HEALTH SCIENCES, NACHC, AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST CALIFORNIA. ADDITIONALLY, TWCCH DEVELOPED AND TRAINED ITS OWN MEDICAL ASSISTANTS (MAS) IN PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA), AND ALSO COMMUNITY HEALTH WORKERS (CHWS) THROUGH BOTH THE AHEC-AFFILIATED COMMUNITY HEALTH WORKER TRAINING PROGRAM AND THE NATIONAL HEALTH CORPS, AS WELL AS THE LOCAL READINESS IN SKILLED EMPLOYMENT (RISE) ACADEMIC INITIATIVE.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>TWCCH, IN PARTNERSHIP WITH TWCGME, PRESENTED ITS WILKES-BARRE HEALTH CITY HUB NEW MARKETS TAX CREDIT (NMTC) PROJECT IN MAY 2024 IN MIAMI, FLORIDA TO MULTIPLE COMMUNITY DEVELOPMENT ENTITIES (CDES), AND SINCE THAT TIME, SEVERAL HAVE GAUGED INTEREST. TWCCH ALSO RECEIVED A SECOND REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT FROM THE GOVERNOR FOR THIS IMPORTANT GME-SNC PROJECT IN WILKES-BARRE, PA. TWCCH ALSO SUBMITTED A SECOND RACP GRANT APPLICATION FOR ITS TEACHING HEALTH CENTER FQHC LOOK-ALIKE IN JERMYN, PA.</p> <p>TWCCH CONTINUED ITS WORK TOWARD THE DEVELOPMENT AND DEPLOYMENT OF AN EFFECTIVE PARTNER SATISFACTION SURVEY, IN ADDITION TO ITS MISSION-CRITICAL CLIMATE SURVEYS OF TWCGME'S RESIDENTS AND FACULTY. DURING THIS PERIOD, THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT IN WILKES-BARRE, PA (NOW KNOWN AS "THE INSTITUTE") WAS ENGAGED TO DESIGN AND ADMINISTER MULTIPLE SURVEYS, INCLUDING BUT NOT LIMITED TO THE ABOVE AS WELL AS THE SEMI-ANNUAL EMPLOYEE SATISFACTION SURVEY, AND ALSO THE ANNUAL AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) MEDICAL OFFICE SURVEYS ON PATIENT SAFETY CULTURE (MOSOPS) AND PATIENT-CENTERED MEDICAL HOME ASSESSMENT (PCMH-A) SURVEYS.</p> <p>TWCCH CONTINUED TO CONNECT CLINICAL EDUCATIONAL PROGRAMMING WITH TWCGME AND AFFILIATED HOSPITAL OPERATIONS, ASPIRING TOWARDS THE VISION OF THE ACGME SPONSORING INSTITUTION 2025 (SI2025) THAT CALLS FORTH THE SEAMLESS INTEGRATION OF CLINICAL AND EDUCATIONAL PROGRAMMING. THIS INCLUDES WORKING TOWARD A MORE SUCCESSFUL INTEGRATION OF DENTAL, MENTAL, AND BEHAVIORAL HEALTH INTO PRIMARY HEALTH SERVICES DELIVERY. WITH THE INCREASED FOCUS ON VALUE-BASED CARE (VBC) IN CLINICAL DELIVERY SITES AND CONCORDANT DYNAMICS IN VALUE-BASED PAYMENT CHANGES, TWCCH SUPPORTED TWCGME'S INTEGRATION OF VBC INITIATIVES INTO ITS SPONSORING INSTITUTIONAL POPULATION HEALTH CURRICULUM TO ENHANCE THE EDUCATION OF RESIDENTS AND FELLOWS TO BEST PREPARE THEM FOR THE FUTURE. DURING THE REPORTING PERIOD, TWCCH ALSO INVESTED SIGNIFICANT EFFORT IN PREPAREDNESS FOR A SUCCESSFUL AND IMPACTFUL ACGME CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) SITE VISIT FOR TWCGME'S AMBULATORY AND HOSPITAL PARTNERS. THE CLER PROGRAM WAS IMPLEMENTED BY THE ACGME AS PART OF THE NEXT ACCREDITATION SYSTEM IN RECOGNITION OF THE "PUBLIC'S NEED FOR A PHYSICIAN WORKFORCE CAPABLE OF MEETING THE CHALLENGES OF A RAPIDLY EVOLVING HEALTH CARE ENVIRONMENT." THEREFORE, THE ACGME CLER PROGRAM PROVIDES PERIODIC FEEDBACK TO CLINICAL SETTINGS AFFILIATED WITH ACGME-ACCREDITED PROGRAMS AND INSTITUTIONS, ADDRESSING THE FOLLOWING SIX AREAS OF IMPORTANCE TO RESIDENT AND FELLOW PHYSICIAN TRAINING: PATIENT SAFETY; HEALTH CARE QUALITY; TEAMING; SUPERVISION; WELL-BEING; AND PROFESSIONALISM. GMCC LAUNCHED A CLER SUBCOMMITTEE LED BY CLINICAL LEADERSHIP OF TWCCH (TWCGME'S PRIMARY AMBULATORY CLINICAL TRAINING ENVIRONMENT PARTNER). CLER MATERIALS HAVE BEEN UPDATED TO REFLECT VERSION 3.0 OF CLER PATHWAYS TO EXCELLENCE, RELEASED BY THE ACGME IN FEBRUARY 2024. CLER MOCK SITE VISITS DURING THE COVERED PERIOD OCCURRED AT: GEISINGER COMMUNITY MEDICAL CENTER (GCMC), TWCCH'S MID VALLEY AND SCRANTON FQHC LOOK-ALIKE TEACHING HEALTH CENTERS, AND REGIONAL HOSPITAL IN JUNE 2024.</p> <p>DURING THE COVERED PERIOD, TWCCH DEVELOPED A MULTI-TIER APPROACH TO SYSTEMATIZING THE QUINTUPLE AIM, ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S (IHI'S) TRIPLE AIM AND CONSISTING OF THE FOLLOWING COMPONENTS: THE PATIENT EXPERIENCE OF CARE (INCLUDING QUALITY AND SATISFACTION), IMPROVING THE HEALTH OF THE POPULATION, REDUCING PER CAPITA COST OF CARE FOR THE BENEFIT OF COMMUNITIES, THE WELL-BEING OF THE HEALTHCARE WORKFORCE, AND ADVANCING HEALTH EQUITY. TWCCH MADE STRIDES IN DEMONSTRATING IMPROVED STANDARDIZATION OF CLINICAL CARE ACROSS ALL CLINICAL LOCATIONS AND SERVICES LINES. THE AZARA PLATFORM WAS IMPLEMENTED, WHICH NOW ALLOWS FOR THE DISSEMINATION OF INDIVIDUALIZED CLINICIAN, TEAM, AND CLINIC LEVEL REPORT CARDS TO PROMOTE THE ORGANIZATION'S COMMITMENT TO A CULTURE OF VISIBILITY, TRANSPARENCY, AND CONTINUOUS QUALITY IMPROVEMENT AS RELATED TO STANDARDS OF CARE. THIS COMMITMENT TO QUALITY IMPROVEMENT REQUIRES CONTINUOUS FOCUSED TEAM EFFORTS AND, TO DATE, HAS YIELDED POSITIVE RESULTS ACCORDING TO THE US HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA'S) UNIFORM DATA SYSTEM (UDS) REPORTING MEASURES. PROUDLY, TWCCH WAS ONE OF THE PIONEERING HEALTH CENTERS THAT SUBMITTED ITS OUTCOMES REPORTING THROUGH HRSA'S NEWLY LAUNCHED UDS+ PLATFORM DURING THE REPORTING PERIOD. THE OUTCOMES DATA DEMONSTRATED MEASURABLE DECREASES IN VARIABILITY IN PRIORITIZED CLINICAL PRACTICES, INDICATING IMPROVED STANDARDIZATION, PARTICULARLY EVIDENT IN THE AREA OF PREVENTATIVE CARE, INCLUDING SCREENINGS FOR MENTAL HEALTH (MH), SLEEP APNEA, ILLICIT SUBSTANCE USE, ALCOHOL USE, AS WELL AS BREAST, COLORECTAL, AND CERVICAL CANCER.</p> <p>TWCCH IS CONTINUOUSLY ENHANCING ITS FACILITIES AND INFORMATION TECHNOLOGY INFRASTRUCTURE TO IMPROVE THE DELIVERY OF OUR CLINICAL AND EDUCATIONAL SERVICES. FOR EXAMPLE, TWCCH EQUIPPED WAITING ROOMS WITH ELECTRONIC TABLETS FOR PATIENTS TO COMPLETE ESSENTIAL SCREENINGS LISTED ABOVE, STREAMLINING THE PROCESS WHILE EMPOWERING PATIENTS TO TAKE AN ACTIVE OWNERSHIP ROLE IN THEIR HEALTH AND HEALTH SERVICES.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>DURING THE COVERED PERIOD, TWCCH ACTIVELY PREPARED FOR ITS NEXT HRSA FQHC LOOK-ALIKE OPERATIONAL SITE VISIT (OSV) WHILE ALSO PREPARING ITS APPLICATION FOR AN ANTICIPATED HRSA NOTICE OF FUNDING OPPORTUNITY TO BECOME A FULL FQHC H80 GRANTEE OF THE PUBLIC HEALTH SERVICE ACT THROUGH NEW ACCESS POINT (NAP) FUNDING. HRSA'S OSV IS AN ONSITE EVALUATION BY EXPERIENCED REVIEWERS ENGAGED AND TRAINED BY HRSA'S BUREAU OF PRIMARY HEALTH CARE (BPHC) TO EVALUATE HEALTH CENTER COMPLIANCE WITH HEALTH CENTER PROGRAM REQUIREMENTS AS SPECIFIED IN THE HEALTH CENTER COMPLIANCE MANUAL. ALTHOUGH TWCCH'S OSV TOOK PLACE ON NOVEMBER 19-20, 2024 (AFTER THE CLOSE OF THE REPORTING PERIOD), TWCCH WAS DILIGENTLY PREPARING AND THOROUGHLY VALIDATING THAT IT WAS IN A CONSTANT STATE OF COMPLIANCE AND READINESS FOR THE OSV THROUGHOUT THE COVERED PERIOD. THIS LEVEL OF ENTERPRISE-WIDE PREPARATION RESULTED IN AN EXTREMELY SUCCESSFUL OSV IN NOVEMBER, DURING WHICH TWCCH WAS FOUND TO BE IN 100% COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS. THE OSV REVIEW TEAM METICULOUSLY REVIEWED DOCUMENTS, CHALLENGED AND QUESTIONED CERTAIN PRACTICES WHERE APPROPRIATE, AND PROVIDED CONSTRUCTIVE FEEDBACK FOR CONSIDERATION TO INFORM TWCCH'S JOURNEY TO EXCELLENCE. OSVS PROVIDE INCREDIBLE EXPERIENTIAL AND REFLECTIVE OPPORTUNITIES TO EXPAND MISSION-DRIVEN OPERATIONS AND COMPLIANCE EFFORTS, AS WELL AS ENSURING ALIGNMENT WITH THE EVOLVING PRIORITIES OF HRSA, BPHC, AND HHS TO MAINTAIN PUBLIC TRUST. THE INCREDIBLE WORK INVESTED INTO PREPARATION FOR HRSA'S OSV PERFECTLY POSITIONED TWCCH TO SUBMIT A HIGH-QUALITY NAP APPLICATION. ON MAY 30, 2024, THE WEB-BASED NAP APPLICATION PORTAL WAS MADE AVAILABLE TO CURRENT OR ASPIRING HRSA-DESIGNATED FEDERALLY QUALIFIED HEALTH CENTERS IN SUPPORTING THE DEVELOPMENT OF NEW HEALTH CENTER SERVICES AND DELIVERY SITES TO EXPAND AFFORDABLE, ACCESSIBLE, AND HIGH-QUALITY PRIMARY HEALTH SERVICES FOR UNDERSERVED COMMUNITIES AND POPULATIONS. THE FIRST PHASE OF TWCCH'S APPLICATION WAS TIMELY SUBMITTED BEFORE THE DEADLINE OF AUGUST 30, 2024, WITH THE SECOND PHASE SUCCESSFULLY SUBMITTED PRIOR TO THE OCTOBER 2, 2024 DEADLINE. IN SUPPORT OF THIS APPLICATION AND IN FURTHERANCE OF TWCCH'S MISSION, TWCCH SECURED A NEW LOCATION IN BLAKESLEE, PENNSYLVANIA WHERE UNMET HEALTH NEEDS INDICATED A NAP CLINICAL LOCATION WOULD BE MOST IMPACTFUL. IDENTIFYING SUCH A LOCATION IN MONROE COUNTY, PENNSYLVANIA, TWCCH ENGAGED IN DUE DILIGENCE TO SECURE THAT PROPERTY DURING THE COVERED PERIOD. THE CLOSING ON THAT PROPERTY OCCURRED DURING FISCAL YEAR 2024-2025, THEREFORE, ADDITIONAL INFORMATION ABOUT THE MONROE COUNTY LOCATION WILL BE INCLUDED ON TWCCH'S SUBSEQUENT FORM 990.</p> <p>DURING THE COVERED PERIOD, THE AUDIT COMMITTEE OF THE BOARD APPROVED THE NEW COMPLIANCE PROGRAM, WHICH PROMPTED THE APPOINTMENT OF A NEW CHIEF COMPLIANCE OFFICER AND THE POSTING AND HIRING OF A DIRECTOR OF CLINICAL COMPLIANCE. ADDITIONALLY, THE BALANCED SCORECARD (BSC)/KEY PERFORMANCE INDICATORS (KPIs) WERE PUBLISHED TO THE BOARD OF DIRECTORS THROUGH THE GOVERNANCE WEB-BASED PORTAL IN THE SPRING OF 2024 TO ENSURE THAT GOVERNANCE HAD FULL VISIBILITY INTO ORGANIZATIONAL PERFORMANCE METRICS UPON DEMAND. ADDITIONALLY, THE BALANCED SCORECARD (BSC)/KEY PERFORMANCE INDICATORS (KPIs) WERE PUBLISHED TO THE BOARD OF DIRECTORS THROUGH THE GOVERNANCE WEB-BASED PORTAL IN THE SPRING OF 2024 TO ENSURE THAT GOVERNANCE HAD FULL VISIBILITY INTO THESE METRICS UPON DEMAND.</p> <p>TWCCH ANALYZED ITS DE-IDENTIFIED POPULATION HEALTH DATA TO ENSURE ALIGNMENT WITH ANY SPECIFIC NEEDS-RESPONSIVE COMMUNITY SERVICE PROJECTS IN THE RESPECTIVE SERVICE AREA OF EACH FQHC LOOK-ALIKE TEACHING HEALTH CENTER. TWCCH'S GOVERNING BOARD'S PLANNING AND DEVELOPMENT COMMITTEE REVIEWED AND EVALUATED THE NEEDS OF EACH CLINICAL LOCATION AND WORKED WITH THE TWCPCCE DIRECTORS AND VOLUNTEER BOARD MEMBERS TO SCHEDULE RESPONSIVE COMMUNITY SERVICE EVENTS ACCORDINGLY. DURING THE COVERED PERIOD, FOOD INSECURITY AND CLOTHING ASSISTANCE EMERGED AS PREDOMINANT HEALTH NEEDS ACROSS CLINICAL LOCATIONS. TWCCH AND TWCPCCE HELD 26 FOOD PANTRIES THAT SERVED 1,247 FAMILIES, AND MULTIPLE COMMUNITY CLOSET ACTIVITIES. LEARNING SPECIFICALLY OF THE INCREASED NEED FOR SOCKS, TWCPCCE SECURED AN ORGANIZATIONAL DONATION OF 10,000 PAIRS OF BOMBAS SOCKS THAT WERE DISTRIBUTED TO PATIENTS AND FAMILIES. THE INCREASED NEED FOR COMMUNITY-BASED SUPPORT CATALYZED THE HIRING OF ADDITIONAL CHWS TO ENHANCE TWCCH'S CHW TEAM, TWO FOR THE SCRANTON LOCATION AND ONE ADDITIONAL CHW FOR THE WILKES-BARRE LOCATION.</p>

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>THESE NUMBERS INCLUDE HOUSE CALLS AND ALSO VISITS IN SKILLED NURSING, ASSISTED LIVING, INPATIENT AND TRANSITIONAL REHABILITATION, AND HOSPICE FACILITIES. TWCCH OPERATES NCQA-RECOGNIZED PATIENT-CENTERED MEDICAL HOMES (PCMH) (FORMERLY NCQA LEVEL 3) WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION AND NCQA HISTORICAL SCHOOL-BASED HEALTH CENTER RECOGNITION AS WELL. TWCCH HAS EXECUTED MEMORANDA OF UNDERSTANDING AND SHARED CARE COMPACTS WITH NUMEROUS PRIMARY AND SPECIALTY MEDICAL, DENTAL, MENTAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH SERVICE PROVIDERS, HOSPITALS, INTEGRATED DELIVERY SYSTEMS, NURSING HOMES, HOME HEALTH AND COMMUNITY-BASED RESOURCE AGENCIES THAT COMPRISE AN EXTENSIVE, ENRICHED, NON-DISCRIMINATORY RESOURCE NETWORK. TWCCH IS A DESIGNATED PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (COE), A PENNSYLVANIA COORDINATING CENTER FOR MEDICATION ASSISTED TREATMENT (PACMAT), AND THE CONVENING, PRIMARY ORGANIZATION OF A MULTI-INSTITUTION HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (MOMS) PROGRAM. TWCCH OFFERS ROBUST PRIMARY MEDICAL, GERIATRIC, RHEUMATOLOGICAL, MENTAL, BEHAVIORAL, DENTAL, INFECTIOUS DISEASE, AND RYAN WHITE HEALTH SERVICES WITHIN THE PCMH FRAMEWORK, COORDINATING A FULL SPECTRUM OF COMPREHENSIVE, WHOLE-PERSON HEALTH SERVICES FOR OUR PATIENTS. TWCCH IS DEEPLY INVESTED IN COMMUNITY-BASED LIVING AND AGING IN PLACE, AND OFFERS THE EMPOWERING SERVICES OF COMMUNITY HEALTH WORKERS, MEDICAL ASSISTANTS, CERTIFIED RECOVERY SPECIALISTS, ENROLLMENT SERVICE PROVIDERS, SPIRITUAL AIDES, CASE WORKERS, AND NURSE CARE MANAGERS TO OPTIMIZE RESOURCES IN IMPROVING THE HEALTH AND WELFARE OF THE PATIENTS AND FAMILIES IT SERVES. TWCCH CARES FOR THE ENTIRE AGE SPECTRUM OF PATIENTS IN THIRTEEN FQHC LOOK-ALIKE TEACHING HEALTH CENTERS STAFFED WITH MISSION-DRIVEN INTERPROFESSIONAL CARE TEAMS THAT ALSO PROVIDE HOUSE CALLS AND HOSPITALIST, SKILLED NURSING FACILITY, HOSPICE, AND INPATIENT ACUTE REHABILITATION SERVICES FOR OUR PATIENTS IN PARTNERING COMMUNITY-BASED INSTITUTIONS. TWCCH'S COLLABORATIVE CARE TEAMS INTEGRATE FAMILY MEDICINE, PEDIATRICS, INTERNAL MEDICINE, RHEUMATOLOGY, INFECTIOUS DISEASE, ADDICTION MEDICINE, OBESITY MEDICINE, NUTRITION, AND GERIATRICS BOARD CERTIFIED PHYSICIANS, COMPLEMENTED BY PRIMARY CARE TRAINED PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS TRAINED IN PRIMARY CARE, GERIATRICS, MENTAL AND BEHAVIORAL HEALTH, AND ADDICTION TREATMENT AND RECOVERY SERVICES. PROGRESSIVE CAREERS OF RNS AND LPNS, MEDICAL ASSISTANTS, COMMUNITY HEALTH WORKERS, ENROLLMENT SPECIALISTS, CERTIFIED RECOVERY SPECIALISTS, MENTAL HEALTH PEER SPECIALISTS, CASE WORKERS, MEDICAL AND LICENSED CLINICAL SOCIAL WORKERS, LICENSED PROFESSIONAL COUNSELORS, DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS, EXPANDED FUNCTION DENTAL ASSISTANTS, PHARMACISTS, NUTRITIONISTS, AND ELECTRONIC HEALTH RECORD SPECIALISTS HAVE ENRICHED OUR INTERPROFESSIONAL PCMH TEAM-BASED CARE DELIVERY MODEL AND THE SERVICES THAT WE PROVIDE TO PATIENTS AND FAMILIES. ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION ACTIVITIES ALLOW TWCCH TO EXPAND NON-DISCRIMINATORY ACCESS FOR PATIENTS AND INTERPROFESSIONAL LEARNERS TO PARTNERING SPECIALTY PROVIDERS.</p> <p>CENTRAL TO TWCCH'S MISSION IS A DEEP COMMITMENT TO COMMUNITY IMMERSION, RECOGNIZING THAT GENUINE IMPACT STEMS FROM STRATEGIES DESIGNED IN CLOSE PROXIMITY TO THE NEEDS OF THOSE WE SERVE. THIS CENTRAL CHARACTERISTIC OF OUR GME-SNC MODEL IS EXEMPLIFIED BY OUR STRATEGIC CO-LOCATION OF CLINICAL PRACTICES WITHIN VITAL COMMUNITY HUBS. FOR INSTANCE, OUR CO-LOCATION WITH TWO LEGACY PUBLIC MENTAL HEALTH SERVICE AGENCIES ALLOWS US TO ADDRESS THE COMPLEX NEEDS OF PATIENTS GRAPPLING WITH SERIOUS MENTAL ILLNESS, ADVERSE EXPERIENCES, AND MULTIFACETED CO-MORBIDITIES AND NON-MEDICAL CHALLENGES. SIMILARLY, TWCCH HAS A CLINICAL PRESENCE WITHIN A PUBLIC SCHOOL SETTING IN OUR SERVICE AREA THAT UNDERSCORES THE CRITICAL ROLE OF SCHOOL-BASED HEALTH SERVICES. BY OFFERING ACCESSIBLE MEDICAL, MENTAL, DENTAL, AND WELL-BEING RESOURCES TO STUDENTS, FAMILIES, SCHOOL EMPLOYEES, AND THE WIDER COMMUNITY, WE REMOVE BARRIERS TO FUNDAMENTAL PRIMARY HEALTH SERVICES, WHILE FOSTERING A NURTURING ENVIRONMENT CONDUCTIVE TO LEARNING AND WELL-BEING. THIS INTEGRATED APPROACH ENSURES THAT HEALTHCARE IS NOT JUST DELIVERED, BUT EMBEDDED WITHIN THE VERY FABRIC OF THE COMMUNITIES SERVED, ENABLING US TO PROACTIVELY ADDRESS HEALTH CARE SERVICES AND HEALTH CARE CAREER ACCESS NEEDS AND CHALLENGES. PIPELINE RECRUITMENT FROM THE COMMUNITIES SERVED PROMOTES CONCORDANCE FROM THE WORKFORCE WITH THE POPULATIONS SERVED, EMPOWERING RECRUITMENT FROM, RETENTION IN, AND RESTORATION OF THE COMMUNITIES.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>THIS DISCOUNT IS THEN PASSED ON TO QUALIFYING PATIENTS THROUGH PARTNERSHIPS WITH PARTICIPATING PHARMACIES, THEREBY INCREASING ACCESS TO ESSENTIAL MEDICATIONS FOR VULNERABLE POPULATIONS. PATIENT ELIGIBILITY FOR 340B DISCOUNTS IS DETERMINED BASED ON INCOME AND DEMONSTRATED HARDSHIP, ENSURING THAT THOSE WITH THE GREATEST NEED RECEIVE CRUCIAL SUPPORT. CRITICAL 340B PROGRAM REVENUES GENERATED THROUGH RYAN WHITE AND FQHC LOOK-ALIKE SERVICES ARE STRATEGICALLY REINVESTED IN EACH RESPECTIVE PROGRAM TO ENHANCE AND ENRICH THE NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES TWCCH PROVIDES TO IMPROVE HEALTH OUTCOMES, EXPAND ACCESS TO ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES, REDUCE EMERGENCY DEPARTMENT UTILIZATION, AND REDUCE THE OVERALL COSTS OF TWCCH'S HEALTH CARE SYSTEM.</p> <p>FURTHERMORE, 340B REVENUES FUEL IMPACTFUL COMMUNITY OUTREACH INITIATIVES STRATEGICALLY DESIGNED TO ADDRESS THE NON-MEDICAL FACTORS THAT INFLUENCE HEALTH OUTCOMES AND PROMOTE WHOLE-PERSON WELLNESS. THESE INITIATIVES INCLUDE HEALTH FAIRS, FREE SCREENINGS (E.G., BLOOD GLUCOSE, BLOOD PRESSURE, BODY MASS INDEX (BMI), AND CHOLESTEROL), POP-UP FOOD AND CLOTHING PANTRIES, AND TARGETED PUBLIC HEALTH EDUCATION CAMPAIGNS. TWCCH FOCUSES ON EMPOWERING VULNERABLE POPULATIONS WITH CHRONIC CONDITIONS SUCH AS SUBSTANCE USE DISORDER, HIV/AIDS, HEPATITIS C, OBESITY, DIABETES, AND ISCHEMIC HEART DISEASE TO ADOPT HEALTHIER NUTRITIONAL HABITS AND LIFESTYLES. SPECIFICALLY, RYAN WHITE-RELATED 340B FUNDING PROVIDES COMPREHENSIVE SUPPORT TO INDIVIDUALS LIVING WITH HIV/AIDS, ENCOMPASSING MEDICAL, LABORATORY, AND TELEHEALTH SERVICES, MEDICAL CASE MANAGEMENT, HOME-DELIVERED MEALS, INSURANCE PREMIUM ASSISTANCE, EMERGENCY FINANCIAL AID, MENTAL HEALTH, TRANSPORTATION SERVICES, AND EXPANDED DENTAL CARE.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	CURRENT EFFORTS TO SIGNIFICANTLY REDUCE THE 340B PROGRAM WOULD HAVE A DEVASTATING NEGATIVE IMPACT ON THE HEALTH AND WELFARE OF THE PATIENTS, FAMILIES, AND COMMUNITIES WE SERVE, AS WE CANNOT AFFORDABLY SHIFT THESE COSTS INTO THE LIMITED REVENUES FOR THE CLINICAL SERVICES WE PROVIDE.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>TWCCH RIGOROUSLY EVALUATES ALL POTENTIAL GRANT INITIATIVES, ENSURING MISSION ALIGNMENT WITH COMMUNITY HEALTH NEEDS AND DEMONSTRATING FEASIBILITY, MEASURABLE OUTCOMES, AND LONG-TERM SUSTAINABILITY. DRIVEN BY AN UNWAVERING COMMITMENT TO AUTHENTICITY, INTEGRITY, AND THE HIGHEST STEWARDSHIP AND ACCOUNTABILITY STANDARDS, WE CULTIVATE STRATEGIC PARTNERSHIPS WITH LOCAL, REGIONAL, STATE, AND NATIONAL FUNDERS. THIS COLLABORATIVE APPROACH FOSTERS UNPRECEDENTED, HIGH-IMPACT, CROSS-ORGANIZATIONAL SYNERGIES AND COLLABORATIONS, PROMOTING SHARED PURPOSE, ACCOUNTABILITY, AND COLLECTIVE ACTION STRATEGIES. TWCCH IS DEDICATED TO DEMONSTRATING RESPONSIBLE AND TRANSFORMATIONAL STEWARDSHIP OF PUBLIC RESOURCES, EFFECTIVELY ADDRESSING COMMUNITY HEALTH NEEDS AND DRIVING TANGIBLE IMPROVEMENTS IN POPULATION HEALTH, NON-DISCRIMINATORY AND AFFORDABLE ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES, AND OVERALL COMMUNITY WELL-BEING.</p> <p>THE FOLLOWING DETAILED INFORMATION OF MATERIAL GRANT-FUNDED PROGRAMS SUPPORTS THOSE GRANTS LISTED ON SCHEDULE B:</p> <p>A.T. STILL UNIVERSITY - SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA - PRIMARY CARE TRAINING AND ENHANCEMENT (TOTAL: \$9,000)</p> <p>PURPOSE OF ASSISTANCE: A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH THROUGH A SUBAWARD OF A HEALTH RESOURCES AND SERVICES ADMINISTRATION PRIMARY CARE TRAINING AND ENHANCEMENT GRANT. THIS FUNDING SUPPORTS CLINICAL AND ADMINISTRATIVE LEADERSHIP IN BUILDING AND NURTURING THE SEAMLESS INTEGRATION OF BEHAVIORAL AND MENTAL HEALTH SERVICES INTO PRIMARY CARE, DELIVERING FULLY INTEGRATED, WHOLE-PERSON HEALTH SERVICES WITHIN CLINICAL LEARNING ENVIRONMENTS FOR ATSU-SOMA MEDICAL STUDENTS.</p> <p>AMERICAN CANCER SOCIETY - PREVENTION AND SCREENING - EARLY DETECTION OF COLORECTAL CANCER (TOTAL: \$20,000)</p> <p>PURPOSE OF ASSISTANCE: THE AMERICAN CANCER SOCIETY (ACS) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO COLLABORATE WITH ACS STAFF IN ENHANCING CANCER PREVENTION AND SCREENING NAVIGATION. THE FOCUS OF THIS PROJECT IS EARLY DETECTION OF COLORECTAL CANCER, INCLUDING CARE COORDINATION, PATIENT EDUCATION, AND TRANSPORTATION COSTS TO REDUCE BARRIERS TO SCREENING FOR PATIENTS BETWEEN THE AGES OF 45 AND 75. THE FUNDS ARE USED FOR PERSONNEL, INCLUDING THE DIRECTOR OF THE GERIATRIC SERVICE LINE, WHO SERVED AS A CLINICAL CHAMPION FOR COLORECTAL CANCER SCREENING AWARENESS, AND REVSPRING, A PLATFORM FOR SENDING PATIENTS REGULAR AUTOMATED REMINDERS FOR SCREENING APPOINTMENTS.</p> <p>AMERICAN MEDICAL ASSOCIATION - USING AI TO TRAIN FAMILY MEDICINE RESIDENTS IN POPULATION BEHAVIORAL HEALTH (TOTAL: \$25,000)</p> <p>PURPOSE OF ASSISTANCE: THE AMERICAN MEDICAL ASSOCIATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO PARTICIPATE IN THE CHANGEMEDED CONSORTIUM, A GROUP COMMITTED TO SYSTEMATIC CHANGE TO BETTER TRAIN FUTURE PHYSICIANS. THE PROJECT USES DATA ANALYSIS AND ARTIFICIAL INTELLIGENCE TO IMPROVE HOW FAMILY MEDICINE RESIDENTS LEARN ABOUT POPULATION BEHAVIORAL HEALTH SERVICES, ALIGNING WITH MEDICAL STANDARDS AND CORRELATING THEIR PERFORMANCE WITH PATIENT OUTCOMES IN A COMMUNITY HEALTH CENTER SETTING.</p> <p>APPALACHIAN REGIONAL COMMISSION - JOB TRAINING FOR ADULTS IN RECOVERY (TOTAL: \$92,938)</p> <p>PURPOSE OF ASSISTANCE: THE APPALACHIAN REGIONAL COMMISSION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO ADDRESS THE SUBSTANCE USE DISORDER CRISIS BY EXPANDING A RECOVERY ECOSYSTEM, LEADING TO WORKFORCE ENTRY OR REENTRY. ENHANCED JOB TRAINING IS PROVIDED FOR CERTIFIED PEER RECOVERY SUPPORT SPECIALISTS AND COMMUNITY HEALTH WORKERS IN CONJUNCTION WITH THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, AREA HEALTH EDUCATION CENTER, LUZERNE COUNTY COMMUNITY COLLEGE, AND OTHER COMMUNITY PARTNERS. THE GOAL OF THIS GRANT IS TO IMPROVE THE EDUCATION, KNOWLEDGE, SKILLS, AND HEALTH OF RESIDENTS SO THEY CAN WORK AND SUCCEED IN APPALACHIA. THE TARGET POPULATION IS ADULTS IN RECOVERY, AGES 18 AND OLDER, WHO SELF-IDENTIFY OR HAVE BEEN NOMINATED AS GOOD CANDIDATES TO WORK AS CERTIFIED RECOVERY SPECIALISTS AND/OR COMMUNITY HEALTH WORKERS.</p> <p>CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT - TRAINING FOR HEALTH CENTER EMPLOYEES TO DEVELOP A TRAUMA-RESPONSIVE COMMUNITY (TOTAL: \$6,316)</p> <p>PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDS, THROUGH THE NON-PROFIT GRANT PROGRAM, TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO OFFSET THE SANCTUARY INSTITUTE TRAINING COSTS. THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE, WHICH, AT ITS CORE, PROMOTES SAFETY AND RECOVERY FROM ADVERSITY BY ACTIVELY CREATING A TRAUMA-RESPONSIVE COMMUNITY. THIS GRANT IS DESIGNED TO HELP OUR FRONTLINE WORKFORCE, INCLUDING PROVIDERS AND STAFF, OVERCOME CHALLENGES CAUSED BY THE COVID-19 PANDEMIC.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT - OVERDOSE PREVENTION, HARM REDUCTION, AND LONG-TERM RECOVERY SUPPORT (TOTAL: \$31,082)</p> <p>PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDS, THROUGH THE NON-PROFIT GRANT PROGRAM, TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR AN OVERDOSE PREVENTION PROGRAM FOCUSING ON HARM REDUCTION AND LONG-TERM RECOVERY SUPPORT. THE FUNDS SUPPORT TRAINING RELATED TO OVERDOSE PREVENTION, OPIOID USE DISORDER, AND MEDICATION-ASSISTED TREATMENT IMPACTED BY THE COVID-19 PANDEMIC. THE PROGRAM HELPS EXPAND THE CAPACITY OF TWCCH'S OPIOID USE DISORDER CENTER OF EXCELLENCE AND INCORPORATES HARM REDUCTION SERVICES DESIGNED FOR COMMUNITY-BASED TREATMENT PROGRAMS AND INTERVENTIONS.</p> <p>CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT - WELLNESS PROGRAMMING (TOTAL: \$21,207)</p> <p>PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDS, THROUGH THE NON-PROFIT GRANT PROGRAM, TO THE WRIGHT CENTER FOR COMMUNITY HEALTH FOR WELLNESS PROGRAMMING FOR THOSE IMPACTED BY THE COVID-19 PANDEMIC. THE FUNDS ARE USED TO INCORPORATE LIFESTYLE MEDICINE INTO EVERYDAY PRACTICE, IMPROVING THE DELIVERY OF PRIMARY CARE HEALTH SERVICES AND TREATING OBESITY AS A CHRONIC DISEASE. IT ALSO SUPPORTS ACCESS TO INTENSIVE DIET THERAPY FOR VULNERABLE POPULATIONS.</p> <p>CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT &amp; SCRANTON AREA COMMUNITY FOUNDATION - CENTRALIZED DATA REPORTING AND ANALYTICS (TOTAL: \$22,419)</p> <p>PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDS, THROUGH THE NON-PROFIT GRANT PROGRAM (ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION), TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT A CENTRALIZED DATA REPORTING AND ANALYTICS SOLUTION FOR COMMUNITY HEALTH CENTERS AND PRIMARY CARE ASSOCIATIONS WHICH IS USED TO FACILITATE CARE TRANSFORMATION, DRIVE QUALITY IMPROVEMENT, AID IN COST REDUCTION, AND SIMPLIFY MANDATED REPORTING FOR ORGANIZATIONS IMPACTED BY THE COVID-19 PANDEMIC. THIS SYSTEM IS IMPLEMENTED AT OUR SCRANTON FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE LOCATION, 501 SOUTH WASHINGTON AVENUE, SCRANTON.</p> <p>COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT - INCREASING COVID-19 VACCINATION RATES AMONG POPULATIONS FACING DISPARITIES (TOTAL: \$14,397)</p> <p>PURPOSE OF ASSISTANCE: THE COMMONWEALTH OF PENNSYLVANIA'S DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH CDC COVID-19 FUNDING TO SUPPORT OUR GRASSROOTS OUTREACH EFFORTS IN THE COMMUNITIES WE SERVE ABOUT COVID-19 VACCINES. THE PROGRAM STRIVES TO INCREASE VACCINATION RATES ACROSS RACIAL AND ETHNIC ADULT POPULATIONS EXPERIENCING DISPARITIES. TWCCH WORKED TO EDUCATE COMMUNITIES ABOUT THE COVID-19 VACCINE TO IMPROVE VACCINE UPTAKE, ADDRESS CONCERNS AND BARRIERS, AND OVERALL, PROMOTE THE HEALTH AND SAFETY OF PENNSYLVANIA RESIDENTS. THE COMMUNITIES OF PRIORITY INCLUDED RACIAL AND ETHNIC MINORITIES, LGBTQ+, PERSONS EXPERIENCING HOMELESSNESS, LOW-INCOME PERSONS, AND PERSONS WITH MENTAL AND/OR PHYSICAL DISABILITIES, AMONG OTHERS.</p> <p>COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF COMMUNITY AND ECONOMIC DEVELOPMENT - MID VALLEY FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER EXPANSION LOCATED IN JERMYN, PA (TOTAL: \$333,333)</p> <p>PURPOSE OF ASSISTANCE: THIS FUNDING WILL SUPPORT SEVERAL IMPROVEMENTS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH'S MID VALLEY FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER, INCLUDING A COMMUNITY GARDEN, COMMUNITY CENTER, AND WALKING TRAILS. THE COMMUNITY GARDEN AND COMMUNITY CENTER WILL BE COMMITTED TO COMMUNITY-BASED THERAPEUTICS, INCLUDING INTEGRATIVE COMMUNITY THERAPY, COOKING CLASSES, MENTAL HEALTH FIRST AID, AND COMMUNITY-DRIVEN EVENTS, IN ADDITION TO SUPPORTING LOCAL ARTISTS. THIS WILL ALSO INCLUDE DISPLAYING A LIBERTY BELL AS PART OF THE AMERICA250PA INITIATIVE. THE PROGRAM PROMOTES COMMUNITY PARTICIPATION AND COLLABORATION AMONG RESIDENTS, NONPROFIT ORGANIZATIONS, AND BUSINESSES, PRODUCING OUTCOMES BY ASSISTING A DISTRESSED AREA OR LOW-INCOME POPULATION IN A NEIGHBORHOOD.</p> <p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS - PREGNANCY SUPPORT SERVICES FOR MOMS WITH OPIOID USE DISORDER (TOTAL: \$434,664)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) FUNDS FOR A PREGNANCY SUPPORT SERVICES GRANT TO EXTEND THE REACH OF ITS HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM INTO LUZERNE, WAYNE, AND SUSQUEHANNA COUNTIES. IN CONCERT WITH ITS PARTNERS, TWCCH IS COORDINATING THE DELIVERY OF MEDICATION-ASSISTED TREATMENT AS WELL AS PREGNANCY AND POSTPARTUM MATERNAL AND CHILD SUPPORT SERVICES IN COMMUNITIES THAT LACK A STRONG NETWORK OF COLLABORATING HEALTH AND SOCIAL SERVICE AGENCIES TO ADDRESS THIS NEED.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH - SUPPORT FOR A NEW FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER LOCATED IN COVINGTON TOWNSHIP, PA (TOTAL: \$120,391)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT THE ESTABLISHMENT OF A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-ALIKE TEACHING HEALTH CENTER LOCATED IN COVINGTON TOWNSHIP, LACKAWANNA COUNTY, WHICH IS PROXIMAL TO RURAL WAYNE AND MONROE COUNTIES. TWCCH'S NORTH POCONO FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE CLINICAL LOCATION IS A FULL-SERVICE, FAMILY-FRIENDLY CLINIC THAT OFFERS PRIMARY HEALTH SERVICES AND ACCEPTS PATIENTS OF ALL AGES. THE ADVANCED PRACTITIONERS PROVIDE PRIMARY CARE AS WELL AS BEHAVIORAL HEALTH AND ADDICTION AND RECOVERY SERVICES, EFFECTIVELY INCREASING ACCESS FOR THE UNINSURED, UNDERINSURED, AND UNDERSERVED POPULATIONS LIVING IN THIS REGION.</p> <p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES - EXPANDING THE OUTREACH OF MOBILE HEALTH AND TRAUMA-RESPONSIVE PRACTICES (TOTAL: \$52,097)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO EXPAND THE OUTREACH OF ITS MOBILE HEALTH CLINIC, DRIVING BETTER HEALTH, AND INCREASE ACCESS TO HEALTHCARE IN MEDICALLY UNDERSERVED COMMUNITIES AND POPULATIONS. ADDITIONALLY, FUNDS WERE USED TO PROVIDE CULTURALLY COMPETENT PROGRAMS AND SERVICES ALIGNED WITH TRAUMA-RESPONSIVE PRACTICES, IN SUPPORT OF OUR SANCTUARY INSTITUTE TRAINING.</p> <p>COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM - RENOVATION COSTS FOR A NEW FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER LOCATED IN WILKES-BARRE, PA (TOTAL: \$907,617)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM PROVIDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR THE CONSTRUCTION COSTS OF RENOVATING A 35,000-SQUARE-FOOT FACILITY INTO A SERVICE LOCATION FOR A NEW FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER LOCATION IN WILKES-BARRE, PENNSYLVANIA. THIS NEW WILKES-BARRE TEACHING HEALTH CENTER IS THE NEW LOCATION OF TWCCH'S RELOCATED KINGSTON, PENNSYLVANIA, FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER. OUR KINGSTON LOCATION, TWCCH, HISTORICALLY SERVED MORE THAN 5,000 PATIENTS. THE EXPANDED TEACHING HEALTH CENTER IN WILKES-BARRE EXPANDED TWCCH'S CAPACITY TO PROVIDE NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES TO APPROXIMATELY 25,000 PATIENTS ANNUALLY, REGARDLESS OF INSURANCE STATUS, ZIP CODE, OR ABILITY TO PAY. THIS INCREDIBLE NEW TEACHING HEALTH CENTER HAS FURTHERED THE SHARED, NOBLE MISSION OF TWCCH AND ITS PRIMARY AFFILIATE, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWC GME), 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. THE NOTABLE EXPANSION OF EDUCATIONAL CAPACITY EXTENDS THE COMMUNITY BENEFIT BEYOND TRAINING PRIMARY CARE PHYSICIANS TO INCLUDE MEDICAL STUDENTS AND INTERPROFESSIONAL HEALTH STUDENTS FROM REGIONALLY AND NATIONALLY AFFILIATED ACADEMIC INSTITUTIONS, SUCH AS THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, LAKE ERIE COLLEGE OF MEDICINE, AND A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA.</p> <p>COUNTY OF PIKE, PENNSYLVANIA - PREGNANCY SUPPORT SERVICES FOR MOMS WITH SUBSTANCE USE DISORDER (TOTAL: \$28,723)</p> <p>PURPOSE OF ASSISTANCE: PIKE COUNTY, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR PREGNANCY SUPPORT SERVICES TO EXTEND THE REACH OF ITS HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM INTO PIKE COUNTY. IN CONCERT WITH ITS PARTNERS, TWCCH IS COORDINATING THE DELIVERY OF MEDICATION-ASSISTED TREATMENT AS WELL AS PREGNANCY AND POSTPARTUM MATERNAL AND CHILD SUPPORT SERVICES IN COMMUNITIES THAT LACK A STRONG NETWORK OF COLLABORATING HEALTH AND SOCIAL SERVICE AGENCIES TO ADDRESS THIS NEED.</p> <p>DIRECT RELIEF - DONATIONS OF MEDICAL RESOURCES TO HEALTHCARE PROVIDERS SERVING UNDERINSURED OR UNINSURED COMMUNITIES (TOTAL: \$29,549)</p> <p>PURPOSE OF ASSISTANCE: DIRECT RELIEF DONATED MEDICAL SUPPLIES TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT HEALTHCARE FOR THOSE IN NEED, NAMELY FOR UNINSURED OR LOW-INCOME PATIENTS. DIRECT RELIEF IS A NON-DENOMINATIONAL, NON-POLITICAL ORGANIZATION THAT FOCUSES ON PROVIDING SELF-HELP THROUGH MEDICAL SUPPLIES AND SERVICES TO IMPROVE HEALTHCARE. THE ORGANIZATION IS COMMITTED TO ENHANCING THE QUALITY OF LIFE AND RESTORING HUMAN DIGNITY BY COLLABORATING WITH HEALTHCARE ORGANIZATIONS TO PROCESS AND DISTRIBUTE DONATED MEDICAL SUPPLIES TO HOSPITALS, CLINICS, AND DISPENSARIES IN AROUND 60 COUNTRIES.</p> <p>FEDERAL COMMUNICATIONS COMMISSION COVID-19 (TOTAL: \$105,457)</p> <p>PURPOSE OF ASSISTANCE: THE FEDERAL COMMUNICATIONS COMMISSION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND OUR CRITICAL ACCESS HOSPITAL PARTNER, ENDLESS MOUNTAINS HEALTH SYSTEMS, TO PURCHASE AND INSTALL DEVICES AND SUPPORTING INFORMATION SERVICES RELATED TO TELEHEALTH. TWCCH'S ELECTRONIC HEALTH RECORD PLATFORM, MEDENT, HAS INTEGRATED TELEHEALTH CAPABILITIES AND WILL SERVE AS THE PLATFORM FOR THE REQUESTED TELEHEALTH DEVICES AND INFORMATION SERVICES. THIS FUNDING IS IN RESPONSE TO THOSE IMPACTED BY THE COVID-19 PANDEMIC. THE DEVICES WILL UTILIZE EXISTING HIGH-SPEED BROADBAND CONNECTIONS WITH A HIPAA-COMPLIANT PATIENT/DOCTOR INTERFACE. THE SERVICES WILL BE USED TO ENHANCE PATIENT PORTALS, DIGITAL APPLICATIONS, AND OTHER TOOLS TO SUPPORT SCHEDULING, DISPLAYING RATES, AND</p>

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	<p>FOLLOW-UP FOR TELEHEALTH VISITS RELATED TO COVID-19, AND WILL NOT DUPLICATE ANY EXISTING TELEHEALTH SERVICES.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - BRIDGE ACCESS PROGRAM - CONTINUING ESSENTIAL COVID-19-RELATED SERVICES (TOTAL: \$863)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO CONTINUE ESSENTIAL COVID-19-RELATED SERVICES AND MITIGATE THE ADVERSE IMPACTS OF COVID-19 ON UNDERSERVED POPULATIONS. SERVICES INCLUDE COVID-19 TESTING AND VACCINATIONS, AS WELL AS ENABLING SERVICES SUCH AS OUTREACH, EDUCATION, ENROLLMENT ASSISTANCE, TRANSPORTATION, TRANSLATION, AND CARE COORDINATION.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - EXPANDING COVID-19 VACCINATIONS (ECV) (TOTAL: \$40,826)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH THE PAYCHECK PROTECTION PROGRAM TO EXPAND COVID-19 VACCINATION FUNDING FOR HEALTH CENTERS. THE GOAL WAS TO SUPPORT HEALTH CENTERS IN INCREASING ACCESS TO, CONFIDENCE IN, AND DEMAND FOR UPDATED COVID-19 VACCINES WITHIN THEIR SERVICE AREAS. TWCCH INTENTIONALLY FOCUSED ON ENGAGEMENT WITH SPANISH-SPEAKING COMMUNITIES IN SCRANTON AND WILKES-BARRE, PA, VIA THE TRAINING AND USE OF BILINGUAL COMMUNITY-CLINIC NAVIGATORS. A MARKETING CAMPAIGN COMPLEMENTED THIS EFFORT BY PROVIDING COVID-19 INFORMATION AND EDUCATION IN ENGLISH AND SPANISH ACROSS THE SERVICE AREA. THIS FORMULA-FUNDED PROGRAM WAS AWARDED THROUGH THE PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT, AS WELL AS THE PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - POSTDOCTORAL TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY AND DENTAL HYGIENE PROGRAM (TOTAL: \$444,611)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), POSTDOCTORAL TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY AND DENTAL HYGIENE PROGRAM AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO COLLABORATE WITH THE NEW YORK UNIVERSITY (NYU) LANGONE ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM TO BECOME A CLINICAL LEARNING ENVIRONMENT IN AN EXPANSION OF THEIR AEGD PROGRAM. THE TWCCH/NYU LANGONE RESIDENCY FOCUSES ON VULNERABLE AND MEDICALLY COMPLEX POPULATIONS, INCLUDING OLDER ADULTS, HOMELESS INDIVIDUALS, VICTIMS OF ABUSE AND/OR TRAUMA, INDIVIDUALS WITH MENTAL HEALTH AND/OR SUBSTANCE-RELATED DISORDERS, INDIVIDUALS WITH DISABILITIES, AND INDIVIDUALS WITH HIV/AIDS AND HCV. THE AEGD RESIDENCY IS EMBEDDED IN TWCCH'S NATIONAL COMMITTEE FOR QUALITY ASSURANCE-CERTIFIED PATIENT-CENTERED MEDICAL HOME, WHICH FACILITATES THE COMPREHENSIVE INTEGRATION OF ORAL HEALTH WITH PHYSICAL AND MENTAL/BEHAVIORAL HEALTH.</p>
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (RCORP) NEONATAL ABSTINENCE SYNDROME ROUND ONE (TOTAL: \$18,059)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH FOR THE RURAL COMMUNITIES OPIOID RESPONSE PROGRAM'S NEONATAL ABSTINENCE SYNDROME GRANT PROJECT. THIS PROJECT WAS DEVELOPED TO REDUCE THE MORBIDITY AND MORTALITY ASSOCIATED WITH SUBSTANCE USE DISORDERS, INCLUDING OPIOID USE DISORDER, IN RURAL COMMUNITIES. THESE FUNDS WERE TARGETED TO PATIENTS RESIDING IN WAYNE AND SUSQUEHANNA COUNTIES, FOCUSING ON FEMALES IN THEIR CHILDBEARING YEARS WHO WERE AT RISK OF HAVING A BABY EXPOSED TO HARMFUL SUBSTANCES. FUNDS WERE UTILIZED FOR PERSONNEL, SUBCONTRACTED SERVICES, PREVENTION EDUCATION, TRAVEL, AND OTHER COSTS.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (RCORP) NEONATAL ABSTINENCE SYNDROME ROUND TWO (TOTAL: \$249,086)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH FOR THE RURAL COMMUNITIES OPIOID RESPONSE PROGRAM NEONATAL ABSTINENCE SYNDROME (NAS) GRANT PROJECT. THE PURPOSE OF THIS INITIATIVE IS TO REDUCE THE INCIDENCE AND IMPACT OF NAS IN RURAL COMMUNITIES BY IMPROVING SYSTEMS OF CARE, FAMILY SUPPORT, AND NON-MEDICAL FACTORS IMPACTING HEALTH. AS A SUSTAINABILITY STRATEGY, ALL SERVICES COVERED BY REIMBURSEMENT WILL BE BILLED, AND CASE MANAGERS WILL CONTINUE TO WORK TO ENSURE THAT ELIGIBLE PARTICIPANTS ARE ENROLLED IN MEDICAID. FUNDS ARE UTILIZED FOR PERSONNEL, SUBCONTRACTED SERVICES, PREVENTION EDUCATION, TRAVEL, AND OTHER COSTS. THE PROGRAM BENEFITS PREGNANT AND POSTPARTUM MOTHERS PARTICIPATING IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM.</p>

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<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - RYAN WHITE HIV/AIDS PROGRAM PART C (TOTAL: \$262,564)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO PROVIDE A COMPREHENSIVE SYSTEM OF HIV PRIMARY MEDICAL CARE, ESSENTIAL SUPPORT SERVICES, AND MEDICATIONS FOR LOW-INCOME PATIENTS WITH HIV/AIDS RESIDING IN A SEVEN-COUNTY AREA (PART C FUNDING). HRSA EARLY INTERVENTION SERVICES PROGRAM FUNDING ALLOWS TWCCH TO PROVIDE HIV COUNSELING, MEDICAL EVALUATION, AND CLINICAL DIAGNOSTIC SERVICES FOR PATIENTS. THE WRIGHT CENTER RYAN WHITE CLINIC IS THE DESIGNATED SERVICE AREA'S SOLE PROVIDER OF HIV/AIDS PRIMARY CARE AND READILY COLLABORATES WITH ALL COMMUNITY-BASED AGENCIES OPERATING IN THE SERVICE AREA WITH THE SHARED GOAL TO REDUCE THE NUMBER OF PEOPLE INFECTED WITH HIV, FACILITATE BETTER ACCESS TO A CONTINUUM OF CARE, ENROLL AND MAINTAIN PATIENTS IN CARE, AND REDUCE HIV-RELATED HEALTH DISPARITIES WHILE AVOIDING DUPLICATION OF EFFORT. THIS PROGRAM TARGETS PEOPLE LIVING WITH HIV/AIDS IN SEVEN COUNTIES, REACHING RURAL, LOW-INCOME, HARD-TO-REACH, AND TRADITIONALLY UNDERSERVED AREAS IN NORTHEAST PENNSYLVANIA.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - RYAN WHITE HIV/AIDS PROGRAM PART C CAPACITY BUILDING PROGRAM FOR DENTAL (TOTAL: \$28,927)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH FOR CAPACITY BUILDING TO ENHANCE DENTAL SERVICES. FUNDS WERE USED FOR THE DEVELOPMENT OF INFRASTRUCTURE RELATED TO INTEGRATING PRIMARY CARE WITH ORAL HEALTH, WITH A FOCUS ON PROVIDING DENTAL CARE FOR PEOPLE WHO ARE LIVING WITH HIV/AIDS AND RECEIVING SERVICES IN THE WRIGHT CENTER'S RYAN WHITE HIV/AIDS PROGRAM. THIS SPECIAL FUNDING ENHANCES AND COMPLEMENTS THE EXISTING PART C FUNDING.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION - TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM - PEDIATRIC DENTAL RESIDENCY (TOTAL: \$125,568)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM THAT IS ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION AT THE WRIGHT CENTER FOR COMMUNITY HEALTH. THE NEW COVID-19 FUNDED RESIDENCY PROGRAM WILL BE ACHIEVED BY UTILIZING GRANT FUNDS TO SUPPORT THE DEVELOPMENT OF A NEW PEDIATRIC DENTAL RESIDENCY PROGRAM IN AN AREA WHERE PRIMARY CARE AND PEDIATRIC DENTAL SERVICES ARE LIMITED. THE SHORTAGE OF DENTAL PROFESSIONALS IS INTENSIFYING AND WILL SIGNIFICANTLY IMPACT THE ORAL HEALTH OF PENNSYLVANIANS.</p> <p>JANEY MONTGOMERY SCOTT - PRIVATE DONATION FOR THE HEALTH CITY HUB - ENGAGING THE COMMUNITY TO ADDRESS PUBLIC HEALTH CHALLENGES (TOTAL: \$5,000)</p> <p>PURPOSE OF ASSISTANCE: PRIVATE INDIVIDUALS DONATED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO CREATE A HEALTH CITY HUB, WHICH IS BUILT ON PROGRESSIVE COMMUNITY ENGAGEMENT IN VISIONING AND ENGINEERING NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE PERSON PRIMARY HEALTH SERVICES. STRATEGICALLY INTEGRATING CLINICAL ACTIVITIES, INTERPROFESSIONAL WORKFORCE DEVELOPMENT, AND COMMUNITY-FOCUSED PUBLIC HEALTH EDUCATION AND OUTREACH IN ONE LOCATION. THE HEALTH CITY HUB WILL APPROPRIATELY ADDRESS PREVALENT COMMUNITY HEALTH CHALLENGES SUCH AS HEALTH LITERACY, SEDENTARY LIFESTYLES, POOR NUTRITION, TOBACCO, ALCOHOL, SUBSTANCE MISUSE, AND MORE.</p> <p>JEWISH HEALTHCARE FOUNDATION - EXPANDING ACCESS TO DOULA CARE AND SERVICES FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDER (TOTAL: \$21,765)</p> <p>PURPOSE OF ASSISTANCE: THE JEWISH HEALTHCARE FOUNDATION, THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, AWARDED FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH. THIS GRANT ENHANCES TRAINING AND EDUCATIONAL OPPORTUNITIES FOR PROGRAM PARTICIPANTS AND CLINICIANS IN BASIC LIFE SUPPORT, PEDIATRIC ADVANCED LIFE SUPPORT, AND NEONATAL RESUSCITATION PROGRAM, ALSO KNOWN AS NEONATAL ADVANCED LIFE SUPPORT. IT IS ALSO USED TO TRAIN HOSPITAL NURSES IN MEDICATION-ASSISTED TREATMENT, DISTRIBUTE NARCAN KITS, AND INTEGRATE DOULA SERVICES INTO HOME VISITS. THIS GRANT COVERS PERSONNEL COSTS, SUPPLIES FOR DOULA TRAINING, AND TRAVEL EXPENSES FOR PATIENT TRANSPORT VANS. IT IS INTENDED TO BENEFIT PREGNANT AND POSTPARTUM MOTHERS PARTICIPATING IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM.</p> <p>JEWISH HEALTHCARE FOUNDATION - ANGEL EYES - INTEGRATING INFORMATION TECHNOLOGY INTO THE LOCAL HOSPITAL NEONATAL INTENSIVE CARE UNIT (TOTAL: \$17,597)</p> <p>PURPOSE OF ASSISTANCE: THE JEWISH HEALTHCARE FOUNDATION, THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, AWARDED FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). TWCCH WILL PARTNER WITH THE LOCAL HOSPITAL NEONATAL INTENSIVE CARE UNIT (NICU) TO PROVIDE A CAMERA SYSTEM OFFERING LIVE-STREAMING VIDEO ACCESS TO A CHILD'S BEDSIDE FOR PARENTS WHO MUST LEAVE THEIR BABIES IN THE NICU FOR PROLONGED TREATMENT. THIS INNOVATIVE SOLUTION CAN HELP EASE THE STRESS AND ANXIETY OF PARENTS WITH CHILDREN IN THE NICU OR PEDIATRIC UNIT, FOSTER STRONGER CONNECTIONS WHEN THEY ARE UNABLE TO BE AT THE HOSPITAL, AND ENABLE CARE TEAMS TO SHARE IMPORTANT UPDATES AND HEARTWARMING MOMENTS THROUGH REAL-TIME TEXTS, PHOTOS, AND VIDEOS. IT WILL BENEFIT POSTPARTUM MOTHERS PARTICIPATING IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM.</p>

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<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>MOSES TAYLOR FOUNDATION - EXPANDING DENTAL ACCESS AT FEDERALLY QUALIFIED HEALTH CENTER LOOK- ALIKE TEACHING HEALTH CENTER IN WILKES-BARRE, PA (TOTAL: \$148,400)</p> <p>PURPOSE OF ASSISTANCE: THE MOSES TAYLOR FOUNDATION AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ADDRESS SIGNIFICANT ORAL HEALTH DISPARITIES AND UNMET DENTAL CARE NEEDS WITHIN THE FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER IN WILKES-BARRE, PA (LUZERNE COUNTY). TWCCH IS WORKING TO ESTABLISH TEN TOTAL DENTAL SERVICE UNITS, AND THE MOSES TAYLOR FOUNDATION FUNDED THREE OF THE COMPREHENSIVE DENTAL OPERATORIES. ACCORDING TO THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, LUZERNE COUNTY IS A DENTAL HEALTH PROFESSIONAL SHORTAGE AREA (HPSA ID 6421267498) IN THE LOW-INCOME POPULATION DESIGNATION.</p> <p>NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS LEARNING COLLABORATIVE - ADDRESSING DISPARITIES IN OPIOID PRESCRIBING, SUBSTANCE USE DISORDER TREATMENT AND LINKAGES TO CARE (TOTAL: \$91,667)</p> <p>PURPOSE OF ASSISTANCE: THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), IN PARTNERSHIP WITH THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL AND THE FENWAY INSTITUTE, AND SUPPORTED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (COVID-19 FUNDING). NACHC HAS DESIGNED A LEARNING COMMUNITY FOR COMMUNITY HEALTH CENTERS, PRIMARY CARE ASSOCIATIONS, AND HEALTH CENTER CONTROLLED NETWORKS TO PLAN AND IMPLEMENT EVIDENCE-BASED LEARNING OPPORTUNITIES TO ADDRESS DISPARITIES AMONG RACIAL, ETHNIC, AND IDENTITY-BASED MINORITIES AND THE UNIQUE NEEDS RELATED TO PAIN MANAGEMENT AND OPIOID PRESCRIBING, SUBSTANCE USE DISORDER TREATMENT, AND LINKAGES TO CARE. THE FUNDS SUPPORT PERSONNEL AND TRAINING COSTS FOR THE NACHC COLLABORATIVE.</p> <p>NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL - COVID-19 VACCINE OUTREACH TO PEOPLE EXPERIENCING HOMELESSNESS AND PEOPLE WITH SUBSTANCE USE DISORDERS (TOTAL: \$105,000)</p> <p>PURPOSE OF ASSISTANCE: THE NATIONAL HEALTH CARE FOR THE HOMELESS COUNCIL, IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AWARDED FUNDS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION WITH COVID-19 FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO CREATE A COMMUNITY VACCINE AMBASSADOR PROGRAM FOR A HEALTH CARE ENABLING SERVICES WORKFORCE THAT CONDUCTED COMMUNITY OUTREACH TO INCREASE VACCINATION RATES IN PEOPLE WHO ARE EXPERIENCING HOMELESSNESS AND PEOPLE WITH SUBSTANCE USE DISORDERS. THIS COVID-19 FUNDING SUPPORTED TWCCH'S COMMUNITY HEALTH WORKERS, MEDICAL CLINICS, AND DRIVING BETTER HEALTH MOBILE CLINIC TO INCREASE IMMUNIZATION RATES IN THESE UNDERSERVED POPULATIONS.</p> <p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - VACCINE ADMINISTRATION MANAGEMENT SYSTEM (TOTAL: \$39,420)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO PURCHASE A VACCINE ADMINISTRATION MANAGEMENT SYSTEM (VAMS) FOR THE NEWLY OPENED NORTH SCRANTON FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER. THIS COVID-19 FUNDING FOR THE VAMS PROVIDED BETTER INVENTORY TRACKING FOR VACCINES, IMPROVED ACCESS, AND HAD A POSITIVE IMPACT ON WORKFLOW.</p> <p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - REDUCING COVID-19 VACCINE HESITANCY - STAFF TRAINING (TOTAL: \$43,742)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE HESITANCY IN RECEIVING THE COVID-19 VACCINE AND BOOSTERS, AND TO INCREASE THE NUMBER OF CRITICAL FRONTLINE WORKERS. TWCCH USED THE FUNDS TO TRAIN AND HIRE COMMUNITY HEALTH WORKERS WHO WORKED WITHIN THEIR COMMUNITIES, EDUCATING RESIDENTS ABOUT THE EFFECTIVENESS AND SAFETY OF THE COVID-19 VACCINES. THIS COVID-19 FUNDING WAS ALSO UTILIZED TO HIRE MEDICAL ASSISTANTS WHO ASSISTED IN THE VACCINATION PROCESS BY SUPPORTING CLINICIANS AND PATIENTS.</p> <p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - REDUCING COVID-19 VACCINE HESITANCY - STAFF RECRUITMENT (TOTAL: \$63,769)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE HESITANCY TO RECEIVE THE COVID-19 VACCINE BOOSTERS AND FOR A WORKFORCE MARKETING CAMPAIGN THAT RECRUITED MEDICAL STAFF TO PROVIDE VACCINES AND RESPOND TO COVID-19. PACHC PARTNERED WITH AN ADVERTISING AND MARKETING FIRM TO DEVELOP THE CAMPAIGN AND PROVIDED FUNDING TO TWCCH TO HELP IMPLEMENT IT.</p>

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<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - REDUCING COVID-19 VACCINE HESITANCY - PATIENT EDUCATION (TOTAL: \$43,109)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO INCREASE EFFORTS ADDRESSING VACCINE HESITANCY IN OUR CATCHMENT AREA. THESE COVID-19 FUNDS WERE USED TO DEVELOP A MESSAGING SYSTEM THAT DECREASES VACCINE HESITANCY THROUGH PATIENT EDUCATION, COMMUNICATION OF VACCINE OPPORTUNITIES, INCREASED PATIENT ENGAGEMENT, AND COMMUNITY OUTREACH.</p> <p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - INCREASING ACCESS TO COVID-19 TESTING AND PREVENTATIVE SERVICES (TOTAL: \$138,910)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, WITH FUNDING THROUGH THE AMERICAN RESCUE PLAN ACT AND THE COVID-19 RESPONSE TEAM, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO INCREASE ACCESS TO COVID-19 DIAGNOSTIC TESTING AND PREVENTATIVE SERVICES. TWCCH USED THE FUNDS TO PROVIDE ACCESS TO COVID-19 TESTING AND PREVENTATIVE SERVICES WITHIN THE COUNTIES WE SERVE, REACHING VULNERABLE POPULATIONS.</p> <p>PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT - SUPPORTING CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS (TOTAL: \$48,040)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TITLE V FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT ENGAGEMENT AMONG PENNSYLVANIA'S FEDERALLY QUALIFIED HEALTH CENTERS, CHILDREN WITH SPECIAL HEALTHCARE NEEDS, AND THEIR FAMILIES. THE PROJECT AIMED TO INCREASE ACCESS TO QUALITY HEALTHCARE FOR LOW-INCOME MOTHERS AND THEIR CHILDREN, INCLUDING PREVENTIVE HEALTH SERVICES, REHABILITATIVE SERVICES, AND COMMUNITY-BASED SYSTEMS OF COORDINATED CARE.</p> <p>PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (AAP) - INCREASING ACCESS TO VACCINES IN UNDERSERVED COMMUNITIES (TOTAL: \$101,700)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA IMMUNIZATION COALITION AND THE PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS RECEIVED FUNDS FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WITH COVID-19 FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH. THIS FUNDING WILL ADDRESS ACCESS TO AND EDUCATION ABOUT VACCINES, PARTICULARLY THE COVID-19 VACCINE. FUNDS ARE USED FOR COMMUNITY OUTREACH THROUGH EDUCATIONAL CAMPAIGNS, COMMUNICATIONS, AND POP-UP IMMUNIZATION CLINICS THAT SERVE COMMUNITIES DISPROPORTIONATELY AFFECTED BY THE VIRUS (E.G., RURAL COMMUNITIES, COMMUNITIES OF COLOR, IMMIGRANTS, FAMILIES WITH LIMITED ENGLISH PROFICIENCY/LANGUAGE BARRIERS, THOSE EXPERIENCING HOMELESSNESS/HOUSING INSTABILITY, AND LGBTQ+ INDIVIDUALS) WHO LIVE IN NORTHEAST PENNSYLVANIA.</p> <p>PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (AAP) - IMPROVING BREASTFEEDING RATES AMONG WOMEN WITH SUBSTANCE USE DISORDER - FIRST FOOD: IMPROVING BREASTFEEDING RATES (TOTAL: \$6,454)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH'S "FIRST FOODS CONTRACT," AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT THE IMPROVED BREASTFEEDING INITIATION AMONG MOMS WITH SUBSTANCE USE DISORDER PROJECT TO IMPROVE BREASTFEEDING INITIATION AND DURATION RATES. ENROLLEES OF THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT PROGRAM ARE CONNECTED WITH BREASTFEEDING PEER SUPPORT AND ARE PROVIDED WITH BREASTFEEDING-RELATED SUPPLIES.</p> <p>PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE - MENTAL HEALTH SERVICES (TOTAL: \$195,000)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE, THROUGH A HEALTH EQUITY GRANT FUNDED BY CORONAVIRUS STATE FISCAL RECOVERY FUNDS THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA), AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO INVEST IN MENTAL HEALTH SERVICES AT THREE SCHOOL-BASED HEALTH CENTERS. THESE COVID-19-RELATED FUNDS WERE USED TO PROVIDE MENTAL HEALTH SCREENING, CARE COORDINATION, AND MENTAL HEALTH COUNSELING FOR STUDENTS IN THE SCHOOL-BASED HEALTH CENTERS.</p> <p>ROBERT L. TAMBUR - PRIVATE DONATION FOR THE HEALTH CITY HUB - ENGAGING THE COMMUNITY TO ADDRESS PUBLIC HEALTH CHALLENGES (TOTAL: \$6,000)</p> <p>PURPOSE OF ASSISTANCE: PRIVATE INDIVIDUALS DONATED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO CREATE A HEALTH CITY HUB, WHICH IS BUILT ON PROGRESSIVE COMMUNITY ENGAGEMENT IN VISIONING AND ENGINEERING NON-DISCRIMINATORY, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES, STRATEGICALLY INTEGRATING CLINICAL ACTIVITIES, INTERPROFESSIONAL WORKFORCE DEVELOPMENT, AND COMMUNITY-FOCUSED PUBLIC HEALTH EDUCATION AND OUTREACH IN ONE LOCATION. THIS HEALTH CITY HUB WILL APPROPRIATELY ADDRESS PREVALENT COMMUNITY HEALTH CHALLENGES SUCH AS HEALTH LITERACY, SEDENTARY LIFESTYLES, POOR NUTRITION, TOBACCO, ALCOHOL, SUBSTANCE MISUSE, AND MORE.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>SCRANTON AREA COMMUNITY FOUNDATION - LACKAWANNA COUNTY FLOOD RELIEF PROGRAM (TOTAL: \$10,000)</p> <p>PURPOSE OF ASSISTANCE: THE LACKAWANNA COUNTY FLOOD RELIEF PROGRAM, ADMINISTERED THROUGH THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ASSIST WITH THE COST OF REPAIRS TO TWCCH'S CLARKS SUMMIT PRACTICE CAUSED BY THE FLOODING EVENTS IN NORTHEAST PENNSYLVANIA ON SEPTEMBER 9, 2023. THIS FUND WAS ESTABLISHED TO SUPPORT COMMUNITY ORGANIZATIONS AND SMALL BUSINESSES THAT EXPERIENCED FINANCIAL HARDSHIPS DIRECTLY RELATED TO PROPERTY DAMAGE, WATER MITIGATION, DEBRIS REMOVAL, AND REPLACEMENT OF FURNITURE AND EQUIPMENT.</p> <p>SPITZ FOUNDATION - PROVIDING HOUSING ASSISTANCE TO HELP MOMS IN RECOVERY (TOTAL: \$8,244)</p> <p>PURPOSE OF ASSISTANCE: THE ROBERT H. SPITZ FOUNDATION, ADMINISTERED THROUGH THE SCRANTON AREA COMMUNITY FOUNDATION, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT PARTICIPANTS IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (HEALTHY MOMS) PROGRAM WHO EXPERIENCED FINANCIAL HARDSHIPS EXACERBATED BY THE PANDEMIC. THE FUNDS PROVIDED TO HEALTHY MOMS PARTICIPANTS WITH FINANCIAL ASSISTANCE TO HELP WITH INITIAL HOUSING COSTS, SUCH AS SECURITY, RENT, AND UTILITY BILLS.</p> <p>THE PENNSYLVANIA STATE UNIVERSITY - ORAL HEALTH CURRICULUM DEVELOPMENT AND QUALITY IMPROVEMENT CAREER DEVELOPMENT SUBAWARD (TOTAL: \$2,619)</p> <p>PURPOSE OF ASSISTANCE: THE PENNSYLVANIA STATE UNIVERSITY AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH THROUGH A SUBAWARD FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION, WHICH FUNDED THE PRIMARY CARE MEDICINE AND DENTISTRY CLINICIAN EDUCATOR CAREER DEVELOPMENT AWARD. THE AWARD SUPPORTED DR. STEPHANIE GILL AND FOCUSED ON ORAL HEALTH CURRICULUM DEVELOPMENT AND QUALITY IMPROVEMENT. DR. GILL COMPLETED THE EVALUATION RESEARCH AND PUBLICATIONS AND WORKED WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER TO PROVIDE CONTINUING EDUCATION ON THIS TOPIC.</p> <p>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) (TOTAL: \$1,192,606)</p> <p>PURPOSE OF ASSISTANCE: THE WRIGHT CENTER FOR COMMUNITY HEALTH RECEIVED A SHARED SAVINGS PAYMENT AS A PARTICIPATING PROVIDER IN A MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO). THIS PAYMENT RECOGNIZES THE HEALTH CENTER'S CONTRIBUTION TO ACHIEVING COST SAVINGS AND MEETING QUALITY PERFORMANCE STANDARDS FOR MEDICARE BENEFICIARIES WITHIN THE ACO. THESE FUNDS WILL BE REINVESTED TO FURTHER ENHANCE PATIENT CARE AND IMPROVE HEALTH OUTCOMES.</p> <p>UNITED WAY OF WYOMING VALLEY - RYAN WHITE HIV/AIDS PROGRAM PART B MEDICAL CASE MANAGEMENT SERVICES (TOTAL: \$1,381,406)</p> <p>PURPOSE OF ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY, IN WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH AS A SUB-GRANTEE TO OFFER RYAN WHITE PART B MEDICAL CASE MANAGEMENT SERVICES ACROSS A SEVEN-COUNTY AREA TO PEOPLE LIVING WITH HIV/AIDS, AND TO PROVIDE SUPPORT SERVICES FOR MEDICAL TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE, ORAL HEALTHCARE, HEALTH INSURANCE PREMIUMS, HEALTHCARE REFERRALS, AND MENTAL HEALTH SERVICES.</p> <p>UNITED WAY OF WYOMING VALLEY - SEE TO SUCCEED, PROVIDING EYE EXAMS AND CORRECTIVE LENSES IN UNDERSERVED SCHOOL DISTRICTS (TOTAL: \$12,888)</p> <p>PURPOSE OF ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY, IN WILKES-BARRE, PENNSYLVANIA, AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH FOR THE "SEE TO SUCCEED" PROGRAM FROM A PRIME AWARD THROUGH THE MOSES TAYLOR FOUNDATION. THIS PROGRAM COORDINATES PARTNERSHIPS AND OPERATES AN EYE CARE CLINIC THAT ROTATES AMONG HIGH-NEED SCHOOL DISTRICTS IN LUZERNE COUNTY, PENNSYLVANIA, TO ENSURE THAT EVERY STUDENT HAS ACCESS TO AN EYE EXAM AND CORRECTIVE EYEWEAR, AS MANDATED BY THE STATE. A BUDGET LINE IS INCLUDED TO COVER COSTS FOR UNINSURED OR UNDERINSURED STUDENTS.</p> <p>UPSTREAM USA - TRAINING AND TECHNICAL ASSISTANCE TO INCREASE ACCESS TO CONTRACEPTION (TOTAL: \$60,000)</p> <p>PURPOSE OF ASSISTANCE: UPSTREAM USA AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO PROVIDE TRAINING AND TECHNICAL ASSISTANCE SERVICES, HELPING CLINICAL STAFF ADOPT BEST PRACTICES IN CLINICAL AND ADMINISTRATIVE CARE FOR WOMEN OF CHILDBEARING AGE AT TWCCH CLINICS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART IV, LINE 28 - BUSINESS TRANSACTIONS	IN NOVEMBER 2017, TWCCH, AND ITS AFFILIATED ORGANIZATION, TWCGME, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO DEVELOP AND RENT A 36,500 SQ. FT. FLAGSHIP CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA, A FORMALLY ECONOMICALLY DISTRESSED CITY AT THAT TIME. MR. JOSEPH FERRARIO WAS A VOLUNTEER DIRECTOR ON TWCCH'S BOARD OF DIRECTORS, THE CHAIR OF TWCGME'S BOARD OF DIRECTORS, TWCCH'S AFFILIATE ENTITY, AND SERVED AS A VOLUNTEER DIRECTOR ON TWCCH'S OTHER AFFILIATED ENTITIES AS WELL. ON JULY 12, 2019, MR. FERRARIO RESIGNED FROM TWCCH'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF ITS AFFILIATED ORGANIZATIONS. AT THE TIME THE LEASE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND COMMUNICATED, ETHICALLY ASSESSED, AND APPROVED BY THE BOARD OF DIRECTORS OF TWCCH AND TWCGME PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED, AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING AND MANAGING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL, WITH ALL GUIDANCE BEING FOLLOWED. ON JULY 25, 2019, THE 15-YEAR LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA FOR FQHC LOOK-ALIKE PRIMARY HEALTH SERVICES AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQ. FT. OF SPACE, UTILIZING ADDITIONAL SPACE ON THE SECOND FLOOR OF THE PROPERTY FOR EDUCATIONAL AND OTHER ACTIVITIES. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.
FORM 990, PART V, LINE 2A - COMMON PAYMASTER	TWCCH IS AFFILIATED WITH TWCGME (EIN: 23-2007832), SHARING 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. TO STREAMLINE OPERATIONAL EFFICIENCY, TWCGME SERVES AS THE COMMON PAYMASTER FOR BOTH TWCGME AND TWCCH, ADHERING TO IRS REGULATIONS FOR W-2 REPORTING. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL AND INFORMATION OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF TWCCH'S CHIEF EXECUTIVE AND CHIEF MEDICAL AND INFORMATION OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES FOR TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP OF CLINICAL EDUCATIONAL INTEGRATION, RESPECTIVELY. TWCGME REPORTS ALL REMAINING EMPLOYEES ON ITS FORM W-3. THEREFORE, ALL FULL-TIME EQUIVALENTS (FTES) ARE ACCURATELY ALLOCATED TO EACH RESPECTIVE ENTITY, AVOIDING DUPLICATION, BASED ON A SHARED MISSION COVENANT AND RELATED STAFFING LEASE AGREEMENTS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	TWCCH'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 AND 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 AND CEO, AND FILED WITH THE IRS. TWCCH'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND 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 RECOMMENDED BY THE SVP FOR ENTERPRISE INTEGRITY HAS BEEN APPROVED BY THE PRESIDENT AND CEO AND BOARD OF DIRECTORS. THE SVP OF 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	<p>TWCCH CONTRACTS .25 FTE OF ITS PRESIDENT AND CEO TO TWCGME TO PERFORM THE ROLE AS PRESIDENT AND CEO OF TWCGME. THE EXECUTIVE COMMITTEE OF THE TWCCH BOARD LEADS THE PROCESS FOR DETERMINING THE COMPENSATION OF THE WRIGHT CENTER FOR COMMUNITY HEALTH'S (TWCCH) PRESIDENT &amp; CEO, 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 OFFICER'S PERFORMANCE FOR EACH ORGANIZATION, 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 OFFICER'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>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>IN ADDITION TO THE PRESIDENT &amp; CEO, THE CHIEF MEDICAL AND INFORMATION OFFICER AND CHIEF CLINICAL OPERATING OFFICER ARE DIRECTLY EMPLOYED BY THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THE COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING KEY EMPLOYEES, IS DETERMINED BY THE CHIEF EXECUTIVE (TWCCH PRESIDENT &amp; CEO) AND THE HUMAN RESOURCES DEPARTMENT, GUIDED BY A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED GENERALLY EVERY THREE TO FIVE YEARS. THE VP OF HR AND THE PRESIDENT &amp; CEO MAY ALSO CONSIDER ADDITIONAL DATA IN DETERMINING COMPENSATION LEVELS WITHIN THE ORGANIZATION, SUCH AS INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AMONG OTHER REGIONAL AND NATIONAL BENCHMARKS. TWCCH ALSO LEASES THE SERVICES OF TWCCH'S CHIEF MEDICAL AND INFORMATION OFFICER TO TWCGME AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SVP OF CLINICAL EDUCATIONAL INTEGRATION. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCCH AND TWCGME ALSO INCLUDES THE SERVICES OF THIS POSITION, LIKE ALL EXECUTIVE POSITIONS, IN ITS FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED GENERALLY EVERY THREE TO FIVE YEARS.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE WRIGHT CENTER FOR COMMUNITY HEALTH'S (TWCCH) 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. TWCCH'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE ALSO AVAILABLE ON ITS WEBSITE IN A DOWNLOADABLE FORMAT.</p>

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER MEDICAL GROUP

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Employer identification number

23-2772504

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER FOR GRADUATE MEDICAL 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) PATIENT ENGAGEMENT COUNCIL (81-3053323) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	✓	
(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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s)	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	✓	
<b>d</b> Loans or loan guarantees to or for related organization(s)	✓	
<b>e</b> Loans or loan guarantees by related organization(s)	✓	
<b>f</b> Dividends from related organization(s)		✓
<b>g</b> Sale of assets to related organization(s)		✓
<b>h</b> Purchase of assets from related organization(s)		✓
<b>i</b> Exchange of assets with related organization(s)		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
<b>o</b> Sharing of paid employees with related organization(s)	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses	✓	
<b>q</b> Reimbursement paid by related organization(s) for expenses	✓	
<b>r</b> Other transfer of cash or property to related organization(s)		✓
<b>s</b> 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
PATIENT ENGAGEMENT COUNCIL	B	109,630	CASH PAID
(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 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 &amp; 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 TWCCCH, 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 TWCCCH AND MEMBERS OF THE COMMUNITIES SERVED AT LARGE.</p> <p>TWCCCH 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>PATIENT ENGAGEMENT COUNCIL D/B/A THE WRIGHT CENTER FOR PATIENT &amp; COMMUNITY ENGAGEMENT (TWCPCE)</p> <p>TWCCCH SERVES AS THE SOLE CORPORATE MEMBER OF TWCPCE, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION. TWCPCE'S MISSION IS TO EMPOWER PATIENTS TO ACTIVELY PARTICIPATE IN THE DELIVERY, ENHANCEMENT, AND TRANSFORMATION OF HEALTHCARE SERVICES AND INTERPROFESSIONAL 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>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, 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](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **THE WRIGHT CENTER MEDICAL GROUP** EIN or SSN **23-2772504**

Name and title of officer or person subject to tax **LINDA THOMAS-HEMAK, MD, PRESIDENT & CEO**

### 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>69,984,033</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 

7	2	5	0	4
---	---	---	---	---

 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 x 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 Kystal Acach 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, 2024

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 47,089,679; D Employer identification number 23-2772504; 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), No.

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

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 5 rows for Part III: Tax and Payments. Columns include sub-line number, description, amount, and total amount. Total amount is 0.

# 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](http://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](http://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. <b>THE WRIGHT CENTER MEDICAL GROUP</b>	Taxpayer identification number (TIN) <b>23-2772504</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>501 S. WASHINGTON AVENUE, 1000</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SCRANTON, PA 18505</b>	

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

- 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</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.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	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	<b>Total payments.</b> 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	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	9		0
10	<b>Overpayment.</b> 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: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	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**  5/14/25 MD, PRESIDENT & CEO  
Signature of officer Date Title

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

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

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

Return Reference	Amount	Explanation
<b>990-T CORE FORM</b>		
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, 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](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **THE WRIGHT CENTER MEDICAL GROUP** EIN or SSN **23-2772504**

Name and title of officer or person subject to tax **LINDA THOMAS-HEMAK, MD, PRESIDENT & CEO**

### 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 

7	2	5	0	4
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 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 x Linda Thomas-Hemak MD 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 Acorb 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**

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

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

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

Date:

DEC 4 1997

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

Dear Applicant:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



Marvin Friedlander  
Chief, Exempt Organizations  
Technical Branch 1

Enclosures:  
Form 872-C  
Pub. 1771



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

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

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

Taxpayer Identification Number: 23-2772504

Form(s):

Dear Taxpayer:

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

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

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

Sincerely,

T Childers Dardy  
1003657897  
Customer Service Representative