Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

C Name of organization THE WRIGHT CENTER MEDICAL GROUP

Doing business as WRIGHT CENTER FOR COMMUNITY HEALTH

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

Room/suite: STE 1000

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

D Employer identification number: 23-2772504

E Telephone number: (570) 343-2383

G Gross receipts $ 69,850,916

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

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

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

H(c) Group exemption number

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

J Website: THEWRIGHTCENTER.ORG

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

L Year of formation: 1994

M State of legal domicile: PA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: (SEE ON SCHEDULE O)		
2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	425
6	Total number of volunteers (estimate if necessary)	6	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	7,168,030	5,532,133
9	Program service revenue (Part VIII, line 2g)	61,799,185	63,432,848
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	816,452	643,840
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	200,366	242,095
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	69,984,033	69,850,916
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,197,894	1,188,022
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,278,387	34,266,073
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,213,701	34,748,641
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	63,689,982	70,202,736
19	Revenue less expenses. Subtract line 18 from line 12	6,294,051	(351,820)

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	47,089,679	45,684,657
21	Total liabilities (Part X, line 26)	10,138,178	9,084,976
22	Net assets or fund balances. Subtract line 21 from line 20	36,951,501	36,599,681

Part II Signature Block

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

Sign Here

Linda Thomas-Hemak MD | 5/13/26
Signature of officer — Date

LINDA THOMAS-HEMAK, MD, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2024)

Form **8868**

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

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

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

OMB No. 1545-0047

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

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

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

Part I — Identification

Type or Print

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

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
THE WRIGHT CENTER MEDICAL GROUP	23-2772504
Number, street, and room or suite no. If a P.O. box, see instructions.	
501 S. WASHINGTON AVENUE, STE 1000	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
SCRANTON, PA 18505	

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

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

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

• The books are in the care of SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505

Telephone No. (570) 343-2383 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____.
If this is for the whole group, check this box . . . . . ☐
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . ☐

1 I request an automatic 6-month extension of time until 05/15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☑ tax year beginning 07/01, 20 24, and ending 06/30, 20 25.

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

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

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

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

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

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

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

2 State in detail why you need the extension.

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

Signature **Date**

Form **8868** (Rev. 1-2025)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

(SEE ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ **Yes** ☐ **No**

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

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

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

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

4a (Code:) (Expenses $ 36,184,755 including grants of $ 0) (Revenue $ 62,685,913)

(SEE ON SCHEDULE O)

4b (Code:) (Expenses $ 17,418,787 including grants of $ 0) (Revenue $ 0)

(SEE ON SCHEDULE O)

4c (Code:) (Expenses $ 4,796,450 including grants of $ 1,062,022) (Revenue $ 0)

(SEE ON SCHEDULE O)

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

(Expenses $ 131,751 including grants of $ 126,000) (Revenue $ 746,935)

4e Total program service expenses 58,531,743

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	99		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✔	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 425			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✔	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		✔
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✔
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✔
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✔
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		✔
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		✔
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✔
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✔
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✔
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		✔
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		✔
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		✔
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	17		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✔
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3			✔
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✔
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✔
6	Did the organization have members or stockholders?	6			✔
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			✔
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			✔
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✔	
b	Each committee with authority to act on behalf of the governing body?	8b		✔	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			✔

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

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

Section C. Disclosure

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

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

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

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

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

SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505, (570) 343-2383

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	40.0									
PRESIDENT & CEO / PHYSICIAN	15.0			✔				797,741	265,914	48,680
(2) JIGNESH SHETH, MD	40.0									
CMO / PHYSICIAN	15.0			✔				445,779	148,593	48,455
(3) JUMEE BAROOAH, MD	15.0									
PHYSICIAN	40.0					✔		142,183	404,675	43,293
(4) DOUGLAS KLAMP, MD	35.0									
PHYSICIAN	20.0					✔		245,353	132,113	47,909
(5) WILLIAM DEMPSEY, MD	45.0									
DCMO / PHYSICIAN	10.0				✔			314,935	55,577	48,670
(6) JENNIFER WALSH, ESQ	0.0									
FORMER SVP ENT COMP INTEG	55.0						✔	0	367,684	34,937
(7) MARY LOUISE DECKER, MD	55.0									
MEDICAL DIRECTOR / PHYSICIAN	0.0				✔			374,321	0	27,933
(8) RONALD DANIELS, CPA	0.0									
FORMER CAO	55.0						✔	0	366,099	33,275
(9) MAUREEN LITCHMAN, MD	40.0									
MEDICAL DIRECTOR / PHYSICIAN	15.0				✔			229,498	98,356	30,350
(10) ERIN MCFADDEN, MD	50.0									
DCMO, MEDICAL DIRECTOR/PHYSICIAN	5.0				✔			281,027	24,437	38,802
(11) TIMOTHY BURKE, DO	30.0									
PHYSICIAN	25.0					✔		154,281	136,815	43,601
(12) ADITI SHARMA, MD	55.0									
PHYSICIAN	0.0					✔		309,051	0	18,726
(13) VINOD SHARMA, MD	55.0									
PHYSICIAN	0.0					✔		303,887	0	13,277
(14) SANDRA YASTREMSKI, CPA	0.0									
CHIEF FINANCIAL OFFICER	55.0			✔				0	253,492	37,594

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) MANJU THOMAS, MD	45.0									
DCMO / MEDICAL DIRECTOR	10.0				✔			185,887	49,413	19,752
(16) JOSHUA BRADDELL, CRNP	55.0									
MEDICAL DIRECTOR	0.0				✔			186,640	0	33,441
(17) DEBORAH KOLSOVSKY	5.0									
CHAIRMAN	0.0	✔		✔				0	0	0
(18) GERARD GEOFFROY	5.0									
IMMEDIATE PAST CHAIR	2.0	✔		✔				0	0	0
(19) KEN OKREPKIE	5.0									
TREASURER	0.0	✔		✔				0	0	0
(20) MARY MARRARA	5.0									
SECRETARY	2.0	✔		✔				0	0	0
(21) RICHARD KREBS	5.0									
VICE CHAIR	0.0	✔		✔				0	0	0
(22) ELLEN WALKO	1.0									
DIRECTOR	1.0	✔						0	0	0
(23) JOSEPH MARINELLI, RPH, MBA	1.0									
DIRECTOR	0.0	✔						0	0	0
(24) KIM HERITSCKO	1.0									
DIRECTOR	0.0	✔						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								3,970,583	2,303,168	568,695
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								3,970,583	2,303,168	568,695

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 56

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SORDONI CONSTRUCTION SERVICES, INC, 45 OWEN STREET, FORTY FORT, PA 18704	PROFESSIONAL FEES	3,948,515
COASTAL CALLNET, 1908 EASTWOOD ROAD, SUITE 330, WILMINGTON, NC 28403	PROFESSIONAL FEES	762,849
COMMUNITY COMPUTER SERVICE, INC, 15 HULBERT STREET, PO BOX 980, AUBURN, NY 13021	PROFESSIONAL FEES	353,030
FORVIS MAZARS, LLP, 910 E ST LOUIS STREET, SPRINGFIELD, MO 65806	PROFESSIONAL FEES	294,901
SOVEREIGN COMMERCIAL SERVICES, 211 N STATE ST, CLARKS SUMMIT, PA 18411	PROFESSIONAL FEES	252,250

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 11

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,090,426				
	e	Government grants (contributions)	1e	3,905,797				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	535,910				
	g	Noncash contributions included in lines 1a–1f	1g	$				
	h	**Total.** Add lines 1a–1f			5,532,133			
Program Service Revenue				Business Code				
	2a	NET PATIENT SERVICES REVENUE		621400	59,161,007	59,161,007		
	b	TEACHING REVENUE		621400	3,524,906	3,524,906		
	c	OTHER PROGRAM SERVICE REVENUE		621400	746,935	746,935		
	d							
	e							
	f	All other program service revenue			0	0	0	0
	g	**Total.** Add lines 2a–2f			63,432,848			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			643,840			643,840
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real	(ii) Personal			
	6a	Gross rents	6a	18,194				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	18,194	0			
	d	Net rental income or (loss)			18,194			18,194
				(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a					
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c	0	0			
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code				
	11a	MISCELLANEOUS REVENUE		900099	181,114			181,114
	b	PURCHASE DISCOUNTS		900099	42,787			42,787
	c							
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d			223,901			
	12	**Total revenue.** See instructions			69,850,916	63,432,848	0	885,935

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	387,327	387,327		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	800,695	800,695		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,451,581	2,883,619	567,962	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,417,003	19,670,911	4,746,092	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,628,047	1,234,663	393,384	
9 Other employee benefits	2,937,172	2,126,455	810,717	
10 Payroll taxes	1,832,270	1,462,621	369,649	
11 Fees for services (nonemployees):				
a Management	3,313,364	3,313,364		
b Legal	55,935	5,935	50,000	
c Accounting	183,178	23,823	159,355	
d Lobbying	72,052		72,052	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,629,584	490,278	1,139,306	0
12 Advertising and promotion	270,984	265,440	5,544	
13 Office expenses	440,421	336,189	104,232	
14 Information technology	510,841	304,327	206,514	
15 Royalties				
16 Occupancy	2,093,817	1,629,467	464,350	
17 Travel	36,513	34,561	1,952	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	156,133	72,266	83,867	
20 Interest	32,979		32,979	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,191,743	1,191,743		
23 Insurance	566,126	469,322	96,804	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
a MEDICATION EXPENSE	12,411,616	12,411,616		
b ADMINISTRATION & SUPPORT	7,401,178	5,555,730	1,845,448	
c DIRECT MEDICAL EXPENSE	3,385,736	3,363,594	22,142	
d REPAIRS & MAINTENANCE	646,683	226,651	420,032	
e All other expenses	349,758	271,146	78,612	0
25 **Total functional expenses.** Add lines 1 through 24e	70,202,736	58,531,743	11,670,993	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,400	1	1,550
	2	Savings and temporary cash investments		13,072,901	2	8,653,472
	3	Pledges and grants receivable, net		3,259,293	3	1,234,870
	4	Accounts receivable, net		7,236,946	4	6,667,811
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		6,284,150	7	6,284,150
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		79,849	9	30,991
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,113,841			
	b	Less: accumulated depreciation	10b 4,779,028	13,686,886	10c	18,334,813
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,468,254	15	4,477,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		47,089,679	16	45,684,657
Liabilities	17	Accounts payable and accrued expenses		3,856,787	17	3,198,515
	18	Grants payable			18	
	19	Deferred revenue		63,444	19	9,473
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,287,635	23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		4,930,312	25	5,876,988
	26	**Total liabilities.** Add lines 17 through 25		10,138,178	26	9,084,976
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		36,389,825	27	35,983,612
	28	Net assets with donor restrictions		561,676	28	616,069
		Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		36,951,501	32	36,599,681
	33	Total liabilities and net assets/fund balances		47,089,679	33	45,684,657

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,850,916
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,202,736
3	Revenue less expenses. Subtract line 2 from line 1	3	(351,820)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,951,501
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	36,599,681

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✔
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	✔	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✔	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	✔	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	✔	

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) LEE ANN ESCHBACH, PHD DIRECTOR	1.0 1.0	✓						0	0	0
(26) LEWIS MARCUS DIRECTOR	1.0 0.0	✓						0	0	0
(27) MARWAN WAFA, PHD DIRECTOR BEG 12/24	1.0 0.0	✓						0	0	0
(28) MARY ANN CHINDEMI, RN DIRECTOR	1.0 0.0	✓						0	0	0
(29) MARY KLEM DIRECTOR	1.0 0.0	✓						0	0	0
(30) PATRICIA DESOUZA DIRECTOR	1.0 0.0	✓						0	0	0
(31) PEDRO ANES DIRECTOR	1.0 1.0	✓						0	0	0
(32) ROBERT NEARY DIRECTOR	1.0 0.0	✓						0	0	0
(33) 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* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations . . . . . .
g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . **14** %

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

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

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

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

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,092,274	7,402,844	7,899,796	7,168,030	5,532,133	36,095,077
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,801,585	50,829,701	56,601,639	61,799,185	63,432,848	277,464,958
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	52,893,859	58,232,545	64,501,435	68,967,215	68,964,981	313,560,035
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6.)						313,560,035

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	52,893,859	58,232,545	64,501,435	68,967,215	68,964,981	313,560,035
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	62,936	63,058	212,320	835,959	662,034	1,836,307
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	62,936	63,058	212,320	835,959	662,034	1,836,307
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	92,706	66,659	135,317	180,859	223,901	699,442
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	53,049,501	58,362,262	64,849,072	69,984,033	69,850,916	316,095,784

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.20 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	99.34 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	1.00 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	0.00 %

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☑

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

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

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

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

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

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

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

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

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

Section C—Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D—Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI***. See instructions.			
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020 . . .			
b	Excess from 2021 . . .			
c	Excess from 2022 . . .			
d	Excess from 2023 . . .			
e	Excess from 2024 . . .			

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

Part VI

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

Return Reference - Identifier	Explanation

SCHEDULE A, PART III, LINE 12 - OTHER INCOME

Other Income Type	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
(1) OTHER INCOME	92,706	66,659	135,317	180,859	223,901	699,442

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
THE WRIGHT CENTER MEDICAL GROUP

Employer identification number
23-2772504

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 13,600	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		$ 25,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		$ 40,243	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4		$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5		$ 344	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6		$ 19,426	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 22,642	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8		$ 164,754	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9		$ 124,998	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10		$ 956	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11		$ 65,354	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12		$ 198,337	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 16,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14		$ 19,785	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15		$ 390,196	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16		$ 99,720	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17		$ 463,275	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18		$ 330,343	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20		$ 26,958	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21		$ 31,916	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22		$ 300,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23		$ 40,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24		$ 8,333	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
26		$ 97,898	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
27		$ 3,101	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
28		$ 92,880	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
29		$ 7,254	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
30		$ 118,344	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
32		$ 1,090,426	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
33		$ 1,503,744	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
34		$ 80,806	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
35		$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: THE WRIGHT CENTER MEDICAL GROUP

Employer identification number: 23-2772504

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
THE WRIGHT CENTER MEDICAL GROUP	23-2772504

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses, and EINs 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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	72,052	
c	Total lobbying expenditures (add lines 1a and 1b)	72,052	
d	Other exempt purpose expenditures	58,531,743	
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,603,795	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

IF the amount on line 1e, column (a) or (b) is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c	Total lobbying expenditures	47,073	61,859	69,198	72,052	250,182
d	Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					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) Yes	(a) No	(b) Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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."**

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

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

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
SCHEDULE C, PART IV - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES	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 CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO POLICYMAKERS, LEGISLATORS AND ADMINISTRATORS TO ADVOCATE 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 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & 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 $70,802 ON REPORTABLE LOBBYING ACTIVITIES. 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 COMMUNITY HEALTH INITIATIVES AND LEGISLATION. 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 CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO POLICYMAKERS, LEGISLATORS AND ADMINISTRATORS TO ADVOCATE 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 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCGME'S PRESIDENT & 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, TWCGME DIRECTLY SPENT $69,991 ON REPORTABLE LOBBYING ACTIVITIES. ADDITIONALLY, TWCGME IS A CORPORATE MEMBER OF THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), A 501(C)(6) TAX EXEMPT ENTITY. DURING THE REPORTING PERIOD, $33,000 OF DUES PAID TO AATHC WAS DEDICATED TO REPORTABLE LOBBYING ACTIVITIES, INCLUDING THE ENGAGEMENT OF ARENTFOX SCHIFF.

SCHEDULE D (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER MEDICAL GROUP

Employer identification number
23-2772504

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

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

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,057,669		1,057,669
b Buildings		15,875,643	3,169,408	12,706,235
c Leasehold improvements		400,743	369,748	30,995
d Equipment		2,549,787	1,239,872	1,309,915
e Other		3,229,999		3,229,999
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				18,334,813

Part VII Investments—Other Securities

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

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

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) ROU - LEASE ASSET	3,020,122
(2) DUE FROM THIRD-PARTY PAYORS	245,860
(3) RESTRICTED CASH	1,211,018
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	4,477,000

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	2,846,790
(3) ROU - LEASE LIABILITY	3,030,198
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	5,876,988

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	69,796,523
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	457,771		
e	Add lines **2a** through **2d**			2e	457,771
3	Subtract line **2e** from line **1**			3	69,338,752
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	512,164		
c	Add lines **4a** and **4b**			4c	512,164
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	69,850,916

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	70,202,736
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	70,202,736
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	70,202,736

Part XIII Supplemental Information

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

SEE STATEMENT

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	

(a) Description	**(b)** Amount
NET ASSETS RELEASED FROM RESTRICTION	457,771
TOTAL	**457,771**

Return Reference - Identifier	Explanation
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	

(a) Description	**(b)** Amount
TEMPORARILY RESTRICTED CONTRIBUTIONS	512,164
TOTAL	**512,164**

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)

(Rev. December 2024)

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* for instructions and the latest information.

OMB No. 1545-0047

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) AMERICA250PA 2 N MAIN STREET, PITTSTON, PA 18640	23-2952488	501(C)(3)	6,667				SEE NARRATIVE
(2) (SEE STATEMENT)	23-1856766	501(C)(3)	49,308				SEE NARRATIVE
(3) (SEE STATEMENT)	25-1562285	501(C)(3)	13,436				SEE NARRATIVE
(4) (SEE STATEMENT)	24-6000376	501(C)(3)	134,525				SEE NARRATIVE
(5) (SEE STATEMENT)	23-2007832	501(C)(3)	126,000				SEE NARRATIVE
(6) (SEE STATEMENT)	81-3053323	501(C)(3)	57,391				SEE NARRATIVE
(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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	UNITED WAY	339	800,695			
2						
3						
4						
5						
6						
7						

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

(SEE STATEMENT)

Part IV

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

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, THE ORGANIZATION MAPS 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 TOOLS, THE OFFICE PROVIDES COMPREHENSIVE TRACKING, DASHBOARD VISUALIZATIONS OF GRANT PROCESSES AND OUTCOME METRICS, AND CENTRALIZED EXPENSE MANAGEMENT. TWCCH CONSISTENTLY ADHERES TO ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPIC REPORTING REQUIREMENTS ACROSS ITS GRANT PORTFOLIO.
(2) 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
(3) 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
(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

Return Reference - Identifier	Explanation
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE	AMERICA250PA ($6,667) SPONSORSHIP AND PURCHASE OF COMMEMORATIVE LIBERTY TREES AND LIBERTY BELLS IN LACKAWANNA, LUZERNE, WAYNE, WYOMING, AND SUSQUEHANNA COUNTIES IN RECOGNITION OF THE 250TH ANNIVERSARY OF THE FOUNDING OF THE UNITED STATES. THIS INITIATIVE SUPPORTS REGIONAL EFFORTS TO HONOR THE NATION'S SEMI QUINCENTENNIAL BY PROMOTING CIVIC PRIDE, HISTORICAL REFLECTION, PARTICIPATORY CITIZENSHIP, AND COMMUNITY ENGAGEMENT. THE LIBERTY TREES AND BELLS SERVE AS VISIBLE SYMBOLS OF AMERICAN INDEPENDENCE AND RESILIENCE, PROVIDING OPPORTUNITIES FOR RESIDENTS, SCHOOLS, LOCAL GOVERNMENTS, AND COMMUNITY ORGANIZATIONS TO PARTICIPATE IN EDUCATIONAL PROGRAMMING AND PUBLIC EVENTS CELEBRATING THE COUNTRY'S HISTORY AND SHARED DEMOCRATIC VALUES. MATERNAL & FAMILY HEALTH SERVICES ($49,308) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AND THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (THROUGH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES BLOCK GRANTS FOR THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE) WAS AWARDED TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND SUBSEQUENTLY PROVIDED TO MATERNAL AND FAMILY HEALTH SERVICES THROUGH A SUBAWARD TO SUPPORT THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM. THROUGH THIS PARTNERSHIP, TWCCH COORDINATES THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) ALONG WITH COMPREHENSIVE PREGNANCY, POSTPARTUM, AND MATERNAL-CHILD SUPPORT SERVICES. THE PROGRAM SERVES COMMUNITIES THAT LACK A STRONG, COORDINATED NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS TO ADDRESS THE COMPLEX NEEDS OF PREGNANT AND PARENTING INDIVIDUALS AFFECTED BY OPIOID USE DISORDER. OUTREACH CENTER FOR COMMUNITY RESOURCES ($13,436) FUNDING FROM THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS (THROUGH U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES BLOCK GRANTS FOR THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE) WAS AWARDED TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) AND SUBSEQUENTLY PROVIDED TO THE OUTREACH CENTER FOR COMMUNITY RESOURCES THROUGH A SUBAWARD TO SUPPORT THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM. THROUGH THIS INITIATIVE, TWCCH COORDINATES THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) ALONG WITH COMPREHENSIVE PREGNANCY, POSTPARTUM, AND MATERNAL AND CHILD SUPPORT SERVICES. THE PROGRAM SERVES COMMUNITIES THAT LACK A STRONG, COORDINATED NETWORK OF HEALTH CARE AND SOCIAL SERVICE AGENCIES TO ADDRESS THE COMPLEX NEEDS OF PREGNANT AND PARENTING INDIVIDUALS AFFECTED BY OPIOID USE DISORDER. THE PENNSYLVANIA STATE UNIVERSITY ($134,525) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) WAS PROVIDED TO THE WRIGHT CENTER FOR COMMUNITY HEALTH AND SUBSEQUENTLY AWARDED TO THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE THROUGH A SUBAWARD. THROUGH PENN STATE'S PROJECT ECHO INITIATIVE, THE COLLEGE OF MEDICINE IS PARTNERING WITH THE WRIGHT CENTER TO DELIVER A THREE-COHORT ECHO SERIES OVER THE 2023-2026 GRANT PERIOD. THE PROGRAM PROVIDES TARGETED EDUCATION AND TRAINING TO MEMBERS OF A RURAL CONSORTIUM SERVING UNDERSERVED COMMUNITIES. THE INITIATIVE AIMS TO REDUCE THE INCIDENCE AND IMPACT OF NEONATAL ABSTINENCE SYNDROME (NAS) IN RURAL AREAS BY STRENGTHENING SYSTEMS OF CARE, ENHANCING FAMILY AND COMMUNITY SUPPORTS, ADDRESSING SOCIAL DRIVERS OF HEALTH, AND INCREASING PRACTITIONER KNOWLEDGE AND CAPACITY IN THE PREVENTION AND TREATMENT OF NAS. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION ($126,000) THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) PROVIDED APPROPRIATE COMPENSATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) TO SUPPORT LEASEHOLD IMPROVEMENTS BENEFITING TWCCH AT THE SHARED CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB LOCATED AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. THESE IMPROVEMENTS WERE COMPLETED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS RELATED TO THE UNITED STATES NEW MARKETS TAX CREDIT PROJECT AT THAT LOCATION. PATIENT ENGAGEMENT COUNCIL ($57,391) THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) PROVIDED FUNDING TO PATIENT ENGAGEMENT COUNCIL D/B/A THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE) TO SUPPORT INITIATIVES THAT EMPOWER PATIENTS AND STRENGTHEN COMMUNITY ENGAGEMENT. THESE EFFORTS ADVANCE COMMUNITY HEALTH AND WELL-BEING WHILE ENHANCING HEALTH CARE OUTCOMES, PATIENT EXPERIENCE, AND WORKFORCE DEVELOPMENT. TWCPCE WORKS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED PROGRAMS THAT ADDRESS SOCIAL AND RESOURCE-RELATED BARRIERS NEGATIVELY AFFECTING HEALTH OUTCOMES. THE FUNDING PROVIDED BY TWCCH TO TWCPCE WAS DERIVED FROM A SHARED SAVINGS PAYMENT EARNED THROUGH PARTICIPATION IN THE MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO). THIS PAYMENT RECOGNIZED TWCCH'S SUCCESS IN ACHIEVING COST SAVINGS AND MEETING ESTABLISHED QUALITY PERFORMANCE STANDARDS FOR MEDICARE BENEFICIARIES SERVED THROUGH THE ACO.
SCHEDULE I, PART III, COLUMN (A) - TYPE OF GRANT OR ASSISTANCE	THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) PROVIDED ASSISTANCE TO 339 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.

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

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER MEDICAL GROUP

Employer identification number
23-2772504

Part I Questions Regarding Compensation

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

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	LINDA THOMAS-HEMAK, MD PRESIDENT & CEO / PHYSICIAN	(i)	689,910	90,000	17,831	21,000	15,510	834,251	0
		(ii)	229,970	30,000	5,944	7,000	5,170	278,084	0
2	JIGNESH SHETH, MD CMO / PHYSICIAN	(i)	407,156	21,238	17,385	21,056	15,285	482,120	0
		(ii)	135,719	7,079	5,795	7,019	5,095	160,707	0
3	JUMEE BAROOAH, MD PHYSICIAN	(i)	129,354	6,760	6,069	7,289	3,967	153,439	0
		(ii)	368,161	19,241	17,273	20,746	11,291	436,712	0
4	DOUGLAS KLAMP, MD PHYSICIAN	(i)	225,406	11,700	8,247	18,024	13,117	276,494	0
		(ii)	121,372	6,300	4,441	9,705	7,063	148,881	0
5	WILLIAM DEMPSEY, MD DCMO / PHYSICIAN	(i)	284,613	8,225	22,097	25,210	16,159	356,304	0
		(ii)	50,225	1,452	3,900	4,449	2,852	62,878	0
6	JENNIFER WALSH, ESQ FORMER SVP ENT COMP INTEG	(i)	0	0	0	0	0	0	0
		(ii)	327,090	17,000	23,594	26,522	8,415	402,621	0
7	MARY LOUISE DECKER, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	333,125	17,215	23,981	26,867	1,066	402,254	0
		(ii)	0	0	0	0	0	0	0
8	RONALD DANIELS, CPA FORMER CAO	(i)	0	0	0	0	0	0	0
		(ii)	323,813	17,000	25,286	25,989	7,286	399,374	0
9	MAUREEN LITCHMAN, MD MEDICAL DIRECTOR / PHYSICIAN	(i)	201,580	9,720	18,198	16,345	4,900	250,743	0
		(ii)	86,391	4,166	7,799	7,005	2,100	107,461	0
10	ERIN MCFADDEN, MD DCMO, MEDICAL DIRECTOR/PHYSICIAN	(i)	249,472	10,188	21,367	21,660	14,038	316,725	0
		(ii)	21,693	886	1,858	1,883	1,221	27,541	0
11	TIMOTHY BURKE, DO PHYSICIAN	(i)	146,239	7,823	219	12,149	10,960	177,390	0
		(ii)	129,683	6,937	195	10,773	9,719	157,307	0
12	ADITI SHARMA, MD PHYSICIAN	(i)	296,523	12,400	128	17,444	1,282	327,777	0
		(ii)	0	0	0	0	0	0	0
13	VINOD SHARMA, MD PHYSICIAN	(i)	280,833	0	23,054	8,485	4,792	317,164	0
		(ii)	0	0	0	0	0	0	0
14	SANDRA YASTREMSKI, CPA CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
		(ii)	218,328	11,750	23,414	18,083	19,511	291,086	0
15	MANJU THOMAS, MD DCMO / MEDICAL DIRECTOR	(i)	178,618	6,942	327	14,367	1,237	201,491	0
		(ii)	47,481	1,845	87	3,819	329	53,561	0
16	JOSHUA BRADDELL, CRNP MEDICAL DIRECTOR	(i)	155,187	8,453	23,000	12,783	20,658	220,081	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
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	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 & 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.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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 2024-2025 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	THE WRIGHT CENTER MEDICAL GROUP D/B/A 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. COMMITTED TO COMMUNITY HEALTH NEEDS-RESPONSIVE, WHOLE-PERSON HEALTH SERVICES AND INTERPROFESSIONAL WORKFORCE DEVELOPMENT, TWCCH AND TWCGME ARE THE ORIGINATORS AND OPERATORS OF A REPLICABLE, SCALABLE, AND PROVEN "ACHIEVABLE BY ALL" TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT IS INCREASINGLY BEING ADOPTED NATIONALLY AS A SOLUTION TO THE PRIMARY CARE AND PUBLIC HEALTH WORKFORCE CRISES FACING COMMUNITY-BASED SYSTEMS OF CARE. THROUGH THE ORGANIZATION'S GME-SNC FRAMEWORK, ITS MISSION IS OPERATIONALIZED BY SEAMLESSLY INTEGRATING LEARNING, WORKFORCE DEVELOPMENT, AND CARE DELIVERY, LEVERAGING THE PRESENCE OF PHYSICIAN AND INTERPROFESSIONAL HEALTH CARE LEARNERS TO DRIVE CONTINUOUS IMPROVEMENT, EXPAND ACCESS, AND SUSTAIN EXCELLENCE IN COMMUNITY-BASED PRIMARY CARE. THE GME-SNC MODEL POSITIONS COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PRIMARY CARE AND WORKFORCE DEVELOPMENT PLATFORMS, ELEVATING FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND FQHC LOOK-ALIKES TO HIGH-PERFORMING LEARNING ORGANIZATIONS RATHER THAN RELEGATING THEM TO THE MARGINS OF WORKFORCE DESIRABILITY. IN THIS MODEL, COMMUNITY HEALTH CENTERS SERVE AS ENGINES OF EXCELLENCE, INNOVATION, AND ACCESS, ADVANCING INTENTIONAL, LOCALLY GROUNDED SOLUTIONS TO PHYSICIAN RECRUITMENT, RETENTION, AND LONG-TERM WORKFORCE SUSTAINABILITY. ROOTED IN THE BELIEF THAT COMMUNITIES MUST HAVE THE CAPACITY TO IDENTIFY, GOVERN, AND SOLVE THEIR OWN HEALTH AND WORKFORCE CHALLENGES, AND INSPIRED BY THE PRINCIPLES ARTICULATED BY NOBEL PRIZE-WINNING ECONOMIST AND POLITICAL SCIENTIST ELINOR OSTROM, THE GME-SNC MODEL REFLECTS THE CONVICTION THAT "WE" IS MORE POWERFUL THAN "I." CONSISTENT WITH OSTROM'S POLITICAL AND ECONOMIC THEORIES OF COOPERATION AND COLLABORATION IN STEWARDING COMMON-POOL RESOURCES, THE ORGANIZATION'S GME-SNC MODEL PROMOTES MUTUALLY REINFORCING, CONSENSUS-DRIVEN STRATEGIES THAT ENABLE COMMUNITIES TO ADDRESS COMPLEX PUBLIC HEALTH AND HEALTH CARE WORKFORCE CHALLENGES SUSTAINABLY. BY PROMOTING A CULTURE OF UNIFIED PARTICIPATORY CITIZENSHIP AND SHARED LEARNING AMONG GOVERNING BOARDS, CLINICAL CARE TEAMS, STAFF, PATIENTS, AND COMMUNITY-BASED INTERPROFESSIONAL LEARNERS, THE GME-SNC MODEL STIMULATES AND LEVERAGES EACH STAKEHOLDER GROUP'S MEANINGFUL CONTRIBUTIONS TO CONTINUOUS IMPROVEMENT IN CARE DELIVERY AND WORKFORCE DEVELOPMENT. THE COLLECTIVE IMPACT OF THIS APPROACH STRENGTHENS TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION FOR COMMUNITY HEALTH CENTERS, AFFILIATED ORGANIZATIONS, AND THE BROADER COMMUNITIES THEY SERVE, WHILE ADVANCING A DURABLE, COMMUNITY-ANCHORED RESPONSE TO NATIONAL PRIMARY CARE WORKFORCE SHORTAGES, MISDISTRIBUTION, AND RELATED BARRIERS TO HEALTH CARE ACCESS AND CAREERS. BUILDING ON THIS MISSION-DRIVEN GOVERNANCE FOUNDATION, THE GME-SNC MODEL HAS BEEN ADVANCED, TESTED, AND PROVEN THROUGH MORE THAN A DECADE OF LIVED EXPERIENCE, MOST NOTABLY THROUGH THE CREATION, EVOLUTION, AND SUCCESSFUL MATURATION OF TWCGME'S PIONEERING NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) PROGRAM. THROUGH THIS WORK, COMMUNITY-ANCHORED CLINICAL LEARNING ENVIRONMENTS DEMONSTRATED THAT FQHCS AND FQHC LOOK-ALIKES CAN FUNCTION NOT AS PERIPHERAL TRAINING SITES, BUT AS HIGH-PERFORMING ACADEMIC AND WORKFORCE DEVELOPMENT PLATFORMS CAPABLE OF TRAINING, RETAINING, AND SUSTAINING A PRIMARY CARE WORKFORCE RESPONSIVE TO LOCAL NEEDS. EVEN AMID SIGNIFICANT REGULATORY DISRUPTION AND PROGRAMMATIC TRANSITIONS, THE GME-SNC MODEL EVOLVED AS DESIGNED. NFMR PARTNER SITES SUCCESSFULLY TRANSITIONED TO INDEPENDENT, ACGME-ACCREDITED SPONSORING INSTITUTIONS AND RESIDENCY PROGRAMS, WHILE OTHERS ADVANCED TOWARD THAT GOAL, AFFIRMING THE MODEL'S SCALABILITY, REPLICABILITY, AND DURABILITY. THESE REMARKABLE OUTCOMES REFLECT REAL COMMUNITIES THAT NOW TRAIN THEIR OWN PHYSICIANS, STEWARD THEIR OWN RESOURCES, AND STRENGTHEN ACCESS TO WHOLE-PERSON PRIMARY CARE, LIVING PROOF THAT INTENTIONAL, COMMUNITY-GOVERNED WORKFORCE DEVELOPMENT THROUGH THIS GME-SNC MODEL CAN DELIVER LASTING PUBLIC BENEFIT. THIS SAME PHILOSOPHY DIRECTLY INFORMS HOW TWCCH OPERATIONALIZES CARE DELIVERY, WORKFORCE DEVELOPMENT, AND COMMUNITY STEWARDSHIP ACROSS THE POPULATIONS AND REGIONS IT SERVES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	AS AN ESSENTIAL COMMUNITY PROVIDER, TWCCH DELIVERS COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES TO ALL PATIENTS AND FAMILIES IN A PATIENT-CENTERED MEDICAL HOME (PCMH) CARE DELIVERY FRAMEWORK, REGARDLESS OF ABILITY TO PAY OR ZIP CODE, WHILE EDUCATING THE CURRENT AND FUTURE PHYSICIAN AND INTERPROFESSIONAL HEALTH CARE WORKFORCE. ITS COMPREHENSIVE, FULLY INTEGRATED PRIMARY AND PREVENTIVE HEALTH SERVICES ACROSS THE LIFESPAN INCLUDE MEDICAL, WOMEN'S HEALTH, PEDIATRICS, GENERAL DENTISTRY, MENTAL AND BEHAVIORAL HEALTH, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, CARE AND CASE MANAGEMENT, OBESITY MEDICINE, INFECTIOUS DISEASE, RYAN WHITE HIV/AIDS SERVICES, AS WELL AS RHEUMATOLOGIC AND GERIATRIC CARE, AND NUTRITIONAL AND LIFESTYLE MEDICINE. ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION ACTIVITIES ALLOW TWCCH TO EXPAND ACCESS FOR ALL PATIENTS AND INTERPROFESSIONAL LEARNERS TO PARTNERING SPECIALTY PROVIDERS. BY EMBEDDING LEARNING AND WORKFORCE RENEWAL DIRECTLY INTO THE FABRIC OF CARE DELIVERY, THE GME-SNC MODEL DEVELOPED AND OPERATED BY TWCCH AND TWCGME ENABLES COMMUNITY HEALTH CENTERS TO REMAIN ADAPTIVE, INNOVATIVE, AND RESILIENT WHILE EXPANDING ACCESS AND ADVANCING QUALITY HEALTH CARE SERVICES AND PROGRAMS. OPERATING WITHIN AN INCREASINGLY DYNAMIC FEDERAL AND STATE FUNDING ENVIRONMENT, TWCCH AND TWCGME APPROACH UNCERTAINTY WITH DISCIPLINED, VALUES-ANCHORED LEADERSHIP RATHER THAN REACTIVE DECISION-MAKING. THROUGHOUT THE COVERED PERIOD, THE ENTERPRISE EMPHASIZED METHODICAL PLANNING, CONTINUOUS DIALOGUE, AND GOVERNANCE BOARD-INFORMED STRATEGY TO PROTECT ACCESS, WORKFORCE STABILITY, AND WHOLE-PERSON CARE DELIVERY WHILE REMAINING RESPONSIVE TO EVOLVING FEDERAL AND STATE POLICY SIGNALS BEYOND THE ORGANIZATION'S DIRECT CONTROL. WITHIN THIS GOVERNANCE-INFORMED PLANNING FRAMEWORK, TWCCH ADVANCED STRUCTURAL PLANNING FOR THE ESTABLISHMENT OF A SUPPORTING 501(C)(3) NONPROFIT PRIVATE FOUNDATION THAT WILL REMAIN A SUB-CORPORATION OF TWCCH, STRENGTHENING LONG-TERM PHILANTHROPIC STEWARDSHIP AND COMMUNITY REINVESTMENT CAPACITY. THE ORGANIZATION'S NICHE IS WORLD-CLASS, INNOVATIVE, RESPONSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL, DELIVERED THROUGH COMMUNITY-CENTRIC, INCUMBENT, AND FUTURE WORKFORCE RENEWAL. INSPIRED BY THE EMPOWERING COMMUNITY AND PATIENT GOVERNANCE, AND THE 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, ITS GME-SNC MODEL EMBRACES COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC AND PRIMARY CARE WORKFORCE DEVELOPMENT PLATFORMS, PROVIDING A PROVEN, SCALABLE, AND REPLICABLE SOLUTION FOR INDIVIDUAL COMMUNITY HEALTH CENTER WORKFORCE RECRUITMENT AND RETENTION, AND A MEANS OF ADDRESSING THE NATIONAL PRIMARY CARE WORKFORCE SHORTAGE, MISDISTRIBUTION, 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 ORGANIZATION'S GME-SNC'S COLLECTIVE IMPACT REFLECTS THE POWER OF COMMUNITY-DRIVEN INNOVATION TO STRENGTHEN HEALTH CARE DELIVERY, EXPAND ACCESS TO CARE, AND DELIVER AND ENRICH TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION FOR HEALTH CENTERS, AFFILIATED ORGANIZATIONS, AND BROADER COMMUNITIES SERVED.
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	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, 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 NONPROFIT, 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).

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	IN 2018, THE WRIGHT CENTER MEDICAL GROUP, PC, UNDERWENT A STRATEGIC GOVERNANCE TRANSFORMATION, FIRST CONVERTING TO A PENNSYLVANIA NONPROFIT 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 (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, WHO WERE THEN SERVING AS BOARD MEMBERS, TO AFFIRM COMMUNITY OWNERSHIP BY RELINQUISHING 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, WHICH CONTINUES TO VALIDATE HRSA'S VISION FOR PATIENT-LED GOVERNANCE OF COMMUNITY HEALTH CENTERS, CANNOT BE OVERSTATED. THIS INTENTIONAL, COMMUNITY-EMPOWERING GOVERNANCE TRANSFORMATION ENABLED THE ENTITY TO APPLY FOR AND SECURE THE DESIGNATION AS AN 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, 2025, 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. ADDITIONALLY, THE TWCCH AND TWCGME GOVERNING BOARDS REGULARLY REVIEW TWCCH'S COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND COMPREHENSIVE REGIONAL HEALTH CARE WORKFORCE NEEDS ASSESSMENT (HCWNA) FINDINGS TO INFORM STRATEGIC PLANNING, PROGRAM EXPANSION, AND WORKFORCE DEVELOPMENT PRIORITIES. THROUGHOUT FISCAL YEAR 2024-2025 AND CONTINUING TODAY, TWCCH INTENTIONALLY EXPANDED ACCESS TO PRIMARY AND INTEGRATED HEALTH SERVICES AS PART OF ITS COMMUNITY-BASED GROWTH AND REINVESTMENT MODEL. AS NEW SITES AND SERVICE LINES ARE INCUBATED, PARTICULARLY IN UNDERSERVED AND RURAL COMMUNITIES SUCH AS HAWLEY, PENNSYLVANIA, TWCCH FIRST ESTABLISHES A STABLE PRIMARY CARE FOUNDATION. AS THESE SERVICES MATURE AND BECOME SUSTAINABLE, THE ORGANIZATION REINVESTS THE GENERATED CLINICAL REVENUE DIRECTLY INTO THE COMMUNITY, WITH ACCESS EXPANSION SERVING AS A PRIMARY VEHICLE FOR COMMUNITY REINVESTMENT. TWCCH PROVIDES 83 HOURS PER WEEK OF CLINICAL HEALTH SERVICES AT ITS MID VALLEY TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA, AND EXPANDED ACCESS THROUGH EXTENDED WEEKDAY, SATURDAY, AND HOLIDAY HOURS (EXCLUDING SUNDAYS) AT ITS HAWLEY, WILKES-BARRE, AND SCRANTON TEACHING COMMUNITY HEALTH CENTERS. ADDITIONALLY, TWCCH MAINTAINED 24/7 ON-CALL CLINICAL COVERAGE ACROSS ALL SERVICE LINES AND CLINICAL CARE SETTINGS, INCLUDING BOTH AMBULATORY AND HOSPITAL VENUES. IMPORTANTLY, ACCESS EXPANSION EXTENDED BEYOND TRADITIONAL VISIT HOURS TO INCLUDE ADDING PROVIDERS, DEVELOPING AND IMPLEMENTING INTERIM VISIT CARE MODELS, ADVANCED PRIMARY CARE MANAGEMENT (APCM), CARE COORDINATION, AND COMMUNITY HEALTH WORKER-SUPPORTED OUTREACH, ENSURING CONTINUITY OF CARE BETWEEN VISITS. THESE ACCESS STRATEGIES ARE SUPPORTED BY ROBUST, INTERPROFESSIONAL CARE TEAMS THAT WORK ACROSS AMBULATORY, INPATIENT, AND COMMUNITY-BASED SETTINGS TO PROMOTE PATIENT HEALTH AND WELL-BEING BEYOND EPISODIC ENCOUNTERS. DURING THE COVERED PERIOD, TWCCH SERVED 37,059 UNIQUE PATIENTS AND COMPLETED 165,076 TOTAL VISITS BETWEEN JULY 2024 AND JUNE 2025, INCLUDING 90,615 MEDICAL VISITS, 20,316 BEHAVIORAL HEALTH VISITS, 15,144 DENTAL VISITS, AND 17,228 INPATIENT HOSPITAL VISITS. THESE SERVICES ALSO INCLUDED HOUSE CALLS AND CARE PROVIDED IN SKILLED NURSING, ASSISTED LIVING, INPATIENT AND TRANSITIONAL REHABILITATION, AND HOSPICE FACILITIES. CLINICAL REVENUE GENERATED THROUGH THIS EXPANDED ACCESS AND CARE-BETWEEN-VISITS MODEL IS INTENTIONALLY REINVESTED TO ENHANCE COMMUNITY CAPACITY, SUPPORTING ADDITIONAL ACCESS EXPANSION, FACILITY UPGRADES, AND CARE-DELIVERY IMPROVEMENTS. THIS REINVESTMENT APPROACH ALLOWS TWCCH'S MODEL TO MOVE BEYOND SUSTAINABILITY TOWARD LONG-TERM COMMUNITY THRIVING, WHILE SIMULTANEOUSLY BUILDING DURABLE SYSTEMS OF CARE AND INTERPROFESSIONAL WORKFORCE PIPELINES. THESE PIPELINES CREATE LOCALLY ROOTED CAREER PATHWAYS WITH ECONOMIC MOBILITY AND PROMOTE ALIGNMENT BETWEEN THE COMMUNITIES SERVED AND THE HEALTH CARE PROFESSIONALS TRAINED AND RETAINED WITHIN THEM.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	TWCCH OPERATES NCQA-RECOGNIZED PATIENT-CENTERED MEDICAL HOMES (PCMHS) (FORMERLY NCQA LEVEL 3), WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION AND HISTORICAL NCQA SCHOOL-BASED HEALTH CENTER RECOGNITION. 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, FORMING AN EXTENSIVE, ENRICHED RESOURCE NETWORK FOR ALL. TWCCH IS A DESIGNATED PENNSYLVANIA OPIOID USE DISORDER CENTER OF EXCELLENCE (COE), A PENNSYLVANIA COORDINATING CENTER FOR MEDICATION-ASSISTED TREATMENT (PACMAT), AND THE CONVENING AND PRIMARY ORGANIZATION OF A MULTI-INSTITUTION HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (HEALTHY 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 ITS PATIENTS. TWCCH CONTINUED TO SERVE AS A PASSIONATE CHAMPION FOR MEANINGFUL USE OF ELECTRONIC MEDICAL RECORD (EMR) AND ELECTRONIC HEALTH RECORD (EHR) AND FOR HEALTH INFORMATION TECHNOLOGY (HIT) INTEROPERABILITY, RECOGNIZING THAT TIMELY, ACCURATE INFORMATION FLOW IS FOUNDATIONAL TO SAFE, WHOLE-PERSON CARE. TWCCH HAS INVESTED IN EXPANDING ITS DATA ANALYTICS AND EHR TEAMS, CREATING DEDICATED WORKFORCE CAPACITY TO SUPPORT INTEROPERABILITY, IMPROVE CARE COORDINATION, AND ENSURE THAT CLINICAL INFORMATION FOLLOWS PATIENTS ACROSS SETTINGS AND SYSTEMS. OPERATING WITHIN PENNSYLVANIA'S OPT-IN HEALTH INFORMATION EXCHANGE (HIE) ENVIRONMENT, TWCCH HAS REMAINED STEADFAST IN ADVOCATING FOR RESPONSIBLE, HIPAA-COMPLIANT DATA SHARING THAT PRIORITIZES PATIENT CARE OVER INSTITUTIONAL SILOS. WHILE OPT-IN FRAMEWORKS ARE LEGALLY PERMISSIBLE, TWCCH RECOGNIZES THAT DELAYED OR FRAGMENTED INFORMATION EXCHANGE CAN IMPEDE CLINICAL DECISION-MAKING AND UNDERMINE CONTINUITY OF CARE, PARTICULARLY FOR MEDICALLY COMPLEX AND UNDERSERVED POPULATIONS. ACCORDINGLY, TWCCH ACTIVELY PARTICIPATES IN REGIONAL AND STATEWIDE HIE INITIATIVES AND SERVES AS A COMMUNITY ORGANIZING AND EDUCATIONAL PLATFORM TO HELP PATIENTS, PROVIDERS, AND PARTNERS UNDERSTAND WHY HEALTH INFORMATION MUST FLOW TO SUPPORT CARE. TWCCH HAS CONSISTENTLY CHALLENGED BUSINESS PRACTICES THAT, WHILE TECHNICALLY ALLOWABLE, FUNCTION AS INFORMATION BLOCKING AND REFLECT OUTDATED, INSULAR MODELS OF HEALTH CARE DELIVERY THAT NO LONGER SERVE PATIENTS OR COMMUNITIES. TWCCH'S POSITION IS GUIDED BY A CLEAR ETHICAL DISTINCTION: ROBUST, OPT-OUT INFORMATION SHARING SHOULD SUPPORT ROUTINE HEALTH CARE DELIVERY, WHILE MORE SENSITIVE DOMAINS, SUCH AS GENETIC TESTING, SHOULD REMAIN OPT-IN AND SUBJECT TO HEIGHTENED PATIENT CONSENT. THIS BALANCED APPROACH REFLECTS TWCCH'S COMMITMENT TO PATIENT AUTONOMY, DATA PROTECTION, AND CLINICAL EXCELLENCE, WHILE ADVANCING A MODERN, INTEROPERABLE HEALTH SYSTEM THAT PLACES PATIENT WELL-BEING. TWCCH'S FQHC LOOK-ALIKE GOVERNANCE PLATFORM IS AMPLIFIED IN ITS COMMUNITY- AND PATIENT-DRIVEN GOVERNANCE OF THE PATIENT ENGAGEMENT COUNCIL, D/B/A THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE), OF WHICH TWCCH IS THE SOLE CORPORATE MEMBER. THE MISSION OF TWCPCE, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION, IS TO EMPOWER AND ENGAGE PATIENTS TO PROMOTE THE HEALTH AND WELFARE OF LOCAL COMMUNITIES, ADVANCE OUTCOMES AND EXPERIENCES IN HEALTH CARE AND RELATED SERVICES, AND SUPPORT 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. TWCCH'S TEACHING COMMUNITY HEALTH CENTERS ARE THE PRIMARY AMBULATORY, LONGITUDINAL CLINICAL LEARNING ENVIRONMENTS FOR TWCGME'S INTERNAL MEDICINE, FAMILY MEDICINE, AND PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENTS, AS WELL AS ITS GERIATRIC, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWS AND LEARNERS IN ITS INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY, COMMONLY KNOWN AS THE COMBINED MED-GERI PATHWAY. THESE LEARNING PROGRAMS ARE INTENTIONALLY AND THOUGHTFULLY DESIGNED TO LINK WORKFORCE PIPELINE DEVELOPMENT TO THE FULL CONTINUUM OF CARE, ENSURING THAT FUTURE PHYSICIANS, PARTICULARLY THOSE IN PM&R AND OTHER SPECIALTIES, ARE TRAINED IN A DEEP RELATIONSHIP WITH COMMUNITY-BASED PRIMARY CARE.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	ADDITIONALLY, TWCCH PROUDLY SUPPORTS THE CLINICAL TRAINING OF ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENTS IN COLLABORATION WITH NYU LANGONE HEALTH'S AEGD RESIDENCY, ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA). DURING FISCAL YEAR 2024-2025, TWCCH TRAINED MORE THAN 200 RESIDENT AND FELLOW PHYSICIANS AT ITS AFFILIATED TWCGME AND ANNUALLY HOSTED MORE THAN 200 ADDITIONAL INTERPROFESSIONAL HEALTH CARE LEARNERS FROM OVER 10 REGIONAL ACADEMIC PARTNERS FOR CLINICAL PRIMARY CARE TRAINING THAT EXPANDS ACCESS TO HIGH-QUALITY PRIMARY CARE IN THE COMMUNITIES THE ORGANIZATION SERVES. THOSE ACADEMIC PARTNERSHIPS INCLUDE LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM) AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM IN CALIFORNIA (ATSU-CCPAP). TWCCH IS A CLINICAL PARTNER IN THE GEISINGER ACCOUNTABLE CARE ORGANIZATION, EFFECTIVE JANUARY 1, 2026, AFTER THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION BECAME CLINICALLY NONOPERATIONAL ON DECEMBER 31, 2025. ADDITIONALLY, BEGINNING JANUARY 1, 2026, TWCCH HAS ALIGNED WITH ALEDADE, A PHYSICIAN-LED ORGANIZATION THAT SUPPORTS PRIMARY CARE-ANCHORED, MULTI-PAYER ACO PARTICIPATION AS A VALUE-BASED AGGREGATOR RATHER THAN A HEALTH SYSTEM PROVIDER. TWCCH IS ALSO 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, A NONPROFIT BASED IN WILKES-BARRE, PENNSYLVANIA, THAT PROVIDES COMMUNITY-BASED DATA ANALYSIS, RESEARCH, AND CONSULTING SERVICES, AND PENN STATE PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES), A KNOWLEDGE-SHARING NETWORK LED BY EXPERT SPECIALIST TEAMS MENTORING PARTICIPATING COMMUNITY PROVIDERS. CONSISTENT WITH ITS MISSION AS A COMMUNITY-GOVERNED, WHOLE-PERSON PRIMARY CARE PROVIDER AND ESSENTIAL COMMUNITY PROVIDER, TWCCH ALSO ENGAGES IN MISSION-ALIGNED SYSTEM STEWARDSHIP BEYOND ITS DIRECT CLINICAL OPERATIONS. DURING PERIODS OF REGIONAL HEALTH SYSTEM TRANSITION, THE ORGANIZATION PARTICIPATES IN COLLABORATIVE, COMMUNITY-LED EFFORTS DESIGNED TO PRESERVE CONTINUITY OF CARE, WORKFORCE STABILITY, AND ACCESS TO ESSENTIAL HEALTH SERVICES FOR MEDICALLY VULNERABLE POPULATIONS. THROUGH THIS STEWARDSHIP ROLE, TWCCH HELPED CATALYZE THE EMERGENCE OF COMMUNITY HEALTH HUB LLC, A SCRANTON-BASED 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO ADVANCING A MORE SUSTAINABLE, TRANSPARENT, AND COMMUNITY-ACCOUNTABLE REGIONAL HEALTH SYSTEM THROUGH SHARED GOVERNANCE AND CROSS-SECTOR COLLABORATION. IN ALL SUCH EFFORTS, TWCCH'S ROLE REMAINS GROUNDED IN CONVENING, PLANNING, AND COLLABORATION, RATHER THAN ON THE OWNERSHIP, MANAGEMENT, OR OPERATION OF ACUTE CARE FACILITIES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES	IN RESPONSE TO DOCUMENTED COMMUNITY HEALTH NEEDS AND REGIONAL PROVIDER SHORTAGES, DURING THE COVERED PERIOD, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) EXPANDED ACCESS TO COMPREHENSIVE PRIMARY AND PREVENTIVE HEALTH SERVICES THROUGH THE STRATEGIC GROWTH AND ENHANCEMENT OF ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, THE LAUNCH OF NEW INTEGRATED CARE MODELS, AND THE IMPLEMENTATION OF PREVENTION-FOCUSED PROGRAMS. TWCCH ADVANCED ITS FQHC LOOK-ALIKE SERVICES AND MISSION BY HELPING RESTORE LOCAL ACCESS TO PRIMARY HEALTH SERVICES IN WYOMING COUNTY, PENNSYLVANIA. AFTER THE CLOSURE OF TYLER MEMORIAL HOSPITAL IN TUNKHANNOCK IN 2021 - THE ONLY HOSPITAL IN WYOMING COUNTY, WHICH IS A DESIGNATED MEDICALLY UNDERSERVED AREA AND EXPERIENCES SOME OF THE HIGHEST MORTALITY RATES IN NORTHEASTERN PENNSYLVANIA FOR CANCER, CHRONIC LOWER RESPIRATORY DISEASE, AND DIABETES - NEARLY 26,000 RESIDENTS, MANY OF THEM SENIOR CITIZENS AND CHILDREN, WERE LIVING IN WHAT HAD BECOME A RURAL HEALTH CARE DESERT. IN 2023, A LIMITED FAMILY PARTNERSHIP LED BY WYOMING COUNTY BUSINESSMAN BILL RUARK ACQUIRED THE FORMER HOSPITAL PROPERTY. IT BEGAN REDEVELOPING IT INTO A NONPROFIT MEDICAL FACILITY, NOW KNOWN AS THE WYOMING COUNTY HEALTHCARE CENTER. IN ALIGNMENT WITH IDENTIFIED COMMUNITY NEEDS AND TWCCH'S COMMUNITY-GOVERNED PURPOSE, THE RUARK FAMILY ENGAGED TWCCH LEADERSHIP IN FALL 2024 TO EXPLORE THE ADDITION OF WHOLE-PERSON PRIMARY HEALTH SERVICES AT THE WYOMING COUNTY SITE. A TWCCH FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER, THE COUNTY'S FIRST FQHC LOOK-ALIKE, ANCHORS THE FOURTH FLOOR INSIDE THE TUNKHANNOCK HUB THAT HOUSES 22 PARTNER ORGANIZATIONS, SPANNING HEALTH CARE PROVIDERS, EDUCATIONAL INSTITUTIONS, NONPROFITS, BUSINESSES, ECONOMIC DEVELOPMENT AGENCIES, GOVERNMENT SERVICES, AND HUMAN RESOURCE SUPPORTS. IN PARTNERSHIP, PLANS BEGAN DURING THE 2024-2025 FISCAL YEAR FOR THE ADDITION OF A FULL-SERVICE PHARMACY INSIDE THE WYOMING COUNTY HEALTHCARE CENTER, AND, THROUGH A BUDDING PARTNERSHIP WITH JOHNSON COLLEGE, TWCCH WILL BE ADDRESSING A CRITICAL SHORTAGE OF DENTAL CARE IN WYOMING COUNTY WHILE CREATING NEW EDUCATIONAL AND CAREER PATHWAYS IN ORAL HEALTH. SUBSEQUENT TO THE COVERED PERIOD, TWCCH SECURED A COMMITMENT FROM GUTHRIE AND CHILDREN'S SERVICE CENTER TO REFER DENTAL PATIENTS TO TWCCH, FINALIZED DENTAL SUITE FLOOR PLANS, PROCURED DENTAL EQUIPMENT, PURSUED SUPPLEMENTAL GRANT FUNDING, AND BEGAN EXPLORING LOCAL DENTIST RECRUITMENT, WHILE ALSO ADVANCING A 24/7 AMBULATORY CARE PARTNERSHIP WITH GUTHRIE TO EXPAND URGENT SERVICES, ANCILLARY IMAGING, DENTAL, AND PHARMACY ACCESS, AND EXPLORING A COLLABORATIVE RURAL FAMILY MEDICINE RESIDENCY PLANNING GRANT AT THE WYOMING COUNTY HEALTHCARE CENTER. IN PARALLEL WITH THIS RURAL ACCESS RESTORATION IN WYOMING COUNTY, TWCCH ALSO RESPONDED TO ACUTE ACCESS DISRUPTIONS AND SITE-BASED OPPORTUNITIES ACROSS LACKAWANNA COUNTY. THE ACUTE DEPARTURE OF TWO WELL-ESTABLISHED PRIMARY CARE PHYSICIANS IN PRACTICE FOR OVER 25 YEARS PROMPTED TWCCH'S INVITATION TO OPEN FQHC LOOK-ALIKE SERVICES IN DICKSON CITY, PENNSYLVANIA, IN RESPONSE. 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 TEACHING COMMUNITY 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. AS PART OF ITS ONGOING STRATEGY TO GROW PRIMARY HEALTH SERVICES CAPACITY AND SUPPORT JOB CREATION, TWCCH INITIATED AND ADVANCED PLANNING FOR A FUTURE EXPANSION OF ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA. BUILDING ON THE PURCHASE OF AN ADJACENT PROPERTY DURING THE PRIOR FISCAL YEAR, TWCCH SECURED SUPPORT THROUGH THE PENNSYLVANIA NEIGHBORHOOD ASSISTANCE PROGRAM. THIS TAX CREDIT INITIATIVE ENCOURAGES PRIVATE INVESTMENT IN PROJECTS THAT BENEFIT DISTRESSED COMMUNITIES AND SUPPORT NEIGHBORHOOD REVITALIZATION. TWCCH IS CURRENTLY PLANNING THE FUTURE DEVELOPMENT OF THIS PROPERTY TO ENHANCE CLINICAL OPERATIONS AND BETTER MEET THE EVOLVING NEEDS OF PATIENTS, FAMILIES, PHYSICIANS, AND INTERPROFESSIONAL LEARNERS SERVED AT THE JERMYN SITE. TWCCH ALSO EXPANDED ACCESS TO INTEGRATED PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES FOR ALL THROUGH A CO-LOCATED WHOLE-PERSON PRIMARY CARE MODEL INTEGRATED WITHIN AN ESTABLISHED COMMUNITY BEHAVIORAL HEALTH PARTNER.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH CO-LOCATED A NEW FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER WITHIN THE FRIENDSHIP HOUSE WHOLE PERSON CARE CENTER'S NEW BUILDING ON WYOMING AVENUE IN DOWNTOWN SCRANTON, PENNSYLVANIA, OPENING IN NOVEMBER 2024. DURING THE PRIOR COVERED PERIOD, TWCCH WAS INVITED TO COLLABORATE WITH FRIENDSHIP HOUSE, A WELL-ESTABLISHED, COMMUNITY-GOVERNED NONPROFIT AGENCY PROVIDING MENTAL AND BEHAVIORAL HEALTH SERVICES IN THE AREA. THIS MISSION-ALIGNED COLLABORATION AIMS TO ENSURE THE CONTINUED EXPANSION OF ACCESS AND COORDINATION OF WHOLE-PERSON, PATIENT-CENTERED PRIMARY CARE AND MENTAL 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 TEACHING COMMUNITY HEALTH CENTER. THE FRIENDSHIP HOUSE PRACTICE IS ALSO SUSTAINABLE AND THRIVING TODAY. SUBSEQUENT TO THE COVERED PERIOD, TWCCH SUBMITTED AN APPLICATION TO EXPAND PRIMARY CARE SERVICES WITHIN FRIENDSHIP HOUSE'S PROPOSED COMPREHENSIVE HEALTH CENTER IN CARBONDALE, PENNSYLVANIA, AND IS AWAITING HRSA APPROVAL. IN ADDITION TO OPENING AND CO-LOCATING NEW ACCESS POINTS, TWCCH STRENGTHENED CONTINUITY OF CARE BY STABILIZING AND EXPANDING LONGSTANDING NEIGHBORHOOD-BASED SITES, INCLUDING IN NORTH SCRANTON, PENNSYLVANIA. DURING FISCAL YEAR 2022-2023, TWCCH WAS REQUESTED TO ENGAGE AN INDEPENDENT, WELL-ESTABLISHED, AND TRUSTED PRIMARY CARE PHYSICIAN WHO HAD PRACTICED IN NORTH SCRANTON, PENNSYLVANIA, FOR NEARLY 40 YEARS TO ENSURE THAT, UPON HIS IMPENDING RETIREMENT, THOSE HE SERVED WOULD CONTINUE TO HAVE ACCESS TO HIGH-QUALITY PRIMARY HEALTH SERVICES. DURING THAT TIME, TWCCH OPENED FQHC LOOK-ALIKE SERVICES AT THIS PRACTICE SITE AND WELCOMED ALL AFFECTED PATIENTS WHO WISHED TO TRANSITION THEIR CARE TO TWCCH. TO ENSURE UNINTERRUPTED ACCESS TO PRIMARY HEALTH SERVICES IN THAT LOCAL COMMUNITY AND FOR PATIENT CONVENIENCE, TWCCH LEASED AND RENOVATED THE CLINICAL SPACE IN NORTH SCRANTON FROM JULY THROUGH DECEMBER 2023, BEFORE ULTIMATELY PURCHASING THE PROPERTY IN APRIL 2024. THIS TWCCH LOCATION IS THRIVING, SUSTAINABLE, AND GROWING, WITH NOTABLE EXPANSION OF TWCCH'S PENNSYLVANIA'S OPIOID USE DISORDER CENTER OF EXCELLENCE. TWCCH PURCHASED A NEIGHBORING FACILITY IN FEBRUARY 2025 TO CONSTRUCT A NEW STATE-OF-THE-ART FQHC LOOK-ALIKE, EXPANDING OPERATIONS TO BETTER SERVE THE COMMUNITY'S HEALTH NEEDS. TWCCH IS EXCITED TO ADVANCE THE NORTH SCRANTON EXPANSION PLATFORM IN A COMMUNITY OF HIGH ECONOMIC NEED, IDENTIFIED IN NEW MARKETS TAX CREDIT (NMTC) ELIGIBILITY MAPPING AS A PRIORITY GEOGRAPHY FOR MISSION-DRIVEN HEALTH AND ECONOMIC REINVESTMENT. IN FURTHERANCE OF THIS EXPANSION, TWCCH COMMENCED WORK IN DECEMBER 2025 ON A NEW, NEARLY 8,000-SQUARE-FOOT, TWO-STORY FQHC LOOK-ALIKE NORTH SCRANTON TEACHING COMMUNITY HEALTH CENTER PROJECT THAT WILL EXPAND PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH, AND DENTAL SERVICES WHILE PRESERVING CONTINUITY OF CARE FOR PATIENTS THROUGHOUT CONSTRUCTION; UPON COMPLETION, ANTICIPATED LATER IN 2026, SERVICES WILL TRANSITION TO THE NEW FACILITY AND THE EXISTING CLINIC AT 1721 N. MAIN AVE. WILL BE RAZED, WITH A PORTION OF A PREVIOUSLY AWARDED $984,585 COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT REALLOCATED, WITH STATE APPROVAL, TO SUPPORT THE ORGANIZATION'S MISSION-DRIVEN INVESTMENT IN SUSTAINABLE, NEIGHBORHOOD-BASED HEALTH CARE INFRASTRUCTURE FOR NORTH SCRANTON AND THE GREATER SCRANTON AREA. COMPLEMENTING THESE ACCESS EXPANSIONS, TWCCH ALSO ADVANCED FACILITY ENHANCEMENTS TO INCREASE CAPACITY FOR INTEGRATED DENTAL, BEHAVIORAL HEALTH, AND MEDICATION SERVICES AT SCALE IN WILKES-BARRE, PENNSYLVANIA.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	BUILDING ON SIMILAR MISSION-DRIVEN CAPITAL INVESTMENTS, TWCCH COMPLETED A SUBSTANTIALLY LARGER EXPANSION PROJECT AT ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN WILKES-BARRE, PENNSYLVANIA, TRANSFORMING A 34,460-SQUARE-FOOT FORMER OFFICE BUILDING INTO A COMPREHENSIVE HEALTH CARE DESTINATION SERVING RESIDENTS THROUGHOUT LUZERNE COUNTY. THROUGHOUT THE DEVELOPMENT PROCESS, TWCCH INTENTIONALLY MAINTAINED PREVAILING WAGE STANDARDS ACROSS THE ENTIRE PROJECT, INCLUDING DURING THE FINAL DEVELOPMENT PHASE, SUPPORTED BY A NEW MARKETS TAX CREDIT STRUCTURE, DESPITE PREVAILING WAGE NOT BEING REQUIRED UNDER THAT FINANCING MECHANISM. THIS DECISION REFLECTED TWCCH'S BELIEF THAT CAPITAL INVESTMENT SHOULD GENERATE SHARED COMMUNITY BENEFITS, INCLUDING SUPPORT FOR UNION-PAYING JOBS THAT STRENGTHEN THE REGIONAL WORKFORCE AND LOCAL ECONOMY. AS A RESULT, TWCCH INVESTED APPROXIMATELY $600,000 TO $700,000 IN PREVAILING WAGES, RESOURCES DELIBERATELY DIRECTED TOWARD THE REGIONAL UNION WORKFORCE RATHER THAN RETAINED INTERNALLY, CONSISTENT WITH THE ORGANIZATION'S BROADER PHILOSOPHY OF STEWARDING GROWTH IN WAYS THAT PRIORITIZE COMMUNITY PROSPERITY ALONGSIDE ORGANIZATIONAL SUSTAINABILITY. DURING THE COVERED PERIOD AND INTO FISCAL YEAR 2026, THE PROJECT DELIVERED MAJOR RENOVATIONS, INCLUDING AN EXPANDED DENTAL CLINIC WITH 10 OPERATORIES, A NEW BEHAVIORAL HEALTH WING WITH 28 CLINICIAN ROOMS, ENHANCED PATIENT RECEPTION AREAS, AND A DEDICATED COMMUNITY CONVENING SPACE, ENABLING THE DELIVERY OF INTEGRATED PRIMARY, BEHAVIORAL HEALTH, AND DENTAL SERVICES IN A CENTRALIZED, TRANSIT-ACCESSIBLE LOCATION. AS PART OF THIS CONTINUED GROWTH, TWCCH ALSO INITIATED CONSTRUCTION OF A 1,400-SQUARE-FOOT ON-SITE PHARMACY AND AN ADJACENT IN-HOUSE LABORATORY TO EXPAND ACCESS TO MEDICATIONS AND ROUTINE DIAGNOSTIC TESTING, WITH PHARMACY OPERATIONS OFFICIALLY LAUNCHING ON MARCH 13, 2026, WITH THE HIRING OF THREE LICENSED PHARMACISTS. SUPPORTED IN PART BY COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM FUNDING, THESE INVESTMENTS REFLECT TWCCH'S COMMITMENT TO STRENGTHENING NEIGHBORHOOD-BASED HEALTH CARE INFRASTRUCTURE THROUGH CHOICES THAT REINFORCE WORKFORCE DIGNITY, ECONOMIC REINVESTMENT, AND LONG-TERM COMMUNITY WELL-BEING, ADVANCING WHOLE-PERSON, COMMUNITY-CENTERED CARE ACROSS NORTHEASTERN PENNSYLVANIA. CONSISTENT WITH POSITIONING MAJOR SITES AS PLATFORMS FOR PARTNERSHIP AND SHARED LEARNING, TWCCH ALSO DEEPENED REGIONAL COLLABORATION AND CONVENING CAPACITY WITHIN THE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER. TWCCH'S FQHC LOOK-ALIKE, WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER, WAS DESIGNED TO ALSO SERVE AS A CENTER FOR INNOVATION, EDUCATION, AND COMMUNITY PARTNERSHIP. DURING THE COVERED PERIOD, THE INSTITUTE, TWCCH'S LONGTIME COMMUNITY PARTNER, CONVENED A JOINT MEETING OF ITS ADVISORY BOARD AND FIDUCIARY BOARD OF DIRECTORS AT THE SITE, UNDERSCORING ITS ROLE AS A REGIONAL GATHERING PLACE FOR SHARED LEARNING AND STRATEGIC COLLABORATION. THE INSTITUTE ALSO ESTABLISHED A PHYSICAL PRESENCE WITHIN THE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER, CO-LOCATING ALONGSIDE TWCCH TO SUPPORT ONGOING COLLABORATION GROUNDED IN DATA, RESEARCH, AND COMMUNITY-INFORMED STRATEGY. THIS CO-LOCATION REFLECTS A LONGSTANDING PARTNERSHIP OF MORE THAN TWO DECADES, THROUGH WHICH THE INSTITUTE'S COMMUNITY HEALTH AND WORKFORCE NEEDS ASSESSMENTS, ECONOMIC IMPACT ANALYSES, INDICATORS FORUMS, AND COLLABORATIVE TASK FORCES HAVE INFORMED AND STRENGTHENED TWCCH'S SERVICE DELIVERY, WORKFORCE DEVELOPMENT, AND REGIONAL PLANNING EFFORTS, REINFORCING THE WILKES-BARRE TEACHING COMMUNITY CENTER AS A LIVING EXAMPLE OF TRUST-BASED, MISSION-ALIGNED COMMUNITY PARTNERSHIP. TO SUSTAIN AND SCALE THESE CLINICAL AND EDUCATIONAL PLATFORMS, TWCCH PURSUED DISCIPLINED, MISSION-ALIGNED CAPITAL STRATEGIES AND PUBLIC-SECTOR INVESTMENT SUPPORT. TWCCH WAS AWARDED A SECOND REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT FROM THE OFFICE OF THE GOVERNOR OF PENNSYLVANIA DURING THIS COVERED PERIOD FOR ITS IMPORTANT GME-SNC EXPANSION PROJECT AT ITS FQHC LOOK-ALIKE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER. TWCCH ALSO PRESENTED THIS NEW MARKETS TAX CREDIT (NMTC) PROJECT FOR A BUILDING ADDITION TO MULTIPLE COMMUNITY DEVELOPMENT ENTITIES (CDES). SINCE THEN, SEVERAL HAVE GAUGED INTEREST, INCLUDING, IN SEPTEMBER 2025, A LETTER OF INTENT (LOI) FROM THE REINVESTMENT FUND TO ASSIST WITH THE COMPLETION OF THE RENOVATION PROJECT. AFTER TWCCH'S BOARD OF DIRECTORS APPROVED THAT LOI, THE NMTC CLOSING TOOK PLACE ON DECEMBER 10, 2025, AND FUNDING TO COMPLETE THE CONSTRUCTION PROJECT WAS PLACED IN A RESERVE ACCOUNT. THE PROJECT IS SCHEDULED FOR COMPLETION IN APRIL 2026. ADDITIONALLY, IN SEPTEMBER 2025, TWCCH SUBMITTED A SECOND RACP GRANT APPLICATION FOR ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA, AND ALSO A RACP APPLICATION FOR THE PLANNED EXPANSION PROJECT AT ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN NORTH SCRANTON, PENNSYLVANIA.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TOGETHER, THESE CAPITAL INVESTMENTS STRENGTHENED TWCCH'S CAPACITY TO DELIVER AND SUSTAIN COMMUNITY-BASED PRIMARY CARE ACROSS ITS SERVICE REGION. IN PARALLEL WITH THESE ACCESS EXPANSIONS AND REGIONAL STABILIZATION EFFORTS, AND IN DIRECT RESPONSE TO HEIGHTENED WORKFORCE UNCERTAINTY ACROSS THE CARE CONTINUUM, TWCCH STRENGTHENED WORKFORCE CAPACITY AND RETENTION TO PROTECT CONTINUITY OF CARE AND SUSTAIN STABLE LEARNING ENVIRONMENTS ACROSS ALL SITES. DURING THE COVERED PERIOD, TWCCH STRENGTHENED WORKFORCE CAPACITY AND CONTINUITY TO SUPPORT EXPANDED WHOLE-PERSON PRIMARY AND PREVENTIVE HEALTH SERVICES, CREATING 51 NEW JOBS. THESE WORKFORCE INVESTMENTS INCLUDED ADDING 11 NEW PROVIDER POSITIONS, INCLUDING RECRUITING AN INTERNAL MEDICINE-PEDIATRICS PHYSICIAN WITH REGIONAL TIES, AND 40 NEW INTERPROFESSIONAL CARE TEAM ROLES, REINFORCING TEAM-BASED CARE ACROSS TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS. SEVERAL NEW HIRES WERE CLINICIANS TRAINED THROUGH THE ENTERPRISE'S PIPELINE PROGRAMS, INCLUDING THE JANUARY 2025 HIRING OF FAMILY MEDICINE PHYSICIAN DR. AMATUS LEGBEDION FOLLOWING COMPLETION OF HER TWCGME RESIDENCY, AS WELL AS TWO DENTISTS - DR. MICHAEL REGAN (AUGUST 2024) AND DR. MCKENZIE TAYLOR (MARCH 2025) - BOTH GRADUATES OF THE TWCCH-NYU LANGONE HEALTH AEGD RESIDENCY PROGRAM. TWCCH ALSO SUPPORTED 50 INTERNAL CAREER ADVANCEMENTS, REFLECTING INTENTIONAL INVESTMENT IN PROFESSIONAL GROWTH, LEADERSHIP CONTINUITY, AND ECONOMIC MOBILITY. DESPITE PERSISTENT REGIONAL WORKFORCE SHORTAGES, THE ORGANIZATION ACHIEVED AN OVERALL EMPLOYEE RETENTION RATE OF 81% DURING THE COVERED PERIOD, HELPING TO PROTECT PATIENT CONTINUITY, ACCESS, AND STABLE LEARNING ENVIRONMENTS. SINCE A MAJOR REGIONAL HOSPITAL PARTNER, COMMONWEALTH HEALTH SYSTEMS, ANNOUNCED IN FISCAL YEAR 2023-2024 THAT ITS THREE REMAINING HOSPITAL SITES WERE BEING MARKETED FOR SALE, UNCERTAINTY ABOUT THE FUTURE OF THESE ESSENTIAL COMMUNITY HEALTH CARE ASSETS INTENSIFIED ACROSS THE COMMUNITIES THE ORGANIZATION SERVES. OF PARTICULAR RELEVANCE TO THE CLINICAL, EDUCATIONAL, AND NEW MARKETS TAX CREDIT-SUPPORTED ACTIVITIES OF TWCCH AND ITS AFFILIATED ENTITY, TWCGME, WERE THE SCRANTON-BASED REGIONAL HOSPITAL OF SCRANTON AND MOSES TAYLOR HOSPITAL, AS WELL AS WILKES-BARRE GENERAL HOSPITAL. THE PROPOSED SALE OF THESE FACILITIES TO WOODBRIDGE HEALTHCARE INC. DID NOT CLOSE AND THE DEAL WAS FORMALLY ABANDONED IN NOVEMBER 2024, RESULTING IN PROLONGED OPERATIONAL AND REGULATORY UNCERTAINTY FOR THE REMAINDER OF THE COVERED PERIOD. DURING THIS PERIOD, COMMUNITY CONCERN INCREASED REGARDING THE CONTINUITY OF ACUTE CARE SERVICES, ACCESS TO SPECIALTIES, WORKFORCE TRAINING AND STABILITY, AND THE BROADER IMPLICATIONS OF HEALTH CARE SYSTEM CORPORATIZATION FOR MEDICALLY UNDERSERVED POPULATIONS. DURING THIS PERIOD OF INSTABILITY, TWCCH ASSUMED AN UNPRECEDENTED STABILIZING ROLE CONSISTENT WITH ITS RESPONSIBILITY AS AN ESSENTIAL COMMUNITY PROVIDER. TWCGME, TOGETHER WITH TWCCH, WITH GOVERNING BOARD APPROVAL, MOBILIZED $500,000 IN RESERVES - RESOURCES HISTORICALLY SAFEGUARDED FOR LONG-TERM SUSTAINABILITY - AS PART OF A BROADER, MULTI-PARTNER COMMUNITY EFFORT TO PRESERVE ACCESS TO CRITICAL HOSPITAL-BASED SERVICES AT MOMENTS WHEN CLOSURE RISKS APPEARED IMMINENT. THIS ACTION REFLECTED VALUES-BASED STEWARDSHIP RATHER THAN AN EXPANSION OF HOSPITAL OPERATIONS OR OWNERSHIP. SUBSEQUENTLY, THE $500,000 WAS REPLETED THROUGH SHARED SAVINGS GENERATED BY THE ORGANIZATION'S ACCOUNTABLE CARE ORGANIZATION (ACO) PARTICIPATION AND RESTORED TO ITS LONG-TERM INVESTMENT ACCOUNT WITH MORGAN STANLEY, MAINTAINING FISCAL DISCIPLINE AND BALANCE SHEET INTEGRITY. THROUGH THIS WORK, TWCCH AND TWCGME LEADERSHIP ENGAGED IN SUSTAINED, SOLUTION-FOCUSED DIALOGUE WITH STATE AGENCIES, LABOR REPRESENTATIVES, FOUNDATIONS, AND REGIONAL PARTNERS, REINFORCING ITS ROLE AS A TRUSTED CONVENER DURING A DEFINING MOMENT FOR THE REGION'S HEALTH CARE INFRASTRUCTURE. THESE EFFORTS CONTRIBUTED TO THE EMERGENCE OF COMMUNITY HEALTH HUB, A SCRANTON-BASED 501(C)(3) NONPROFIT COMMITTED TO FOSTERING A MORE SUSTAINABLE, TRANSPARENT, AND COMMUNITY-OWNED REGIONAL HEALTH SYSTEM THROUGH COLLABORATIVE GOVERNANCE AND SHARED ACCOUNTABILITY. ALTHOUGH THE SUBSEQUENT ACQUISITION OF THESE HOSPITALS BY TENOR HEALTH FOUNDATION FORMALLY CLOSED ON FEB. 1, 2026, OUTSIDE THE COVERED PERIOD, THE PROLONGED SALE PROCESS MATERIALLY INFLUENCED THE OPERATING ENVIRONMENT DURING FISCAL YEARS 2023-2024 AND 2024-2025, CONTRIBUTING TO HEIGHTENED COMMUNITY CONCERN, WORKFORCE INSTABILITY, AND PLANNING COMPLEXITY FOR SAFETY-NET PROVIDERS AND GRADUATE MEDICAL EDUCATION PARTNERS. GUIDED BY THE SAME ETHICAL COMMITMENTS THAT SUSTAINED ACCESS TO CARE THROUGHOUT THE COVID-19 PANDEMIC, TWCCH'S PARTICIPATION REFLECTED ITS ENDURING PROMISE TO SAFEGUARD ESSENTIAL HEALTH CARE ACCESS, PROTECT WORKFORCE STABILITY, AND UPHOLD CONTINUITY OF CARE FOR MEDICALLY VULNERABLE POPULATIONS, WITHOUT ASSUMING HOSPITAL OWNERSHIP, MANAGEMENT, OR OPERATIONAL CONTROL.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	BUILDING ON THESE WORKFORCE INVESTMENTS, TWCCH ADVANCED NEW SPECIALTY-ENRICHED PRIMARY CARE MODELS DESIGNED TO EXPAND ACCESS, STRENGTHEN TEAM-BASED LEARNING, AND ALIGN SPECIALTY TRAINING WITH COMMUNITY-BASED PRIMARY CARE DELIVERY. BY BRINGING SPECIALTY TRAINEES AND FACULTY INTO PRIMARY CARE LEARNING ENVIRONMENTS EARLY AND CONSISTENTLY, TWCCH STRENGTHENED TEAM-BASED LEARNING AND PREPARED PHYSICIANS TO CARRY THOSE PRIMARY CARE RELATIONSHIPS FORWARD INTO FUTURE PRACTICE. OVER TIME, THIS APPROACH RESHAPES THE VERY DEFINITION OF SPECIALTY PRACTICE. SPECIALISTS ARE NOT TRAINED IN ISOLATION; THEY ARE CLINICIANS WHO REMAIN DEEPLY CONNECTED TO THE PRIMARY CARE ENGINE THAT INFORMS, FEEDS, AND STRENGTHENS THEIR WORK. COLLABORATIVE PARTNERSHIPS, WITH ADVANCE APPROVAL FROM THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, ENABLED TWCCH AND TWCGME TO LAUNCH SPECIALTY-ENRICHED PRIMARY CARE CLINICS THAT EXPANDED ACCESS FOR ALL PATIENTS TO PODIATRY, GASTROENTEROLOGY, AND CARDIOVASCULAR DISEASE PHYSICIAN FACULTY WHILE ALSO ENHANCING THE EDUCATION OF PRIMARY CARE RESIDENTS AND SPECIALTY FELLOWS. THROUGH THESE SPECIALTY-ENRICHED PRIMARY CARE CLINICS EMBEDDED WITHIN TWCCH'S AMBULATORY SETTINGS, SPECIALTY PHYSICIANS FOCUS ON UNMET POPULATION HEALTH NEEDS, SUCH AS PATIENTS WITH DIFFICULT-TO-CONTROL CHRONIC CONDITIONS, WHILE WORKING SIDE BY SIDE WITH PRIMARY CARE TEAMS. IN DOING SO, SPECIALISTS HELP IMPROVE OUTCOMES FOR THE MOST COMPLEX PATIENTS WHILE SIMULTANEOUSLY ELEVATING THE CLINICAL CAPACITY AND CONFIDENCE OF PRIMARY CARE CLINICIANS THROUGH SHARED PROBLEM-SOLVING AND REAL-TIME LEARNING. IN THIS MODEL, PRIMARY CARE FUNCTIONS AS THE COORDINATING CENTER OF THE LEARNING CULTURE, CONTINUOUSLY STRENGTHENING THE SKILL SETS OF THE ENTIRE WORKFORCE THROUGH SUSTAINED, HUMAN-CENTERED COLLABORATION WITH SPECIALISTS. AT THE SAME TIME, THE ROLE OF THE SPECIALIST IS ELEVATED AND CLEARLY ARTICULATED WITHIN PATIENT-CENTERED MEDICAL HOMES, NOT AS AN EXTERNAL REFERRAL DESTINATION, BUT AS AN INTEGRATED PARTNER IN CARE DELIVERY. THESE DURABLE RELATIONSHIPS STRENGTHEN REFERRAL NETWORKS, CLOSE REFERRAL LOOPS WITHIN EVERYDAY CLINICAL WORKFLOWS, AND REPLACE FRAGMENTED, TRANSACTIONAL HANDOFFS WITH MEANINGFUL, REAL-TIME CLINICAL DIALOGUE WITHIN THE AMBULATORY CARE ENVIRONMENT. AS PART OF THIS WORK, TWCCH EXPANDED ITS DEFINITION OF THE PATIENT-CENTERED MEDICAL HOME TO INCLUDE ON-SITE SPECIALTY-ENRICHED SERVICES DELIVERED WITHIN THE PRIMARY CARE ENVIRONMENT. BY EMBEDDING CARDIOLOGISTS, PODIATRISTS, AND GASTROENTEROLOGISTS AND SECURING APPROPRIATE PENNSYLVANIA MEDICAID PROVIDER APPROVALS, THE ORGANIZATION STRENGTHENED ACCESS TO COMPREHENSIVE SERVICES WHILE POSITIONING ITS CARE MODEL TO REMAIN ROBUST AND SUSTAINABLE AMID POTENTIAL FUTURE REIMBURSEMENT REDUCTIONS. THIS FULL INTEGRATION OF SPECIALTY-ENRICHED SERVICES INTO PRIMARY CARE STRENGTHENS CONTINUITY, COMMUNICATION, AND SHARED ACCOUNTABILITY FOR OUTCOMES, WHILE PREPARING THE FUTURE WORKFORCE TO PRACTICE WITHIN INTEGRATED, RELATIONSHIP-CENTERED SYSTEMS RATHER THAN SILOS. IN EFFECT, THE PATIENT-CENTERED MEDICAL HOME BECOMES THE ORGANIZING CENTER OF A "MEDICAL VILLAGE" WHERE CARE TEAMS CONNECT, COORDINATE, AND COLLECTIVELY ADDRESS COMPLEX CLINICAL QUESTIONS, CREATING A MORE POWERFUL, RESPONSIVE, AND SUSTAINABLE CARE SYSTEM FOR PATIENTS AND COMMUNITIES. AS THESE INTEGRATED CLINICAL MODELS EXPANDED IN SCALE AND COMPLEXITY, TWCCH TURNED TO DATA-DRIVEN PLANNING TO ENSURE THAT WORKFORCE DEVELOPMENT, TRAINING CAPACITY, AND SERVICE GROWTH REMAINED ALIGNED WITH VERIFIED REGIONAL COMMUNITY NEEDS. TO ENSURE THAT THESE INTEGRATED CARE AND TRAINING MODELS REMAIN RESPONSIVE TO DOCUMENTED REGIONAL COMMUNITY NEEDS, DURING THE COVERED PERIOD, TWCCH CONTRACTED WITH ITS LONGTIME COMMUNITY PARTNER, THE INSTITUTE, AN INDEPENDENT, NATIONALLY RECOGNIZED, NONPROFIT BASED IN WILKES-BARRE, PENNSYLVANIA, THAT PROVIDES COMMUNITY-BASED DATA ANALYSIS, RESEARCH, AND CONSULTING SERVICES TO CONDUCT A COMPREHENSIVE REGIONAL HEALTH CARE WORKFORCE NEEDS ASSESSMENT (HCWNA) ACROSS 14 COUNTIES IN NORTHEASTERN PENNSYLVANIA. THE ASSESSMENT CONFIRMED SIGNIFICANT AND PERSISTENT SHORTAGES ACROSS BOTH CLINICAL AND ANCILLARY HEALTH CARE ROLES, PARTICULARLY IN NURSING, BEHAVIORAL HEALTH, PRIMARY CARE, AND KEY SUPPORT POSITIONS IN RURAL AND UNDERSERVED COMMUNITIES WHERE EDUCATIONAL PIPELINES AND TRAINING CAPACITY REMAIN LIMITED. THESE WORKFORCE FINDINGS ALIGN DIRECTLY WITH THE RESULTS OF THE ORGANIZATION'S 2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), COMPLETED IN FEBRUARY 2025 BY COMMUNITY LINK CONSULTING, IN COMPLIANCE WITH HRSA REQUIREMENTS, REINFORCING THE INTERDEPENDENCE OF HEALTH ACCESS, WORKFORCE CAPACITY, AND COMMUNITY CONDITIONS. THE CHNA IDENTIFIED PERSISTENT UNMET NEEDS ACROSS THE SERVICE AREA RELATED TO ACCESS TO PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, DENTAL CARE, AND SUBSTANCE USE DISORDER TREATMENT. HIGH RATES OF POVERTY, FOOD INSECURITY, HOUSING INSTABILITY, TRANSPORTATION BARRIERS, AND CHRONIC DISEASE BURDEN FURTHER COMPOUND THESE ACCESS CHALLENGES AND CONTRIBUTE TO DISPARITIES IN HEALTH OUTCOMES AND SUSTAINED ENGAGEMENT IN CARE.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TOGETHER, THE HCWNA AND CHNA REINFORCED THE URGENCY OF INVESTING IN COMMUNITY-EMBEDDED TRAINING MODELS; STRENGTHENING K-12, POSTSECONDARY, AND EMPLOYER-ALIGNED CAREER PATHWAYS; EXPANDING APPRENTICESHIP AND EARN-WHILE-YOU-LEARN OPPORTUNITIES; AND ADVANCING TARGETED RECRUITMENT, RETENTION, AND INCENTIVE STRATEGIES. THESE FINDINGS DIRECTLY INFORMED THE INTENTIONAL EXPANSION OF TWCCH AND TWCGME EDUCATION AND WORKFORCE-TRAINING PIPELINES EMBEDDED IN COMMUNITY-BASED PRIMARY CARE SETTINGS. THESE FINDINGS ALSO REINFORCED THE NEED FOR PAYMENT AND ACCOUNTABILITY MODELS THAT CAN SUSTAIN COMMUNITY-BASED CARE, WORKFORCE INVESTMENT, AND PREVENTIVE SERVICES OVER TIME. TWCCH HAS LONG APPROACHED VALUE-BASED CARE AND ACCOUNTABLE CARE PARTNERSHIPS AS VEHICLES FOR COMMUNITY STEWARDSHIP AND REINVESTMENT, RATHER THAN SOLELY AS FINANCIAL ARRANGEMENTS. AS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE, TWCCH IS ELIGIBLE TO PARTICIPATE IN ONLY ONE MEDICARE SHARED SAVINGS PROGRAM (MSSP) ACO AT A TIME. FROM 2016 THROUGH DECEMBER 31, 2025, TWCCH PARTICIPATED IN KEYSTONE ACCOUNTABLE CARE ORGANIZATION (KACO). ATTRIBUTION WITHIN KACO WAS DRIVEN BY TWCCH'S PRIMARY CARE SERVICES, WITH GOVERNANCE PARTICIPATION THROUGH ITS AFFILIATED ENTITY, TWCGME, WHICH HELD AN 11.1% OWNERSHIP INTEREST DURING THE COVERED PERIOD AND BORE BOTH SHARED-SAVINGS OPPORTUNITY AND DOWNSIDE RISK UNDER MSSP ENHANCED TRACK ARRANGEMENTS. THROUGHOUT ITS PARTICIPATION, TWCCH VIEWED KACO AS A MECHANISM TO SUSTAIN REINVESTMENT BY LARGER INTEGRATED DELIVERY SYSTEMS IN COMMUNITY-BASED PRIMARY CARE PLATFORMS, REINFORCING THE PRINCIPLE THAT POPULATION HEALTH IMPROVEMENT, COMMUNITY WELL-BEING, ECONOMIC VIABILITY, AND LONG-TERM HEALTH SYSTEM RESILIENCE ARE FUNDAMENTALLY INTERCONNECTED AND INSEPARABLE, AND REQUIRE INTENTIONAL STEWARDSHIP AND LONG-TERM VISION. AS THE KACO EVOLVED AND EXPANDED, TWCCH'S SHARE OF ATTRIBUTED PATIENTS DECREASED; HOWEVER, ITS SHARED SAVINGS REMAINED STABLE, REFLECTING A SUSTAINED COMMITMENT TO MISSION-ALIGNED PARTICIPATION AND RESPONSIBLE STEWARDSHIP. WITH THE REGIONAL ACO LANDSCAPE CONTINUING TO SHIFT, KACO ANNOUNCED THAT IT WOULD BECOME CLINICALLY NONOPERATIONAL EFFECTIVE DECEMBER 31, 2025, TO FACILITATE THE ESTABLISHMENT OF A WHOLLY OWNED GEISINGER ACCOUNTABLE CARE ORGANIZATION. IN ANTICIPATION OF THIS TRANSITION, TWCCH WAS INVITED TO PARTICIPATE IN THE NEW GEISINGER ACO BEGINNING JANUARY 1, 2026. UNDER THIS MODEL, TWCCH SERVES AS A CLINICAL PARTNER WITHOUT AN OWNERSHIP INTEREST, SHARING IN SAVINGS PROPORTIONATE TO PATIENT ATTRIBUTION WHILE BENEFITING FROM PRESERVED CARE-COORDINATION INFRASTRUCTURE AND ENHANCED POPULATION-HEALTH RESOURCES. THIS TRANSITION REFLECTS A DELIBERATE EFFORT TO REMAIN ALIGNED WITH HIGH-PERFORMING VALUE-BASED CARE MODELS WHILE THOUGHTFULLY NAVIGATING THE OPERATIONAL REALITIES OF LARGE, INTEGRATED HEALTH SYSTEMS. CONCURRENTLY, TWCCH MADE A PURPOSEFUL, MISSION-ALIGNED DECISION TO ADVANCE ITS VALUE-BASED CARE STRATEGY, BEGINNING JANUARY 1, 2026, BY PARTNERING WITH ALEDADE, A PHYSICIAN-LED ORGANIZATION THAT SUPPORTS PRIMARY CARE-ANCHORED, MULTI-PAYER ACO PARTICIPATION AS A VALUE-BASED AGGREGATOR RATHER THAN A HEALTH SYSTEM PROVIDER. THIS RELATIONSHIP, WHICH BEGAN WITH LIMITED PARTICIPATION DURING THIS COVERED PERIOD, REFLECTS AN INTENTIONAL INCUBATION PHASE IN WHICH TWCCH TESTED VALUE-BASED CONTRACTING WITH SELECT COMMERCIAL PAYERS WHILE EVALUATING LONGER-TERM STRATEGIC PARTNERS ACROSS THE ACO LANDSCAPE. RECOGNIZING THAT LONG-TERM SUSTAINABILITY IN PRIMARY CARE INCREASINGLY DEPENDS ON CARE DELIVERED BETWEEN TRADITIONAL OFFICE VISITS, TWCCH EXPANDED NURSE-LED CARE MANAGEMENT, CARE COORDINATION, AND INTERDISCIPLINARY TEAM-BASED SUPPORTS. THESE MODELS STRENGTHEN THE PATIENT EXPERIENCE, IMPROVE OUTCOMES, ALIGN WITH EVOLVING VALUE-BASED REIMBURSEMENT STRUCTURES, AND REINFORCE PRIMARY CARE AS THE ORGANIZING ENGINE OF WHOLE-PERSON CARE. TWCCH ALSO RECOGNIZES THE POTENTIAL OF THIS BLOSSOMING PARTNERSHIP WITH ALEDADE TO STRENGTHEN TWCCH'S INFORMATION AND ANALYTIC INFRASTRUCTURE IN SUPPORT OF VALUE-BASED REENGINEERING.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	DURING THE COVERED PERIOD, TWCCH ADVANCED ITS USE OF AZARA DRVS AS A PARALLEL POPULATION HEALTH AND UNIFORM DATA SYSTEM (UDS) REPORTING PLATFORM AND BEGAN FOUNDATIONAL WORK TO INTEGRATE AZARA MORE DIRECTLY INTO CLINICAL WORKFLOWS. ALEDADE'S TECHNOLOGY PLATFORM IS DESIGNED TO INTEGRATE WITH AZARA AND, IN THE FUTURE, WITH TWCCH'S EHR SYSTEM, MEDENT, ENABLING SECURE DATA EXCHANGE VIA APPLICATION PROGRAMMING INTERFACES (APIS). THIS EVOLVING INTEGRATION IS EXPECTED TO ENABLE THE DIRECT INCORPORATION OF PAYER UTILIZATION AND COST-OF-CARE DATA INTO CLINICAL WORKFLOWS, AN ESSENTIAL CAPABILITY FOR ADVANCING COST CONSCIOUSNESS, CARE COORDINATION, AND ACCOUNTABILITY IN VALUE-BASED MODELS. WHILE THE FULL IMPACT OF THIS INTEGRATION WILL CONTINUE TO UNFOLD IN FUTURE COVERED PERIODS, TWCCH VIEWS THIS ENGAGEMENT AS A STRATEGIC INVESTMENT IN THE DIGITAL AND ANALYTIC CAPABILITIES NECESSARY TO ALIGN POPULATION HEALTH REPORTING, CLINICAL DECISION-MAKING, AND PAYER ACCOUNTABILITY. THROUGH THIS PARTNERSHIP, TWCCH AIMS TO STRENGTHEN PRIMARY CARE-ANCHORED POPULATION HEALTH MANAGEMENT, RESPONSIBLY STEWARD RISK, AND FURTHER ALIGN CARE DELIVERY WITH AFFORDABILITY, QUALITY OUTCOMES, AND WHOLE-PERSON CARE FOR THE COMMUNITIES IT SERVES. HAVING RECOUPED TWCGME'S DECADE-LONG INVESTMENTS IN KACO FOR THE FIRST TIME, TWCGME HAD THE OPPORTUNITY DURING THE COVERED PERIOD TO EVALUATE HOW SHARED SAVINGS GENERATED THROUGH PARTICIPATION IN THE MEDICARE SHARED SAVINGS PROGRAM WOULD BE STEWARDED MOST RESPONSIBLY. DETERMINED TO REINVEST THOSE DOLLARS DIRECTLY INTO THE POPULATION SERVED, TWCGME (AS A KACO OWNER/PARTNER AT THE TIME) PASSED THROUGH THE MAJORITY OF SHARED SAVINGS TO TWCCH (AS A KACO PARTICIPANT), WHICH USED THOSE FUNDS TO ENHANCE PATIENT CARE, EXPAND ACCESS, AND DELIVER MISSION-ALIGNED SERVICES. CONSISTENT WITH THIS STEWARDSHIP-ORIENTED APPROACH TO VALUE-BASED CARE AND REINVESTMENT, THE ORGANIZATION ALSO EVALUATED ADDITIONAL ENTERPRISE STRATEGIES TO RESPONSIBLY MANAGE COSTS, PROTECT ACCESS, AND ENSURE THAT LIMITED PUBLIC RESOURCES ARE DIRECTED TOWARD PATIENT CARE AND WORKFORCE SUSTAINABILITY RATHER THAN UNNECESSARY ADMINISTRATIVE INTERMEDIARIES. WITH COSTS OF PROVIDING HEALTH INSURANCE FOR EMPLOYEES CONTINUING TO CLIMB BEYOND MULTIPLES OF AVERAGE INFLATION, AND WITH INCREASING CONCERN REGARDING THE ROLE PHARMACY BENEFIT MANAGERS (PBMS) PLAY IN DRIVING THE COSTS OF COMMERCIAL HEALTH INSURANCE PREMIUMS, DURING THE COVERED PERIOD, TWCCH BEGAN RESPONSIBLY EXPLORING THE FEASIBILITY OF SELF-INSURING FOR EMPLOYEE HEALTH BENEFITS AND INTERNALIZING CERTAIN PHARMACY-RELATED SERVICES. THESE GOVERNANCE-LED ASSESSMENTS WERE INTENDED TO ANALYZE WHETHER SUCH APPROACHES COULD ENHANCE TRANSPARENCY, AFFORDABILITY, AND ACCESS WHILE MAINTAINING FULL REGULATORY COMPLIANCE AND FISCAL PRUDENCE. TWCCH ANTICIPATED THAT THESE STRATEGIES COULD SUPPORT TIMELY, AFFORDABLE ACCESS TO MEDICATIONS FOR PATIENTS, LEARNERS, AND STAFF WHILE STRENGTHENING STEWARDSHIP OF ENTERPRISE RESOURCES. THE EXISTING FULLY INSURED HIGHMARK HEALTH INSURANCE PLAN FOR TWCCH AND TWCGME WAS PROJECTED TO INCREASE BY APPROXIMATELY 35% IN 2026, MAKING IT FINANCIALLY UNSUSTAINABLE FOR THE ORGANIZATION AND ITS EMPLOYEES OVER THE LONG TERM. PRIOR COST-SHARING AND PLAN DESIGN ELEMENTS ALSO CONTRIBUTED TO UNINTENDED OVERUTILIZATION AND INTRODUCED DISPROPORTIONATE ORGANIZATIONAL RISK. THROUGH INTENTIONAL DISCUSSIONS AMONG EXECUTIVE LEADERSHIP AND THE GOVERNING BOARDS, THE ORGANIZATION EXPLORED COLLABORATIVE SELF-INSURED MODELS DESIGNED TO STRENGTHEN FINANCIAL STEWARDSHIP WHILE CONTINUING TO PROTECT EMPLOYEE AND FAMILY HEALTH. THIS EVALUATION EMPHASIZED THE VALUE OF FLEXIBILITY THROUGH BENEFIT DESIGNS THAT CAN BE TAILORED TO THE NEEDS OF THE LOCAL WORKFORCE, RATHER THAN A ONE-SIZE-FITS-ALL PACKAGE; ENHANCED COST MANAGEMENT BY PAYING ONLY FOR CARE ACTUALLY UTILIZED TO HELP CONTROL RISING HEALTH CARE COSTS AND SUSTAIN BENEFITS OVER TIME; AND INCREASED TRANSPARENCY THROUGH THE USE OF DE-IDENTIFIED, AGGREGATE DATA TO INFORM TARGETED WELLNESS INITIATIVES, INCLUDING DIABETES PREVENTION AND MANAGEMENT SUPPORTS, MENTAL AND BEHAVIORAL HEALTH RESOURCES, AND OTHER WORKFORCE WELL-BEING PROGRAMS. THIS ANALYSIS CULMINATED IN BOARD APPROVAL TO TRANSITION TO A SELF-INSURED HEALTH PLAN EFFECTIVE JAN. 1, 2026, THROUGH PARTICIPATION IN THE PA MOUNTAINS HEALTHCARE ALLIANCE (PMHA). THIS TRANSITION REFLECTS A BALANCED, MISSION-ALIGNED APPROACH TO EMPLOYEE BENEFIT SUSTAINABILITY THAT RESPONSIBLY STEWARDS ORGANIZATIONAL RESOURCES WHILE SUPPORTING WORKFORCE HEALTH, WELL-BEING, AND LONG-TERM ORGANIZATIONAL RESILIENCE.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	IMPORTANTLY, THIS STRATEGIC SHIFT ALSO ALIGNS WITH TWCCH'S LONGER-TERM GOAL OF EXPANDING ACCESS TO AFFORDABLE MEDICATIONS BY ESTABLISHING ON-SITE, REVENUE-NEUTRAL PHARMACIES AT ITS LARGER COMMUNITY HEALTH CENTERS, OFFICIALLY LAUNCHING MARCH 13, 2026, AT ITS FQHC LOOK-ALIKE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER, WITH PLANS TO OPEN PHARMACIES AT TWCCH'S OTHER HIGH-VOLUME FQHC LOOK-ALIKE LOCATIONS. THESE INTEGRATED PHARMACY SERVICES ARE INTENDED TO IMPROVE MEDICATION ACCESS AND ADHERENCE, REDUCE OUT-OF-POCKET COSTS FOR PATIENTS AND EMPLOYEES, FURTHER ALIGN EMPLOYEE HEALTH BENEFITS WITH TWCCH'S BROADER MISSION, AND SUPPORT CHRONIC DISEASE MANAGEMENT THROUGH INTEGRATED, WHOLE-PERSON CARE DELIVERY, WITH ROBUST, COMPLIANT 340B COST AND EXPENSE REPORTING TO ENSURE TRANSPARENCY, REGULATORY COMPLIANCE, AND RESPONSIBLE STEWARDSHIP OF RESOURCES. TWCCH HAS ALSO STRENGTHENED ITS ACADEMIC COLLABORATION WITH WILKES UNIVERSITY, WITH PLANS TO INTEGRATE WILKES UNIVERSITY'S PHARMACY LEARNERS AND FACULTY INTO TWCCH'S REGIONAL PHARMACY HUBS, SUPPORTING WORKFORCE DEVELOPMENT, EXPERIENTIAL EDUCATION, AND TEAM-BASED MEDICATION MANAGEMENT IN COMMUNITY-BASED CARE SETTINGS. THESE DECISIONS WERE UNDERTAKEN AS PART OF A BROADER, GOVERNING BOARD-APPROVED STRATEGY TO RESPONSIBLY DIVERSIFY REVENUE STREAMS AND REDUCE EXPOSURE TO EXTERNAL VOLATILITY IN FEDERAL, STATE, AND COMMERCIAL REIMBURSEMENT ENVIRONMENTS. BY STRENGTHENING INTERNAL CONTROL OVER PHARMACY SERVICES, EMPLOYEE BENEFITS, AND COMPLIANT 340B STEWARDSHIP, TWCCH ADVANCED BOTH PATIENT BENEFIT AND ENTERPRISE RESILIENCE WITHOUT COMPROMISING ITS NONPROFIT MISSION OR COMMUNITY ACCOUNTABILITY. TO FURTHER ENHANCE THE HIGH-INTEGRITY REINVESTMENT OF 340B RESOURCES INTO PATIENT SERVICES, TWCCH UNDERTOOK A REASSESSMENT 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 BOTH A RYAN WHITE PROGRAM HRSA GRANTEE AND TITLE X SERVICE PROVIDER, TWCCH HAS CONSISTENTLY PRIORITIZED AFFORDABLE ACCESS TO MEDICATIONS. FOLLOWING ITS DESIGNATION AS AN FQHC LOOK-ALIKE EFFECTIVE JUNE 1, 2019, TWCCH EXPANDED ITS 340B PARTICIPATION ACROSS PRIMARY CARE IN ACCORDANCE WITH FEDERAL REQUIREMENTS, STRENGTHENING ACCESS TO COMPREHENSIVE, NON-DISCRIMINATORY, WHOLE-PERSON PRIMARY HEALTH SERVICES. THIS CRITICALLY IMPORTANT FEDERAL PROGRAM ENABLES ELIGIBLE PROVIDERS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT REDUCED PRICES, WITH DISCOUNTS PASSED ON TO QUALIFYING PATIENTS THROUGH PARTICIPATING PHARMACY PARTNERS. PATIENT ELIGIBILITY FOR 340B DISCOUNTS IS DETERMINED BASED ON INCOME AND DEMONSTRATED HARDSHIP. PROGRAM REVENUES GENERATED THROUGH RYAN WHITE AND FQHC LOOK-ALIKE SERVICES ARE INTENTIONALLY REINVESTED INTO THEIR RESPECTIVE PROGRAMS TO ENHANCE ACCESS, REDUCE AVOIDABLE EMERGENCY DEPARTMENT UTILIZATION, STRENGTHEN CHRONIC DISEASE MANAGEMENT, AND SUPPORT LONG-TERM SYSTEM SUSTAINABILITY. FURTHERMORE, 340B REVENUES SUPPORT COMMUNITY OUTREACH INITIATIVES DESIGNED TO ADDRESS NON-MEDICAL DRIVERS OF HEALTH, INCLUDING HEALTH FAIRS, PREVENTIVE SCREENINGS, POP-UP FOOD AND CLOTHING PANTRIES, AND PUBLIC HEALTH EDUCATION. RYAN WHITE-RELATED 340B RESOURCES CONTINUE TO SUPPORT COMPREHENSIVE SERVICES FOR INDIVIDUALS LIVING WITH HIV/AIDS, INCLUDING MEDICAL CARE, LABORATORY AND TELEHEALTH SERVICES, MEDICAL CASE MANAGEMENT, TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE, MENTAL HEALTH SERVICES, AND EXPANDED DENTAL CARE. ANY SIGNIFICANT REDUCTION TO THE 340B PROGRAM WOULD MATERIALLY IMPAIR THE ORGANIZATION'S ABILITY TO SUSTAIN THESE ESSENTIAL SERVICES, AS THE ASSOCIATED COSTS CANNOT BE ABSORBED WITHIN EXISTING CLINICAL REIMBURSEMENT STRUCTURES WITHOUT REDUCING ACCESS OR SCOPE OF CARE. THIS EXECUTION OF VALUE-BASED CARE AND INFRASTRUCTURE ALIGNMENT IS COMPLEMENTED BY TWCCH'S BROADER ENGAGEMENT IN MISSION-ALIGNED PARTNERSHIPS THAT EXTEND BEYOND ACO PARTICIPATION ALONE. TWCCH REMAINS ACTIVELY ENGAGED IN PARTNERSHIPS THAT STRENGTHEN COMMUNITY HEALTH SYSTEMS AND WORKFORCE DEVELOPMENT. THE ORGANIZATION IS AN ACTIVE MEMBER OF THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS AND A COLLABORATING PARTNER OF THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (AHEC), THE INSTITUTE, AND PENN STATE PROJECT ECHO (EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES), A KNOWLEDGE-SHARING NETWORK LED BY EXPERT SPECIALIST TEAMS MENTORING PARTICIPATING COMMUNITY PROVIDERS. THESE COLLABORATIONS REFLECT TWCCH'S ENDURING COMMITMENT TO SHARED LEARNING, COMMUNITY REINVESTMENT, AND THE INTENTIONAL SHARING OF RESOURCES AND EXPERTISE TO ADVANCE ACCESS TO CARE, WORKFORCE SUSTAINABILITY, AND REGIONAL ECONOMIC MOBILITY.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH IS PURSUING A PENNSYLVANIA MEDICAL SOCIETY INNOVATION GRANT TO ADVANCE ITS SPECIALTY-ENRICHED PRIMARY CARE INITIATIVE AND IS ACTIVELY DEVELOPING ADDITIONAL COMMUNITY PARTNERSHIPS TO INTEGRATE SPECIALTY-ENRICHED NEUROLOGY, OB/GYN, HEMATOLOGY/ONCOLOGY, DERMATOLOGY, ENDOCRINOLOGY, AND ADDITIONAL PODIATRY SERVICES INTO PRIMARY CARE AND THE TEACHING COMMUNITY HEALTH CENTER ENVIRONMENT. THIS INTEGRATION-FIRST APPROACH ALSO GUIDED TWCCH'S CONTINUED STRENGTHENING OF PRIMARY CARE-EMBEDDED MENTAL AND BEHAVIORAL HEALTH SERVICES ACROSS ITS NETWORK. TWCCH ALSO ADVANCED A SERIES OF TARGETED INITIATIVES TO STRENGTHEN INTEGRATED PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH, AND PSYCHIATRIC SERVICES ACROSS ITS NETWORK, WHILE SUPPORTING PHYSICIAN AND INTERPROFESSIONAL LEARNER TRAINING. IN RESPONSE TO GROWING DEMAND FOR MENTAL AND BEHAVIORAL HEALTH SERVICES AND PERSISTENT WORKFORCE SHORTAGES, TWCCH EXPANDED PRIMARY CARE-BEHAVIORAL HEALTH INTEGRATION THROUGH NEW CARE TEAM ROLES, PARTNERSHIPS, AND SERVICE DELIVERY APPROACHES. TWCCH RECEIVED A LOCAL GRANT, WHICH ENABLED IT TO LAUNCH, TRAIN, AND EMPLOY MENTAL HEALTH PEER SPECIALISTS AS A NEW COMPONENT OF ITS CARE TEAMS. THESE TRAINED PEERS - INDIVIDUALS WITH LIVED EXPERIENCE WHO CAN SUPPORT AND GUIDE OTHERS ON THEIR OWN RECOVERY JOURNEYS - ARE HELPING TO EXPAND ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES WITHIN TWCCH'S MENTAL AND BEHAVIORAL HEALTH AND WHOLE-PERSON PRIMARY CARE MODEL ACROSS ITS PRIMARY CARE AND COMMUNITY SETTINGS. THEIR ENGAGEMENT STRENGTHENS TWCCH'S WHOLE-PERSON CARE MODEL BY PROVIDING PRACTICAL SUPPORT, SHARED INSIGHTS, AND TRUSTED RELATIONSHIP-BUILDING THAT COMPLEMENT CLINICAL TREATMENT, REDUCE BARRIERS TO CARE, AND CONNECT PATIENTS WITH THE RESOURCES THEY NEED TO PURSUE STABILITY, RECOVERY, AND WELL-BEING. TWCCH ALSO EXPANDED MENTAL AND BEHAVIORAL HEALTH CAPACITY BY ADDING SUPERVISED-USE, REMOTE-DELIVERED PSYCHIATRY SERVICES FOR PATIENTS OF ALL AGES WITHIN ITS COMMUNITY HEALTH CENTERS, IN ADDITION TO IN-PERSON SERVICES PROVIDED BY ITS TWO FULL-TIME PUBLIC HEALTH PSYCHIATRISTS. THIS STRATEGY SUPPORTS CONTINUITY OF CARE, ENHANCES CLINICAL INTEGRATION, AND MITIGATES THE IMPACT OF REGIONAL SHORTAGES OF SPECIALISTS WHILE MAINTAINING ALIGNMENT WITH TWCCH'S MISSION TO DELIVER COMPREHENSIVE, AFFORDABLE, WHOLE-PERSON PRIMARY HEALTH SERVICES. ADDITIONALLY, TWCCH CONTINUED TO STRATEGICALLY ENHANCE ITS MENTAL AND BEHAVIORAL HEALTH SERVICE LINE BY INCREASING INVESTMENTS IN EXPANDING ITS PROVIDER BASE, ENCOURAGING PSYCHIATRY CERTIFICATION FOR ITS PRIMARY CARE NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS, AND RECRUITING ADDITIONAL LICENSED CLINICAL SOCIAL WORKERS AND LICENSED PROFESSIONAL COUNSELORS. SCHEDULES WERE ALSO MADE VISIBLE TO OPTIMIZE AVAILABLE APPOINTMENT SLOTS AGAINST THE WAITING LIST. TWCCH ALSO DEEPENED ITS RELATIONSHIP WITH A LOCAL PSYCHIATRIC PRACTICE TO ENHANCE ITS ABILITY TO PROVIDE INTEGRATED, NEEDS-RESPONSIVE PRIMARY CARE MENTAL AND BEHAVIORAL HEALTH SERVICES TO PATIENTS AND FAMILIES. THIS PSYCHIATRIC PRACTICE HAS HISTORICALLY MAINTAINED A STRONG BIDIRECTIONAL REFERRAL RELATIONSHIP WITH TWCCH. ITS PSYCHIATRISTS ARE THANKFULLY ENGAGED TO PROVIDE CONTRACTED SUPERVISION SERVICES FOR TWCCH'S PSYCHIATRY-CERTIFIED NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. 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 (COCM) TO INTEGRATE PRIMARY CARE AND PSYCHIATRY SERVICES. CONSISTENT WITH TWCCH'S INTERIM VISIT CARE MODEL, COCM IS INTENTIONALLY RECOGNIZED AS A FOUNDATIONAL PILLAR FOR INTEGRATING BEHAVIORAL HEALTH AND PSYCHIATRY INTO PRIMARY CARE, USING THE SAME DISCIPLINE, ACCOUNTABILITY, AND TEAM-BASED MENTALITY USED TO INTEGRATE MEDICAL SPECIALTIES. WHILE PSYCHIATRY IS OFTEN DESCRIBED AS A PRIMARY CARE DISCIPLINE, IT OPERATES AS A SPECIALTY. COCM ENABLES ITS FULL INTEGRATION INTO WHOLE-PERSON CARE RATHER THAN RELEGATING IT TO EPISODIC, REFERRAL-BASED TREATMENT. THIS INTEGRATION IS PARTICULARLY CRITICAL FOR HIGH-RISK POPULATIONS COMMONLY SERVED THROUGH PRIMARY CARE, MANY OF WHOM ARE DUALLY ELIGIBLE AND EXPERIENCE DISPROPORTIONATELY HIGH LEVELS OF HEALTH-RELATED SOCIAL NEEDS ALONGSIDE COMPLEX CARE MANAGEMENT REQUIREMENTS. THESE PATIENTS FREQUENTLY FACE COMPOUNDED RISKS, INCLUDING CARDIOVASCULAR DISEASE, OBESITY, AND OTHER CHRONIC CONDITIONS AT RATES THAT FAR EXCEED THOSE OF THE GENERAL POPULATION, CONTRIBUTING TO SIGNIFICANTLY SHORTENED LIFE EXPECTANCY. THROUGH COCM, TWCCH STRENGTHENS ITS ABILITY TO ADDRESS THESE INTERSECTING CLINICAL AND SOCIAL DRIVERS OF HEALTH, POSITIONING CARDIOVASCULAR RISK REDUCTION, CARE COORDINATION, AND LONGITUDINAL MANAGEMENT AS CORE COMPONENTS OF MENTAL AND BEHAVIORAL HEALTH INTEGRATION.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	WHILE IMPLEMENTATION TIMELINES AND FUNDING FLOWS WERE AFFECTED BY NATIONAL-LEVEL ADMINISTRATIVE UNCERTAINTY SURROUNDING THE SAMHSA GRANT, THE ORGANIZATION EXERCISED PRUDENT STEWARDSHIP BY SEQUENCING PLANNING ACTIVITIES WITHOUT PREMATURELY COMMITTING STAFFING OR INFRASTRUCTURE RESOURCES. THIS DISCIPLINED APPROACH ALLOWED TWCCH TO REMAIN FULLY PREPARED TO ADVANCE CARE COORDINATION OBJECTIVES ONCE FUNDING STABILITY WAS CLARIFIED, WHILE PROTECTING WORKFORCE CONTINUITY AND ORGANIZATIONAL RESILIENCE. A FIVE-YEAR OPPORTUNITY, TWCCH'S PARTICIPATION IN THIS SAMHSA GRANT HOLDS MUCH PROMISE FOR INNOVATIVE INTEGRATION TOOLS AND METHODS THAT WILL IMPROVE HEALTH OUTCOMES FOR THE POPULATIONS SERVED WHILE INFORMING OPTIMAL BUSINESS MODELING TO ENSURE LONG-TERM SUSTAINABILITY. ADDITIONALLY, DURING THE COVERED PERIOD, TWCCH RECEIVED A GRANT FROM ATSU-SOMA TO ADVANCE THE INTEGRATION OF PRIMARY CARE WITH MENTAL AND BEHAVIORAL HEALTH SERVICES ACROSS ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, STRENGTHENING WHOLE-PERSON CARE DELIVERY. TWCCH ALSO BENEFITED FROM A GRANT AWARDED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO ITS PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME), WHICH WILL ENHANCE FAMILY MEDICINE RESIDENCY TRAINING IN INTEGRATED PRIMARY AND MENTAL AND BEHAVIORAL HEALTH CARE, EXPAND THAT CARE INTEGRATION WITHIN TWCCH FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, AND INCREASE ACCESS TO MENTAL HEALTH SERVICES FOR SCHOOL-AGED CHILDREN. TWCCH CONTINUED TO EXPAND MISSION-ALIGNED WORKFORCE PIPELINES, INCLUDING CLINICAL TRAINING FOR ADVANCED EDUCATION GENERAL DENTISTRY (AEGD) RESIDENTS IN COLLABORATION WITH NYU LANGONE HEALTH'S AEGD RESIDENCY, WHICH IS ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA). FOLLOWING THE SUCCESSFUL MANAGEMENT OF A COMPETITIVE HRSA DENTAL WORKFORCE PLANNING GRANT, TWCCH WELCOMED TWO NEW DENTAL RESIDENTS TO THE COLLABORATIVE AEGD PROGRAM. TWCCH'S DENTAL SERVICES LEADERSHIP COLLABORATED WITH NYU LANGONE TO CONTINUE EDUCATING ACTIVELY ENGAGED AEGD RESIDENTS - ONE DURING THIS REPORTING PERIOD AND TWO DURING FISCAL YEAR 2025-2026 - WHO CONTRIBUTED THEIR SKILLS AND COMMITMENT TO IMPROVING THE SMILES OF THE COMMUNITIES TWCCH SERVES. TWCCH CELEBRATED THE RETENTION AND EMPLOYMENT ENGAGEMENT OF TWO OF ITS PUBLIC HEALTH DENTAL RESIDENCY GRADUATES, AS NOTED ABOVE, AND JOYFULLY SECURED THE CONTINUED ENGAGEMENT OF ANOTHER AS FUTURE FACULTY. GIVEN THE AEGD PROGRAM'S ACADEMIC AND PIPELINE WORKFORCE-RETENTION SUCCESS, TWCCH AND NYU LANGONE HAVE PURSUED AND RECENTLY RECEIVED CODA APPROVAL TO EXPAND THEIR NYU LANGONE AEGD PARTNERSHIP TO THREE TRAINEES ANNUALLY. THE WORSENING SHORTAGE OF DENTAL HEALTH PROFESSIONALS IN NORTHEASTERN PENNSYLVANIA REMAINS A PRESSING PRIORITY FOR WORKFORCE DEVELOPMENT. FOR THIS REASON, TWCCH AND OTHER COMMUNITY PARTNERS CAME TOGETHER LAST YEAR AS THE NEWLY INCORPORATED COMMONWEALTH DENTAL CARE INITIATIVE (CDCI) TO CONDUCT A FEASIBILITY AND PLANNING STUDY TO DETERMINE THE VIABILITY AND ACTION STRATEGIES TO SUPPORT THE ESTABLISHMENT OF A NEW PUBLIC HEALTH DENTAL SCHOOL. WITH THE FEASIBILITY STUDY NOW COMPLETE, TWCCH HAS REENVISIONED THE CDCI'S ORIGINAL PURPOSE. RATHER THAN FUNCTIONING SOLELY AS A TRADITIONAL ACADEMIC INITIATIVE, THE CDCI NOW SERVES AS THE FOUNDATIONAL FRAMEWORK FOR EXTENDING TWCCH/TWCGME'S GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM MODEL INTO DENTAL EDUCATION. THIS WORK RECOGNIZED THAT TWCCH WOULD BE A PRIMARY CLINICAL LEARNING ENVIRONMENT FOR DENTAL STUDENTS, IDEALLY EXTENDING PIPELINE TRAINING FOR INTERESTED CANDIDATES INTO THE ORGANIZATION'S FLOURISHING TWCCH-NYU LANGONE HEALTH AEGD RESIDENCY PROGRAM AND POTENTIALLY A NEW PEDIATRIC DENTAL RESIDENCY PROGRAM. BY EMBEDDING DENTAL TRAINING WITHIN COMMUNITY-BASED, SAFETY-NET CLINICAL SETTINGS, THIS APPROACH BUILDS UPON THE ORGANIZATION'S PROVEN "TRAIN-WHERE-THEY-LIVE" STRATEGY, CREATING A REPLICABLE PATHWAY TO STRENGTHEN THE DENTAL WORKFORCE. IN DOING SO, TWCCH IS ENSURING THAT FUTURE DENTISTS AND DENTAL HEALTH PROFESSIONALS ARE EDUCATED, SUPPORTED, AND RETAINED IN THE VERY COMMUNITIES WHERE ACCESS GAPS ARE MOST SIGNIFICANT AND LONG-TERM IMPACT IS MOST URGENTLY NEEDED. AS WORK CONTINUES TO ADVANCE THE CDCI, TWCCH IS ALSO EXPLORING COLLABORATIVE OPPORTUNITIES WITH TEMPLE UNIVERSITY'S KORNBERG SCHOOL OF DENTISTRY FOR A PEDIATRIC DENTAL RESIDENCY PROGRAM AND A CLINICAL PARTNERSHIP AT THE SCHOOL'S NEW RURAL DENTAL EDUCATION CENTER AND CLINIC IN TAMAQUA, WHICH THEY ANNOUNCED IN JUNE 2025.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	AS TWCCH CONTINUES TO ADDRESS THE GROWING NEED FOR DENTAL HEALTH SERVICES IN NORTHEASTERN PENNSYLVANIA, THE ORGANIZATION IS ALSO PURSUING A COLLABORATIVE TRAINING PARTNERSHIP WITH JOHNSON COLLEGE FOR FUTURE DENTISTS, HYGIENISTS, DENTAL ASSISTANTS, AND EXPANDED FUNCTION DENTAL ASSISTANTS WHILE ADVANCING A COMMUNITY-BASED WORKFORCE PIPELINE INITIATIVE TO STRENGTHEN DENTAL CAREER PATHWAYS AND OFFER EXPANDED DENTAL SERVICES, INCLUDING AT TWCCH'S NEW FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER AT THE WYOMING COUNTY HEALTHCARE CENTER IN TUNKHANNOCK. TWCCH ALSO CONTINUES TO EXPLORE ADDITIONAL ACADEMIC AND HEALTH SYSTEM PARTNERSHIPS WITH LUZERNE COUNTY COMMUNITY COLLEGE AND OTHER EDUCATIONAL INSTITUTIONS TO EXPAND REGIONAL DENTAL WORKFORCE CAPACITY AND ADDRESS SIGNIFICANT TRAINING BOTTLENECKS, PARTICULARLY IN DENTAL HYGIENE, WHERE LIMITED PROGRAM CAPACITY AND EXTENDED WAITLISTS HIGHLIGHT UNMET DEMAND. UNDER AN AGREEMENT WITH THE UNIVERSITY OF PITTSBURGH DENTAL SCHOOL FOR DENTAL ASSISTANT DEVELOPMENT AND CLINICAL TRAINING, TWCCH TRAINED AND RETAINED THREE DENTAL ASSISTANTS DURING THE COVERED PERIOD. THESE EFFORTS EMPHASIZE ANCHOR-INSTITUTION STRATEGIES AND ACCESS-TO-CARE INITIATIVES TO SUPPORT FIRST-LINE DENTAL CAREERS THAT OFFER MEANINGFUL ECONOMIC MOBILITY, WHILE ALSO EXPANDING CLINICAL TRAINING, VOLUNTEER SERVICE OPPORTUNITIES, AND INNOVATIVE MODELS, INCLUDING MOBILE DENTISTRY IN PARTNERSHIP WITH CENTURY DENTAL AND HYBRID, COMMUNITY-BASED DENTAL ASSISTANT TRAINING PROGRAMS. TWCCH RECEIVED SEVERAL FEDERAL, STATE, AND LOCAL GRANTS DURING THIS COVERED PERIOD TO SUPPORT DENTISTRY TRAINING AND EXPAND DENTAL SERVICES. DURING FISCAL YEAR 2024-2025, TWCCH TRAINED MORE THAN 200 INTERPROFESSIONAL HEALTH STUDENTS IN PARTNERSHIP WITH MORE THAN 10 ACADEMIC INSTITUTIONS, INCLUDING LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM), AND THE A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AND ITS CENTRAL COAST PHYSICIAN ASSISTANT TRAINING PROGRAM (ATSU-CCPAP) IN CALIFORNIA. DURING THE COVERED PERIOD, TWCCH WELCOMED A NEW COHORT OF 10 ATSU-SOMA SECOND-YEAR MEDICAL STUDENTS, WHO JOINED 20 UPPER-YEAR ATSU-SOMA COLLEAGUES TRAINING AND SERVING IN THE ORGANIZATION'S SERVICE AREA, AND FIVE PHYSICIAN ASSISTANT STUDENTS FROM ATSU-CCPAP. SINCE WE CELEBRATED THE GRADUATION OF TWCCH'S FIRST COHORT OF ATSU-SOMA STUDENTS IN MAY 2022, THE TOTAL NUMBER OF ATSU-SOMA STUDENTS TRAINED/TRAINING WITH TWCCH IS 51. ADDITIONALLY, TWCCH LAUNCHED ITS NEW CLINICAL ROTATION PARTNERSHIP WITH LAKE ERIE COLLEGE OF MEDICINE, WELCOMING OUR FIRST FOUR STUDENTS AND PLANNING TO EXPAND TO 10 STUDENTS NEXT ACADEMIC YEAR. IN ADDITION TO SERVING AS A PRIMARY TRAINING SITE FOR PHYSICIAN RESIDENTS AND FELLOWS, TWCCH ALSO EXPANDED ADVANCED PRACTICE WORKFORCE DEVELOPMENT DURING THE COVERED PERIOD FOR BOTH PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS THROUGH CLINIC-EMBEDDED TRAINING PATHWAYS. IN PARTNERSHIP WITH ITS AFFILIATED EDUCATIONAL ENTITY, TWCGME, TWCCH OFFERS STRUCTURED, SUPERVISED CLINICAL TRAINING FOR NEWLY LICENSED NURSE PRACTITIONERS ENTERING THEIR FIRST YEAR OF PRACTICE, TO STRENGTHEN PRIMARY CARE ACCESS, CONTINUITY, AND WORKFORCE RETENTION IN UNDERSERVED COMMUNITIES SERVED BY TWCCH. THEY RECEIVE LONGITUDINAL CLINICAL EXPERIENCE ACROSS FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, MENTAL AND BEHAVIORAL HEALTH, DENTAL SERVICES, INFECTIOUS DISEASE, AND ADDICTION TREATMENT AND RECOVERY SERVICES WITHIN TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS. TWCGME SEEKS TO FORMALIZE THE PROGRAM AS A NURSE PRACTITIONER POSTGRADUATE FELLOWSHIP IN RESPONSE TO GROWING PATIENT AND COMMUNITY DEMAND FOR EXPANDED TEAM-BASED PRIMARY CARE MODELS THAT IMPROVE ACCESS, QUALITY, AND CONTINUITY OF WHOLE-PERSON CARE. IN ADDITION TO THESE FORMAL POSTGRADUATE AND PROFESSIONAL TRAINING PATHWAYS, TWCCH CONTINUED TO INVEST IN EARLIER-STAGE WORKFORCE DEVELOPMENT AND COMMUNITY EDUCATION INITIATIVES. TWCCH'S SUMMER INTERNSHIP PROGRAM FURTHER STRENGTHENED THIS WORKFORCE PIPELINE BY HOSTING HIGH SCHOOL AND COLLEGE STUDENTS FROM MORE THAN A DOZEN EDUCATIONAL INSTITUTIONS ANNUALLY FOR CAPSTONE PROJECTS FOCUSED ON PUBLIC HEALTH AWARENESS AND COMMUNITY HEALTH IMPROVEMENT. BUILDING ON THIS COMMITMENT TO DELIVERING CARE BEYOND TRADITIONAL CLINICAL WALLS, TWCCH ALSO EXPANDED COMMUNITY-EMBEDDED ACCESS MODELS TAILORED TO OTHER VULNERABLE POPULATIONS, INCLUDING CHILDREN AND FAMILIES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	DURING THE COVERED PERIOD, TWCCH, IN PARTNERSHIP WITH TWCGME, APPLIED FOR AND SUBSEQUENTLY RECEIVED A HRSA PRIMARY CARE TRAINING AND ENHANCEMENT (PCTE) GRANT TO SUPPORT THE NORTHEAST PENNSYLVANIA COMMUNITY CONTINUUM OF CARE (NEPA CCC) PROJECT. THIS INITIATIVE IS DESIGNED TO EXPAND ACCESS TO WHOLE-PERSON PRIMARY HEALTH SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS BY INTEGRATING STREET MEDICINE-BASED CARE DELIVERY WITH COMMUNITY-BASED WORKFORCE TRAINING. THROUGH THIS PROGRAM, TWCGME WILL TRAIN ITS INTERNAL MEDICINE RESIDENT PHYSICIANS TO DELIVER CARE OUTSIDE OF TRADITIONAL CLINICAL SETTINGS, INCLUDING THROUGH MOBILE HEALTH CLINICS, HOMELESS SHELTERS, AND COMMUNITY-BASED PARTNER ORGANIZATIONS ACROSS RURAL AND URBAN AREAS OF NORTHEASTERN PENNSYLVANIA. IN CONTRAST, TWCCH'S STREET MEDICINE TEAM AND COMMUNITY PARTNERS PROVIDE DIRECT SERVICES ADDRESSING ACUTE AND CHRONIC MEDICAL CONDITIONS, SUBSTANCE USE DISORDER TREATMENT AND RECOVERY, BASIC MENTAL AND BEHAVIORAL HEALTH CARE, MEDICATION ACCESS, SURVIVAL SUPPORTS, AND CONTINUITY OF CARE FOLLOWING HOSPITAL DISCHARGE. THE NEPA CCC PROJECT WAS AWARDED $500,000 FOR THE INITIAL BUDGET PERIOD BEGINNING JULY 1, 2025, AS PART OF A FIVE-YEAR TRAINING GRANT, WITH PROGRAM IMPLEMENTATION AND EXPANSION ACTIVITIES CONTINUING INTO SUBSEQUENT REPORTING PERIODS. ACCORDINGLY, TWCCH EXPANDED COMMUNITY-EMBEDDED ACCESS MODELS FOR CHILDREN AND FAMILIES BY SCALING SCHOOL-BASED SERVICE DELIVERY THROUGH NEW DISTRICT-WIDE PARTNERSHIPS. TWCCH CONTINUED TO DELIVER COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL THROUGH ITS SUSTAINABLE FQHC LOOK-ALIKE INTEGRATED SCHOOL-BASED COMMUNITY HEALTH CENTER WITHIN THE SCRANTON SCHOOL DISTRICT, ONE OF THE LARGEST PUBLIC SCHOOL DISTRICTS IN NORTHEASTERN PENNSYLVANIA. SINCE OPENING WITHIN THE DISTRICT IN 2017, TWCCH'S SCHOOL-BASED COMMUNITY HEALTH CENTER HAS SERVED MORE THAN 6,300 UNIQUE PATIENTS, WITH MORE THAN HALF COVERED BY MEDICAID OR MEDICARE, UNDERSCORING THE PROGRAM'S ROLE IN EXPANDING ACCESS TO CARE FOR UNDERSERVED CHILDREN AND FAMILIES. ADDITIONALLY, TWCCH EXECUTED A NEW AGREEMENT WITH THE SCRANTON SCHOOL DISTRICT, EFFECTIVE JULY 1, 2025, ESTABLISHING REGULAR HEALTH CLINICS IN EVERY DISTRICT SCHOOL. THESE CLINICS PROVIDE WELLNESS EXAMS, SPORTS PHYSICALS, PREVENTIVE CARE, SCREENINGS, AND RELATED SERVICES IN COORDINATION WITH SCHOOL NURSES. DELIVERING CARE DIRECTLY WITHIN NEIGHBORHOOD SCHOOLS REDUCES BARRIERS TO ACCESS. IT CONNECTS STUDENTS AND FAMILIES TO TWCCH'S BROADER NETWORK OF COMMUNITY HEALTH CENTERS, WHICH OFFER INTEGRATED PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, DENTAL SERVICES, AND COMPREHENSIVE CARE TEAM SUPPORTS, INCLUDING COMMUNITY HEALTH WORKERS. THE DRIVING BETTER HEALTH MOBILE UNIT WILL ALSO SUPPORT SCHOOLS BY PROVIDING SPECIAL PHYSICAL EXAMINATIONS AND VACCINATIONS AS NEEDED. TWCCH CONTINUES TO EXPLORE SIMILAR INTENTIONAL PARTNERSHIPS WITH PUBLIC SCHOOL DISTRICTS ACROSS ITS SERVICE AREA TO FURTHER EXPAND ACCESS TO AFFORDABLE, HIGH-QUALITY, WHOLE-PERSON PRIMARY AND PREVENTIVE CARE FOR ALL THROUGH ADDITIONAL SUSTAINABLE FQHC LOOK-ALIKE INTEGRATED SCHOOL-BASED COMMUNITY HEALTH CENTERS, BENEFITING STUDENTS, FAMILIES, SCHOOL EMPLOYEES, AND THE BROADER COMMUNITY. IN RESPONSE TO OUTREACH, TWCCH ALSO CONTINUES TO DEPLOY ITS MOBILE MEDICAL AND DENTAL UNIT, DRIVING BETTER HEALTH, TO DELIVER ESSENTIAL MEDICAL, DENTAL, AND PREVENTIVE SERVICES DIRECTLY TO STUDENTS IN OTHER PUBLIC SCHOOL DISTRICTS. IN OCTOBER 2024, PENNSYLVANIA GOVERNOR JOSH SHAPIRO FORMALLY RECOGNIZED TWCCH'S LEADERSHIP IN ADVANCING SCHOOL-BASED HEALTH CARE BY APPOINTING THE ORGANIZATION'S DEPUTY CHIEF MEDICAL OFFICER AND MEDICAL DIRECTOR OF PEDIATRICS AND SCHOOL- AND COMMUNITY-BASED MEDICAL HOME SERVICES TO THE BOARD OF DIRECTORS OF THE PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE. THIS IMPORTANT APPOINTMENT REFLECTS TWCCH'S GROWING ROLE IN SHAPING INNOVATIVE, COMMUNITY-EMBEDDED, AND SCALABLE MODELS OF SCHOOL-BASED CARE THAT ADDRESS THE INTERCONNECTED MEDICAL, BEHAVIORAL, AND ACADEMIC NEEDS OF CHILDREN AND ADOLESCENTS ACROSS NORTHEASTERN PENNSYLVANIA, THE COMMONWEALTH, AND BEYOND. IN PARALLEL, TWCCH ADVANCED SIGNIFICANT EXPANSIONS OF AGING-FOCUSED PROGRAMS AND INTERPROFESSIONAL WORKFORCE INITIATIVES TO RESPOND TO THE RAPIDLY GROWING OLDER-ADULT POPULATION.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH CONTINUED TO DEMONSTRATE ITS COMMITMENT TO BEING AN INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI)-RECOGNIZED "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 HAS THE NINTH-HIGHEST PERCENTAGE OF RESIDENTS AGE 65 AND OLDER AMONG ALL 50 STATES. CONTINUED DEVELOPMENT OF THE ENTIRE WORKFORCE'S GERIATRIC COMPETENCIES SUPPORTS TWCCH'S AGE-FRIENDLY HEALTH SYSTEM INITIATIVE. TWCCH, THE EIGHTH 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 TWCCH'S PRIMARY ENTITY AND AFFILIATED EDUCATIONAL PARTNER, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). FOLLOWING APPROVAL DURING THE PRIOR COVERED PERIOD BY THE ASSOCIATION OF DIRECTORS OF GERIATRICS ACADEMIC PROGRAMS (ADGAP) AND THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), TWCGME, IN PARTNERSHIP WITH TWCCH, LAUNCHED AN ADVANCING INNOVATION IN RESIDENCY EDUCATION (AIRE) MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP (COMBINED MED-GERI PATHWAY) DURING THIS COVERED PERIOD. THIS NEW, INNOVATIVE RESIDENCY AND FELLOWSHIP PATHWAY IS DESIGNED TO ADDRESS CRITICAL WORKFORCE SHORTAGES BY PREPARING PHYSICIANS TO MEET THE COMPLEX PRIMARY AND GERIATRIC CARE NEEDS OF AN AGING POPULATION. TWCCH CONTINUED ITS SUPPORT OF TELESPOND SENIOR SERVICES AS IT PREPARED TO OPEN ITS OLDER ADULT ADVOCACY CENTER (OAAC), THE FIRST CENTER OF ITS KIND IN PENNSYLVANIA. THE OAAC OFFICIALLY OPENED IN MAY 2025 IN SCRANTON TO SERVE OLDER ADULT VICTIMS OF ABUSE, NEGLECT, FINANCIAL EXPLOITATION, ABANDONMENT, AND OTHER FORMS OF MALTREATMENT ACROSS NORTHEASTERN PENNSYLVANIA AND PROVIDE TEMPORARY HOUSING AND COORDINATED ACCESS TO LEGAL SERVICES, PERSONAL CARE, TRANSPORTATION, AND OTHER ESSENTIAL SUPPORTS. OVER THE PAST FIVE YEARS, PENNSYLVANIA HAS SEEN A 62% INCREASE IN ELDER ABUSE REPORTS TO THE DEPARTMENT OF AGING. TWCCH'S COLLABORATION WITH TELESPOND 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 IN THE IMPORTANT PROCESS OF BEING DESIGNATED AN AGE-FRIENDLY COUNTY. UNDER THE LEADERSHIP OF TWCCH'S FOUNDING GERIATRICS SERVICE LINE DIRECTOR, DURING THIS COVERED PERIOD, TWCCH EXPANDED WHOLE-PERSON PRIMARY CARE FOR OLDER ADULTS, INCLUDING HOME-BASED SERVICES FOR HOMEBOUND SENIORS, NURSING HOME COLLABORATION, AND AN ALZHEIMER'S AND DEMENTIA CARE PROGRAM THAT SUPPORTS PATIENTS AND CAREGIVERS THROUGH COORDINATED MEDICAL, SOCIAL, AND COMMUNITY RESOURCES. TWCCH'S GERIATRICS SERVICE LINE SERVES OVER 175 VULNERABLE ADULTS WITH DEMENTIA, AS WELL AS A VULNERABLE POPULATION OF ISOLATED GERIATRIC PATIENTS IN NURSING HOMES, SKILLED NURSING FACILITIES, AND HOME-BASED SETTINGS. THESE EFFORTS WERE FURTHER OPERATIONALIZED THROUGH CROSS-SECTOR PARTNERSHIPS CONVENED AT TWCCH'S INAUGURAL SYMPOSIUM ON AGING, HELD IN JANUARY 2025 AT TWCCH'S FQHC LOOK-ALIKE SCRANTON TEACHING COMMUNITY HEALTH CENTER, WHICH BROUGHT TOGETHER REGIONAL AGING, SOCIAL SERVICE, AND PHILANTHROPIC STAKEHOLDERS TO ADDRESS DEMENTIA-FRIENDLY COMMUNITIES, SOCIAL ISOLATION, AND ELDER FINANCIAL EXPLOITATION, AMONG OTHER TOPICS. BUILDING ON ITS INITIAL SUCCESS, TWCCH PLANS TO CONVENE THE SYMPOSIUM ON AGING ANNUALLY. EXTENDING THIS COMMITMENT TO ADVANCING WHOLE-PERSON CARE FOR OLDER ADULTS INTO BROADER POLICY AND PLANNING EFFORTS, AT THE STATE LEVEL, THIS FOCUS WAS REINFORCED THROUGH THE APRIL 2025 APPOINTMENT OF TWCCH/TWCGME'S SENIOR VICE PRESIDENT AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER TO PENNSYLVANIA'S INAUGURAL ALZHEIMER'S, DEMENTIA, AND RELATED DISORDERS ADVISORY COMMITTEE, ENSURING THAT THE NEEDS OF VULNERABLE OLDER ADULTS REMAIN CENTRAL TO BOTH LOCAL AND STATEWIDE COMMUNITY PLANNING EFFORTS. TWCCH ALSO INITIATED FEASIBILITY-BASED SERVICE EXPANSION WORK FOR ADDITIONAL HIGH-NEED POPULATIONS WHILE STRENGTHENING THE SUSTAINABILITY AND CERTIFICATION CAPACITY OF ITS COMMUNITY-BASED CARE TEAMS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	IN PARALLEL WITH THESE NEEDS-RESPONSIVE, CROSS-SECTOR EFFORTS, TWCCH UNDERTOOK GOVERNANCE-LED, FEASIBILITY-BASED WORK DURING THE COVERED PERIOD TO ASSESS OPPORTUNITIES TO EXPAND WHOLE-PERSON PRIMARY CARE ACCESS FOR INDIVIDUALS LIVING WITH PHYSICAL AND INTELLECTUAL DISABILITIES. BUILDING ON ITS LONGSTANDING, MISSION-ALIGNED PARTNERSHIP WITH ALLIED SERVICES INTEGRATED HEALTH SYSTEM AND RESPONSIVE TO EMERGING COMMUNITY NEEDS FOR INDIVIDUALS WITH PHYSICAL, INTELLECTUAL, AND/OR DEVELOPMENTAL DISABILITIES, TWCCH ENGAGED IN RAPIDLY DEVELOPING PLANS TO ESTABLISH A PLATFORM TO DELIVER COMPREHENSIVE, WHOLE-PERSON HEALTH SERVICES THROUGH A CO-LOCATION WITHIN AN ALLIED SERVICES SETTING IN SCRANTON, PENNSYLVANIA, SUBJECT TO FEASIBILITY, SUSTAINABILITY, AND REGULATORY APPROVAL. THIS WORK WAS CONSISTENT WITH COMPLEMENTARY TWCGME EDUCATIONAL AND WORKFORCE DEVELOPMENT INITIATIVES UNDERTAKEN DURING THE COVERED PERIOD, INCLUDING GRANT-SUPPORTED CURRICULUM DEVELOPMENT TO IMPROVE THE PREPARATION OF CLINICIANS AND INTERPROFESSIONAL LEARNERS TO MEET THE COMPREHENSIVE, LIFELONG HEALTH NEEDS OF INDIVIDUALS WITH PHYSICAL AND INTELLECTUAL DISABILITIES. CONCURRENTLY, TWCCH ALSO ADVANCED AN ENTERPRISE-WIDE ASSESSMENT OF ACTIVITIES OF DAILY LIVING (ADL) ACCESSIBILITY ACROSS ITS CLINICAL ENVIRONMENTS TO ENSURE ALIGNMENT WITH THE HIGHEST STANDARDS OF DISABILITY ACCESS AND DIGNITY IN CARE DELIVERY. FINDINGS FROM THIS ASSESSMENT INFORMED TARGETED FACILITY IMPROVEMENTS AT EXISTING SITES, INCLUDING ACCESSIBILITY ENHANCEMENTS AT TWCCH'S FQHC LOOK-ALIKE MID VALLEY TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA. COLLECTIVELY, THESE EARLY-STAGE EFFORTS REFLECT TWCCH'S INTENTIONAL APPROACH TO "SLOWING DOWN TO GO FAST" BY GROUNDING FUTURE ACCESS EXPANSION IN CAREFUL FEASIBILITY ASSESSMENT, COMMUNITY PARTNERSHIP, AND WORKFORCE READINESS WHILE FOSTERING BROADER COMMUNITY DIALOGUE AROUND SUSTAINABLE, INTEGRATED MODELS OF PRIMARY CARE, EDUCATION, AND DEVELOPMENTAL HEALTH SERVICES FOR CHILDREN AND ADULTS WITH PHYSICAL AND INTELLECTUAL DISABILITIES. IN ADDITION, TWCCH STRENGTHENED CARE-TEAM SUSTAINABILITY AND PATIENT NAVIGATION CAPACITY BY ADVANCING CERTIFICATION AND ROLE EXPANSION FOR ITS COMMUNITY HEALTH WORKER WORKFORCE. TWCCH 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, CHRONIC CARE MANAGEMENT, COMMUNITY HEALTH INTEGRATION, HOME HEALTH, AND PRINCIPAL-ILLNESS NAVIGATION AND BILLING. THE WORK OF CHW TEAMS IS CRITICAL TO SUSTAINING NON-MEDICAL SERVICES THAT SIGNIFICANTLY IMPROVE HEALTH OUTCOMES. IMPORTANTLY, TWCCH'S APPROACH TO CHW-LED ENROLLMENT AND NAVIGATION SERVICES IS GROUNDED IN INFORMED CHOICE AND ETHICAL STEWARDSHIP, RATHER THAN REVENUE GENERATION. WHILE PUBLIC REIMBURSEMENT FOR ENROLLMENT ACTIVITIES REMAINS LIMITED, TWCCH RECOGNIZES A BROADER RESPONSIBILITY TO ENSURE THAT MEDICARE-ELIGIBLE PATIENTS, PARTICULARLY THOSE IN RURAL AND UNDERSERVED COMMUNITIES, ARE EQUIPPED WITH ACCURATE, COMPLETE, AND UNBIASED INFORMATION WHEN MAKING COMPLEX COVERAGE DECISIONS. THROUGH ITS CHW INFRASTRUCTURE, TWCCH IS INTENTIONALLY DESIGNING PATHWAYS THAT ALLOW BENEFICIARIES TO UNDERSTAND THE FULL LANDSCAPE OF MEDICARE OPTIONS, INCLUDING TRADITIONAL MEDICARE AND MEDICARE ADVANTAGE PLANS, SO THAT DECISIONS ARE DRIVEN BY INDIVIDUAL HEALTH NEEDS, CONTINUITY OF CARE, AND LONG-TERM WELL-BEING RATHER THAN BY INCOMPLETE OR OVERLY MARKETED INFORMATION. THIS WORK IS GUIDED BY A COMMITMENT TO TRANSPARENCY, PATIENT AUTONOMY, AND INFORMED CONSENT, ENSURING THAT INDIVIDUALS ARE NOT LEFT TO NAVIGATE HIGH-STAKES HEALTH COVERAGE DECISIONS IN ISOLATION OR AT THE MERCY OF DIRECT-TO-CONSUMER ADVERTISING. BY INVESTING IN THIS ETHICALLY GROUNDED, CHW-SUPPORTED NAVIGATION MODEL, TWCCH IS STRENGTHENING THE SUSTAINABILITY OF ITS COMMUNITY-BASED SERVICES, SAFEGUARDING PATIENT TRUST, ADVANCING HEALTH LITERACY, AND LAYING THE FOUNDATION FOR FUTURE SYSTEM INNOVATIONS THAT PRIORITIZE PATIENT UNDERSTANDING AND PROTECTION ALONGSIDE FINANCIAL VIABILITY. THIS INTENTIONAL DESIGN IS OPERATIONALIZED THROUGH THE DAILY WORK OF TWCCH'S CHW TEAMS, WHOSE SUSTAINED PRESENCE IN CARE DELIVERY AND COMMUNITY SETTINGS ALLOWS THESE PRINCIPLES TO BE REALIZED AT SCALE. TWCCH'S CHW TEAMS HAD NEARLY 10,000 ENCOUNTERS WITH PATIENTS REQUIRING HEALTH-RELATED SOCIAL NEEDS (HRSN)-RELATED SERVICES DURING THIS COVERED PERIOD.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	IN SUPPORT OF ADVANCING THE INTEGRATION OF THE CHW WORKFORCE, TWCCH CONTINUED TO PARTICIPATE IN THE NORTHEAST PENNSYLVANIA READINESS IN SKILLED EMPLOYMENT (NEPA RISE) PROGRAM TO PROMOTE WORKFORCE DEVELOPMENT INITIATIVES ALIGNED WITH TWCCH'S MISSION AND TO CREATE CAREER OPPORTUNITIES THAT SUPPORT ECONOMIC MOBILITY. RISE IS A WORKFORCE DEVELOPMENT PROGRAM THAT FOCUSES ON AN INDIVIDUAL'S STRENGTHS, CREATING OPPORTUNITIES TO ACCESS TECHNICAL TRAINING AND ADDITIONAL SUPPORT FOR SUCCESS. RISE HELPS INDIVIDUALS LIFT THEMSELVES OUT OF POVERTY BY DEVELOPING MARKETABLE SKILLS THAT QUALIFY THEM FOR SKILLED EMPLOYMENT WITH ECONOMIC MOBILITY. RISE PARTICIPANTS RECEIVE CAREER COACHING, EDUCATION TO DEVELOP 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 CONTINUES TO SUPPORT THEIR CAREER ADVANCEMENT INTO HIGHER-LEVEL, HIGHER-PAYING POSITIONS. BEYOND DIRECT CLINICAL PROGRAMS, TWCCH ADVANCED MISSION-ALIGNED CROSS-SECTOR WORKFORCE AND ECONOMIC MOBILITY INITIATIVES THROUGH ANCHOR-INSTITUTION PARTNERSHIPS AND REGIONAL RECOVERY-TO-WORK COLLABORATIONS. TWCCH AND ITS AFFILIATED ENTITY, TWCGME, WERE INVITED AND CONTINUE TO PARTICIPATE IN THE ANCHORS FOR EQUITY PROGRAM, WHICH IS 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 DEVELOP INNOVATIVE, ACTIONABLE, COMMUNITY-DRIVEN SOLUTIONS TO LOCAL OR REGIONAL ECONOMIC CHALLENGES THROUGH RESEARCH IN ACTION LABS THAT ADVANCE SOLUTIONS TO SPECIFIC CHALLENGES AND 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, A NONPROFIT BASED IN WILKES-BARRE, PENNSYLVANIA, THAT PROVIDES COMMUNITY-BASED DATA ANALYSIS, RESEARCH, AND CONSULTING SERVICES THROUGHOUT NORTHEASTERN PENNSYLVANIA, WAS SELECTED FOR THE ANCHORS FOR EQUITY RESEARCH IN ACTION LAB BECAUSE OF ITS STRONG POSITION TO LEVERAGE THE INITIATIVE: THE INSTITUTE IS LOCATED IN A REGION WITH 14 HIGHER EDUCATION INSTITUTIONS AND FIVE MAJOR HEALTH CARE SYSTEMS, INCLUDING TWCGME AND TWCCH. FURTHERMORE, "HEALTH CARE AND SOCIAL ASSISTANCE" IS THE LARGEST EMPLOYMENT SECTOR IN NORTHEASTERN PENNSYLVANIA, AND "EDUCATIONAL SERVICES" IS AMONG THE FIVE LARGEST IN SEVERAL COUNTIES. GUIDED BY ITS MISSION, THE GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM MODEL, AND RESPONSIBILITY AS A NONPROFIT, COMMUNITY-GOVERNED, FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER, TWCCH, TOGETHER WITH ITS PRIMARY AFFILIATE ENTITY, TWCGME, EMBRACES ITS ROLE AS AN ANCHOR INSTITUTION COMMITTED TO ADVANCING ECONOMIC MOBILITY, ACCESS TO HEALTH CARE, WORKFORCE OPPORTUNITY, AND SHARED REGIONAL PROSPERITY. CONSISTENT WITH THE FEDERAL RESERVE'S VISION OF ANCHOR INSTITUTIONS AS COMMUNITY ASSETS, TWCCH AND TWCGME BELIEVE THAT INSTITUTIONS ENTRUSTED WITH PUBLIC RESOURCES MUST BE OUTWARD-LOOKING BY DESIGN-INVITED INTO AND ACCOUNTABLE FOR HIGH-IMPACT, CROSS-ORGANIZATIONAL WORK THAT CREATES DURABLE COMMUNITY VICTORIES, RATHER THAN RETREATING INTO INTERNALLY FOCUSED CRISIS MANAGEMENT. AT THE SAME TIME, BOTH TWCCH AND TWCGME EXERCISE STRONG, COMMUNITY-LED GOVERNANCE, RIGOROUS COMPLIANCE OVERSIGHT, AND DISCIPLINED FINANCIAL STEWARDSHIP TO ENSURE THAT OUTWARD-FACING COMMITMENTS NEVER COMPROMISE INTERNAL SUSTAINABILITY OR CAPACITY TO SERVE. TWCCH, AS A PREMIER PROVIDER OF SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SERVICES IN NORTHEASTERN PENNSYLVANIA, 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. THROUGHOUT THE PROGRAM, THE PROJECT FACILITATED SIX CERTIFIED RECOVERY SPECIALIST TRAINING SESSIONS. A TOTAL OF 122 INDIVIDUALS HAD ACCESS TO THE TRAINING; 101 COMPLETED THE SCREENING PROCESS AND ENROLLED IN A CLASS. A TOTAL OF 76 PARTICIPANTS COMPLETED THE TRAINING, AND 44 EARNED PROFESSIONAL CERTIFICATIONS, INCLUDING CERTIFIED RECOVERY SPECIALIST (CRS), CERTIFIED FAMILY RECOVERY SPECIALIST (CFRS), CERTIFIED RECOVERY SPECIALIST SUPERVISOR (CRSS), OR A COMBINATION OF THESE CREDENTIALS; TWO INDIVIDUALS EARNED BOTH CRS AND CFRS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	DURING THIS PERIOD, TWCCH AND ITS REGIONAL PARTNERS CONVENED A COMMUNITY-WIDE CELEBRATION TO FORMALLY RECOGNIZE THE SUCCESS OF PROJECT PROGRESS, HIGHLIGHT THE ACCOMPLISHMENTS OF PROGRAM PARTICIPANTS, AND CHALLENGE THE STIGMA ASSOCIATED WITH EMPLOYING INDIVIDUALS WITH SUBSTANCE USE DISORDERS. THIS CAPSTONE EVENT UNDERSCORED THE PROGRAM'S IMPACT NOT ONLY ON WORKFORCE DEVELOPMENT BUT ALSO ON COMMUNITY ATTITUDES TOWARD RECOVERY AND REINTEGRATION. PROJECT PROGRESS SERVED AS AN IMPORTANT CALL TO LOCAL 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. THAT ECOSYSTEM INTENTIONALLY EXTENDED BEYOND HEALTH AND HUMAN SERVICES TO INCLUDE EDUCATION, WORKFORCE DEVELOPMENT, TRANSPORTATION, HOUSING, PUBLIC SAFETY, AND EMPLOYER ENGAGEMENT, REFLECTING A WHOLE-COMMUNITY APPROACH TO RECOVERY AND ECONOMIC MOBILITY. ALTHOUGH THE GRANT PERIOD CONCLUDED IN SEPTEMBER 2024, PROJECT PROGRESS CONTINUES TO PROVIDE LASTING VALUE THROUGH THE ONGOING AVAILABILITY OF RECOVERY-TO-WORK RESOURCES, EMPLOYER EDUCATION, AND STIGMA-REDUCTION TOOLS, ENSURING THAT THE PROGRAM'S IMPACT EXTENDS BEYOND THE FORMAL GRANT TIMELINE. ASSISTANCE AND GUIDANCE WERE ALSO PROVIDED BY THE ALLONE FOUNDATION, THE GREATER SCRANTON CHAMBER OF COMMERCE, THE NORTHEASTERN PENNSYLVANIA ALLIANCE, THE WAYNE COUNTY COMMISSIONERS, THE WAYNE ECONOMIC DEVELOPMENT CORPORATION, AND CONGRESSIONAL LEADERSHIP, WHOSE COLLECTIVE SUPPORT STRENGTHENED REGIONAL COLLABORATION AND EXPANDED THE PROGRAM'S REACH, PARTICULARLY IN RURAL AND UNDERSERVED COUNTIES. COLLECTIVELY, PROJECT PROGRESS ADVANCED TWCCH'S LONG-TERM WORKFORCE STRATEGY BY EXPANDING A PEER-INFORMED TALENT PIPELINE THAT SUPPORTS BEHAVIORAL HEALTH INTEGRATION, RECOVERY SERVICES, AND COMMUNITY-BASED CARE DELIVERY ACROSS THE REGION. THROUGHOUT THE COVERED PERIOD, TWCCH ADVANCED ITS MISSION BY DEEPENING PARTNERSHIPS WITH SCHOOLS, LOCAL GOVERNMENTS, COMMUNITY ORGANIZATIONS, AND REGIONAL STAKEHOLDERS TO ADDRESS HEALTH-RELATED SOCIAL NEEDS AND STRENGTHEN COMMUNITY RESILIENCE. IN PARTNERSHIP WITH THE LACKAWANNA COUNTY LITERACY COMMITTEE, TWCCH BECAME A REGIONAL HUB FOR REACH OUT AND READ, A NATIONALLY RECOGNIZED, EVIDENCE-BASED PROGRAM THAT INTEGRATES EARLY CHILDHOOD LITERACY PROMOTION INTO PEDIATRIC PRIMARY CARE. THROUGH THIS PARTNERSHIP, TWCCH INCORPORATES DEVELOPMENTALLY APPROPRIATE BOOKS INTO WELL-CHILD VISITS AND SUPPORTS CAREGIVERS IN BUILDING EARLY LANGUAGE AND LITERACY SKILLS BY ENCOURAGING READING ALOUD TOGETHER, RECOGNIZING LITERACY AS A FOUNDATIONAL SOCIAL DETERMINANT OF LONG-TERM HEALTH, EDUCATIONAL ATTAINMENT, AND LIFE OUTCOMES. IN AUGUST 2025, THE LACKAWANNA COUNTY BOARD OF COMMISSIONERS APPOINTED TWO TWCCH PEDIATRICIANS TO THE LITERACY COMMITTEE, REFLECTING FORMAL RECOGNITION OF TWCCH'S LEADERSHIP ROLE IN ADVANCING EARLY CHILDHOOD LITERACY AS A CORE COMPONENT OF COMMUNITY HEALTH STRATEGY. THIS LITERACY-CENTERED PARTNERSHIP EXEMPLIFIES TWCCH'S BROADER APPROACH TO COMMUNITY COLLABORATION, WHICH ALIGNS EDUCATIONAL INSTITUTIONS, CIVIC ORGANIZATIONS, AND YOUTH-FOCUSED INITIATIVES AROUND SHARED RESPONSIBILITY FOR HEALTH, RECOVERY, AND DEVELOPMENTAL WELL-BEING. CONSISTENT WITH THIS APPROACH, TWCCH MAINTAINED LONGSTANDING RELATIONSHIPS WITH EDUCATIONAL INSTITUTIONS, SUCH AS SCRANTON PREPARATORY SCHOOL, WHOSE STUDENTS, ALUMS, AND STAFF HAVE SUPPORTED TWCCH'S HEALTHY MATERNAL OPIATE MEDICAL SUPPORTS (HEALTHY MOMS) PROGRAM THROUGH ANNUAL SERVICE AND IN-KIND CONTRIBUTIONS, REINFORCING COMMUNITY CONNECTION AND RECOVERY-ORIENTED CARE FOR PREGNANT AND PARENTING INDIVIDUALS AFFECTED BY SUBSTANCE USE DISORDERS. IN PARALLEL, TWCCH AND TWCGME CONTINUED TO SPONSOR THE NITTANY LION SUMMER IMPACT FOOTBALL CAMP, A COMMUNITY-BASED INITIATIVE WHOSE PROCEEDS BENEFIT LOCAL CHARITABLE PROGRAMS THAT SUPPORT CHILDREN WITH DISABILITIES, INDEPENDENT LIVING PROGRAMS, AND YOUTH DEVELOPMENT ACROSS THE REGION. TWCCH ALSO WORKED CLOSELY WITH COUNTY GOVERNMENTS ACROSS LACKAWANNA, LUZERNE, WAYNE, AND WYOMING COUNTIES TO EXPAND ACCESS TO SUBSTANCE USE DISORDER TREATMENT, PREVENTION, AND RECOVERY SERVICES, INCLUDING THE RESPONSIBLE DEPLOYMENT OF OPIOID SETTLEMENT FUNDS TO SUPPORT COMPREHENSIVE, COMMUNITY-BASED RESPONSES TO THE OPIOID CRISIS. IN RURAL AND UNDERSERVED COMMUNITIES, TWCCH PARTNERED WITH COUNTY LEADERS, HEALTH SYSTEMS, EDUCATIONAL INSTITUTIONS, CHAMBERS OF COMMERCE, AND HUMAN SERVICES ORGANIZATIONS TO CO-DESIGN INTEGRATED CARE HUBS AND OUTREACH INITIATIVES TO ADDRESS BARRIERS TO ACCESS RELATED TO GEOGRAPHY, TRANSPORTATION, WORKFORCE SHORTAGES, AND ECONOMIC HARDSHIP. COLLECTIVELY, THESE RELATIONSHIPS REFLECT TWCCH'S COMMITMENT TO COLLABORATION OVER COMPETITION AND TO EXTENDING CARE BEYOND CLINIC WALLS THROUGH TRUSTED PARTNERSHIPS THAT ALIGN HEALTH CARE DELIVERY, WORKFORCE DEVELOPMENT, AND COMMUNITY WELL-BEING. TOGETHER, THESE COMMUNITY PARTNERSHIPS AND ACCESS-ENABLING STRATEGIES STRENGTHENED CONTINUITY OF CARE, CARE COORDINATION, AND PATIENT ENGAGEMENT ACROSS THE SERVICE REGION, CREATING THE CONDITIONS NECESSARY FOR SUSTAINED IMPROVEMENT IN POPULATION HEALTH OUTCOMES AND CLINICAL QUALITY.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TO OPERATIONALIZE THIS ENTERPRISE STRATEGY, TWCCH ESTABLISHED A NEW EXECUTIVE LEADERSHIP ROLE, THE CHIEF POPULATION HEALTH AND VALUE-BASED CARE OFFICER, TO STRENGTHEN ENTERPRISE ACCOUNTABILITY FOR POPULATION-LEVEL OUTCOMES, VALUE-BASED CARE READINESS, AND DATA-INFORMED RESOURCE STEWARDSHIP. THIS ROLE REINFORCES TWCCH'S COMMITMENT TO ALIGNING PREVENTIVE CARE, CHRONIC DISEASE MANAGEMENT, QUALITY IMPROVEMENT, AND COMMUNITY PARTNERSHIP UNDER A UNIFIED POPULATION HEALTH FRAMEWORK. TO SUPPORT THIS WORK, TWCCH ALSO INTRODUCED A CENTRALIZED POPULATION HEALTH RESOURCE AS A SHARED COMMUNICATION HUB FOR LEARNERS, FACULTY, AND STAFF. INITIALLY DESIGNED TO SUPPORT THE ROLLOUT OF A NEW POPULATION HEALTH ROTATION FOR RESIDENT PHYSICIANS, THIS RESOURCE IS AVAILABLE ENTERPRISE-WIDE TO FACILITATE COLLABORATION, ADDRESS QUESTIONS, SHARE CONCERNS, AND DISSEMINATE POPULATION HEALTH-RELATED TOOLS AND MATERIALS. BY STREAMLINING COMMUNICATION AND STRENGTHENING SHARED LEARNING, THIS INITIATIVE ENHANCES INTERDISCIPLINARY ENGAGEMENT AND SUPPORTS THE SUSTAINABLE INTEGRATION OF POPULATION HEALTH PRINCIPLES ACROSS CLINICAL CARE, EDUCATION, AND WORKFORCE DEVELOPMENT. WITH THIS LEADERSHIP AND INFRASTRUCTURE IN PLACE, TWCCH EXPANDED PREVENTION-FOCUSED CLINICAL SERVICE LINES TO REDUCE CARDIOMETABOLIC RISK AND DOWNSTREAM DISEASE BURDEN. TWCCH ADVANCED THE INTEGRATION OF NUTRITION, LIFESTYLE MEDICINE, AND OBESITY MEDICINE INTO ITS PRIMARY HEALTH SERVICES THROUGH PHILANTHROPIC LOCAL FUNDING SUPPORT. BUILDING ON ITS WHOLE-PERSON, PREVENTION-ANCHORED CARE MODEL, TWCCH COMBINED THE EXPERTISE OF BOARD-CERTIFIED OBESITY AND LIFESTYLE MEDICINE INTERNAL MEDICINE AND FAMILY MEDICINE PHYSICIANS AND PEDIATRICIANS, A REGISTERED DIETITIAN, AND A LIFESTYLE COACH TO LONGITUDINALLY ENGAGE PATIENTS IN PREVENTIVE HEALTH ACTIVITIES AIMED AT REDUCING OBESITY-RELATED RISK, SUPPORTING WEIGHT LOSS, SMOKING CESSATION, AND IMPROVING CARDIOVASCULAR AND METABOLIC HEALTH OUTCOMES. IN JANUARY 2025, TWCCH LAUNCHED A FREE, EVIDENCE-BASED NATIONAL DIABETES PREVENTION PROGRAM (NDPP), DELIVERED IN PARTNERSHIP WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NEPA AHEC) AND QUALITY INSIGHTS, OFFERING A 26-SESSION LIFESTYLE MODIFICATION CURRICULUM TO HELP INDIVIDUALS WITH PREDIABETES PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES. TWCCH ALSO PARTNERED WITH PENN STATE EXTENSION TO OFFER FREE, WEEKLY NUTRITION EDUCATION CLASSES IN BOTH ENGLISH AND SPANISH AT TWCCH'S FQHC LOOK-ALIKE SCRANTON COMMUNITY HEALTH CENTER FROM MAY 20 THROUGH JUNE 24, 2025. THESE CLASSES SUPPORTED INDIVIDUALS AND FAMILIES RECEIVING FOOD ASSISTANCE BY PROMOTING HEALTHIER EATING AND EFFECTIVE FOOD BUDGETING. THIS WORK REFLECTS AN INTENTIONAL UPSTREAM STRATEGY THAT NOT ONLY MANAGES CHRONIC DISEASE BUT ALSO ACTIVELY REDUCES FUTURE DISEASE BURDEN BY REDUCING THE NEED FOR DOWNSTREAM INTERVENTIONS. PATIENTS WERE ENROLLED IN LONGITUDINAL MONITORING AND SHARED CARE PLANNING FOCUSED ON SUSTAINABLE BEHAVIOR CHANGE, INFORMED CHOICE, AND EVIDENCE-BASED LIFESTYLE INTERVENTIONS ADDRESSING OBESITY AND ITS COMMON COMORBIDITIES, INCLUDING DIABETES, HYPERTENSION, DYSLIPIDEMIA, AND CARDIOVASCULAR DISEASE. FOLLOWING PHILANTHROPIC SUPPORT SECURED DURING THE PRIOR COVERED PERIOD, TWCCH SUCCESSFULLY DISTRIBUTED WELLNESS KITS DESIGNED FOR CLINICIAN-PATIENT USE IN SHARED DECISION-MAKING AND CARE PLANNING. THESE KITS, WHICH INCLUDE EDUCATIONAL MATERIALS AND PRACTICAL TOOLS, NOW ACTIVELY SUPPORT PATIENTS IN ACHIEVING INDIVIDUALIZED WELLNESS GOALS AND REINFORCE PREVENTIVE CARE STRATEGIES DURING ROUTINE PRIMARY CARE VISITS. IN MAY 2025, TWCCH PARTNERED WITH THE EASTERN REGION OF THE PENNSYLVANIA CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS TO CONVENE ITS INAUGURAL WEIGHT MANAGEMENT SYMPOSIUM HELD AT A LOCAL PARTNER UNIVERSITY. THE SYMPOSIUM BROUGHT TOGETHER CLINICIANS, EDUCATORS, AND COMMUNITY STAKEHOLDERS FOR EXPERT-LED DISCUSSIONS ON EVIDENCE-BASED OBESITY MANAGEMENT, PREVENTION STRATEGIES, AND THE FUTURE OF WHOLE-PERSON PRIMARY CARE, REINFORCING TWCCH'S LEADERSHIP IN ADVANCING PREVENTION-ORIENTED, NON-PHARMACEUTICAL, NON-INVASIVE APPROACHES TO CHRONIC DISEASE.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	PREVENTION, LIFESTYLE MEDICINE, AND OBESITY MEDICINE REPRESENT CORE, EVIDENCE-BASED SERVICE LINES WITHIN TWCCH'S CARE DELIVERY MODEL. THESE APPROACHES EMPHASIZE NUTRITION, PHYSICAL ACTIVITY, SLEEP HEALTH, STRESS MANAGEMENT, HEALTHY RELATIONSHIPS, AVOIDANCE OF RISKY SUBSTANCES, AND INTENTIONAL REDUCTION OF CARDIOVASCULAR AND DIABETES RISK FACTORS THROUGH PERSONALIZED, SUSTAINABLE CARE PLANS. BY PRIORITIZING THESE UPSTREAM INTERVENTIONS, TWCCH IS ADVANCING MEASURABLE IMPROVEMENTS IN POPULATION HEALTH WHILE SUPPORTING PROGRESS TOWARD HRSA QUALITY RECOGNITION BENCHMARKS, INCLUDING CARDIOVASCULAR RISK REDUCTION AND CANCER PREVENTION SCREENING TARGETS. DURING THE COVERED PERIOD, TWCCH OBSERVED CONTINUED POSITIVE TRENDS IN LIPID CONTROL, BLOOD PRESSURE MANAGEMENT, DIABETES OUTCOMES, AND PREVENTIVE COLORECTAL, BREAST, AND CERVICAL CANCER SCREENING RATES, REINFORCING THE ORGANIZATION'S DISCIPLINED, DATA-DRIVEN COMMITMENT TO PREVENTION AS A CORNERSTONE OF COMMUNITY-BASED PRIMARY CARE. AS THESE PREVENTION-FOCUSED, INTEGRATED CARE MODELS MATURED, TWCCH'S WORK DURING THE COVERED PERIOD WAS ACCOMPANIED BY MEASURABLE IMPROVEMENTS IN QUALITY, COMPLIANCE, AND EXTERNALLY VALIDATED PERFORMANCE. TWCCH DEMONSTRATED SUSTAINED EXCELLENCE IN CARDIOVASCULAR RISK REDUCTION AND WHOLE-PERSON CHRONIC DISEASE MANAGEMENT, REFLECTING A DELIBERATE, ENTERPRISE-WIDE STRATEGY THAT INTEGRATES QUALITY IMPROVEMENT, POPULATION HEALTH, WORKFORCE DEVELOPMENT, AND COMMUNITY PARTNERSHIP. THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) ANNUALLY REVIEWS HEALTH CENTERS' PERFORMANCE DATA REPORTED THROUGH ITS UNIFORM DATA SYSTEM (UDS) AND HIGHLIGHTS ORGANIZATIONS THAT MEET OR EXCEED ITS SPECIAL FOCUS GOALS. IT AWARDS TOP PERFORMERS ITS COMMUNITY HEALTH QUALITY RECOGNITION (CHQR) BADGES. HRSA FIRST AWARDED CHQR BADGES IN 2021, USING DATA FROM THE PRIOR YEAR'S COVERED PERIOD. THROUGH RIGOROUS, EVIDENCE-BASED CLINICAL PRACTICE AND TEAM-BASED CARE MODELS, TWCCH HAS PROUDLY EARNED 16 HRSA CHQR BADGES SINCE 2021, INCLUDING HEART HEALTH, HIGH-VALUE CARE, AND IMPROVING HEALTH CARE ACCESS IN 2025; ADVANCING HEALTH INFORMATION TECHNOLOGY (HIT) FOR QUALITY BADGES IN 2023, 2024, AND 2025; AND ADDRESSING SOCIAL RISK FACTORS AND COVID-19 PUBLIC HEALTH CHAMPION BADGES IN 2023.TWCCH ALSO RECEIVED THE ONE-TIME UDS+ EARLY ADOPTER BADGE IN 2024. ADDITIONALLY, IN JANUARY 2026, HRSA AWARDED TWCCH ITS NEWLY ESTABLISHED COMMUNITY HEALTH QUALITY RECOGNITION (CHQR) GOLD OPERATIONAL SITE VISIT BADGE FOR ACHIEVING 100% COMPLIANCE WITH FQHC LOOK-ALIKE PROGRAM REQUIREMENTS DURING ITS NOVEMBER 19-21, 2024, HRSA OPERATIONAL SITE VISIT (OSV). TWCCH DEMONSTRATED 100% COMPLIANCE WITH ALL APPLICABLE HEALTH CENTER PROGRAM REQUIREMENTS ACROSS GOVERNANCE, CLINICAL OPERATIONS, ACCESS, QUALITY, AND FINANCIAL STEWARDSHIP. HRSA'S OSV IS AN ON-SITE EVALUATION CONDUCTED BY EXPERIENCED REVIEWERS, TRAINED AND ENGAGED BY HRSA'S BUREAU OF PRIMARY HEALTH CARE (BPHC), TO ASSESS HEALTH CENTER COMPLIANCE WITH HEALTH CENTER PROGRAM REQUIREMENTS AS SPECIFIED IN THE HEALTH CENTER COMPLIANCE MANUAL. TWCCH DILIGENTLY PREPARED AND THOROUGHLY VALIDATED THAT IT WAS IN A CONSTANT STATE OF COMPLIANCE AND READINESS FOR THE OSV. THIS LEVEL OF ENTERPRISE-WIDE PREPARATION DIRECTLY UNDERPINNED THE OSV'S FULL COMPLIANCE FINDINGS. 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, AND TO ENSURE ALIGNMENT WITH THE EVOLVING PRIORITIES OF HRSA, BPHC, AND HHS, THEREBY MAINTAINING PUBLIC TRUST. TWCCH CONTINUED TO ADVANCE ITS PERFORMANCE IN PREVENTIVE COLORECTAL, BREAST, AND CERVICAL CANCER SCREENING MEASURES DURING THIS COVERED PERIOD, MAKING MEASURABLE PROGRESS TOWARD HRSA NATIONAL QUALITY LEADER (NQL) CANCER SCREENING BADGE BENCHMARKS WHILE RECOGNIZING ONGOING OPPORTUNITIES FOR FURTHER IMPROVEMENT. SUBSEQUENT TO THE CLOSE OF THE COVERED PERIOD, TWCCH AND TWCGME FURTHER STRENGTHENED THIS WORK BY STANDARDIZING EVIDENCE-BASED CANCER PREVENTION WORKFLOWS ACROSS TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS AND ACTIVATING COMMUNITY FORUMS TO PROMOTE SCREENING AWARENESS, INCLUDING SPONSORSHIP OF A FREE "LOUDER THAN CANCER!" COLORECTAL CANCER AWARENESS CONCERT FEATURING A BAND COMPOSED OF TWCGME'S GASTROENTEROLOGY FELLOWSHIP PROGRAM DIRECTOR AND SEVERAL GASTROENTEROLOGY FELLOW PHYSICIANS, WITH VOLUNTARY DONATIONS BENEFITING THE NORTHEAST REGIONAL CANCER INSTITUTE.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	THESE RECOGNITIONS BY HRSA ALIGN WITH AND REINFORCE TWCCH'S PARALLEL ACHIEVEMENTS FOR CLINICAL QUALITY IN CARDIOMETABOLIC OUTCOMES THROUGH THE AMERICAN HEART ASSOCIATION (AHA) AND AMERICAN MEDICAL ASSOCIATION (AMA), INCLUDING IN 2025, GOLD PLUS RECOGNITION AS PART OF TARGET: BP, A NATIONAL INITIATIVE CREATED BY THE AHA AND AMA IN RESPONSE TO THE HIGH PREVALENCE OF UNCONTROLLED BLOOD PRESSURE. THIS HIGHEST AWARD, GOLD PLUS, RECOGNIZES HEALTH CARE ENTERPRISES THAT HAVE DEMONSTRATED EVIDENCE-BASED PRACTICES FOR BLOOD PRESSURE MEASUREMENT AND TREATMENT, WITH HIGH BLOOD PRESSURE CONTROLLED IN 70% OR MORE OF AFFECTED ADULT PATIENTS. TWCCH ALSO RECEIVED TWO OTHER GOLD AWARDS IN 2025 FROM THE AHA: ONE FOR IMPROVING THE QUALITY OF CARE FOR PATIENTS WITH TYPE 2 DIABETES AND CARDIOVASCULAR RISK FACTORS THROUGH THE TARGET: TYPE 2 DIABETES PROGRAM; AND THE OTHER FOR IMPROVING THE QUALITY OF CARE THROUGH AWARENESS, DETECTION, AND MANAGEMENT OF HIGH CHOLESTEROL WITH EVIDENCE-BASED STRATEGIES AND TOOLS THROUGH THE PROGRAM, CHECK. CHANGE. CONTROL. CHOLESTEROL. TWCCH ALSO EARNED RECOGNITION FROM QUALITY INSIGHTS, A PENNSYLVANIA-BASED NONPROFIT FOCUSED ON IMPROVING HEALTH OUTCOMES THROUGH DATA-DRIVEN QUALITY IMPROVEMENT INITIATIVES. BASED ON ITS PERFORMANCE AND OUTCOMES ACHIEVED THROUGH PARTICIPATION IN THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL CARDIOVASCULAR HEALTH PROGRAM DURING THE 2023-2024 REPORTING CYCLE, TWCCH WAS DESIGNATED A CARDIOVASCULAR HEALTH HALL OF FAME CHAMPION FOR 2024. THIS RECOGNITION REFLECTS SUSTAINED, EVIDENCE-BASED CARDIOVASCULAR RISK-REDUCTION EFFORTS EMBEDDED IN TWCCH'S PRIMARY CARE MODEL AND POPULATION HEALTH INFRASTRUCTURE. NOTABLY, TWCCH'S CASE MANAGEMENT SERVICES EARNED ITS FIRST THREE-YEAR ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) INTERNATIONAL, FOLLOWING A SITE VISIT IN AUGUST 2025. CARF INTERNATIONAL GRANTED THE WRIGHT CENTER'S CASE MANAGEMENT SERVICES ACCREDITATION THROUGH AUG. 31, 2028, WHICH IS THE HIGHEST LEVEL POSSIBLE. TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS IN CLARKS SUMMIT, JERMYN, SCRANTON, AND WILKES-BARRE RECEIVED COMMENDATIONS FOR DELIVERING HIGH-QUALITY, WHOLE-PERSON, PATIENT-CENTERED CARE BY MAINTAINING NCQA PATIENT-CENTERED MEDICAL HOME CERTIFICATION DURING THIS COVERED PERIOD. TWCCH ALSO ACHIEVED GOLD ADVOCACY CENTER OF EXCELLENCE RECOGNITION FOR A FOURTH TIME FROM THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS. TWCCH AND TWCGME ALSO CONTINUE TO JOYFULLY ENGAGE IN THE NATIONAL ACADEMY OF MEDICINE'S "CHANGE MAKER CAMPAIGN FOR HEALTH WORKFORCE WELL-BEING." IN AUGUST 2024, TWCCH WAS SELECTED BY THE NATIONAL ACADEMY OF MEDICINE'S ACTION COLLABORATIVE ON COMBATING SUBSTANCE USE AND OPIOID CRISES AS ONE OF 16 SITES NATIONWIDE TO PARTICIPATE IN A MULTI-SITE INITIATIVE ADVANCING EDUCATION AND WORKFORCE TRAINING IN SUBSTANCE USE DISORDER CARE. THROUGH THIS COLLABORATION, TWCCH IS IMPLEMENTING THE ACTION COLLABORATIVE'S 3CS FRAMEWORK FOR PAIN AND UNHEALTHY SUBSTANCE USE, WHICH IS CORE KNOWLEDGE, COLLABORATION, AND CLINICAL PRACTICE, TO STRENGTHEN INTERPROFESSIONAL HEALTH EDUCATION, CARE COORDINATION, AND WHOLE-PERSON, RECOVERY-ORIENTED APPROACHES TO SUBSTANCE USE DISORDER TREATMENT ACROSS CLINICAL AND LEARNING ENVIRONMENTS. THIS NATIONAL INITIATIVE BUILDS ON TWCCH'S LONGSTANDING LEADERSHIP IN ADDICTION MEDICINE, INCLUDING ITS DESIGNATION AS ONE OF PENNSYLVANIA'S FIRST OPIOID USE DISORDER CENTERS OF EXCELLENCE AND THE EXPANSION OF COMPREHENSIVE SUBSTANCE USE DISORDER SERVICES ACROSS ITS NETWORK. IT ALSO COMPLEMENTS TWCCH'S HEALTHY MOMS PROGRAM, LAUNCHED THROUGH A REGIONAL CONSORTIUM TO SUPPORT PREGNANT AND POSTPARTUM WOMEN IN RECOVERY AND TO REDUCE THE INCIDENCE OF NEONATAL ABSTINENCE SYNDROME THROUGH INTEGRATED MEDICAL, BEHAVIORAL HEALTH, AND SOCIAL SUPPORT SERVICES. TOGETHER, THESE EFFORTS REINFORCE TWCCH'S ROLE AS BOTH A REGIONAL AND NATIONAL CONTRIBUTOR TO WORKFORCE DEVELOPMENT, CLINICAL INNOVATION, AND EVIDENCE-INFORMED APPROACHES TO ADDRESSING SUBSTANCE USE DISORDERS WITHIN COMMUNITY-BASED PRIMARY CARE. FOR THE SIXTH CONSECUTIVE YEAR, TWCCH WAS NAMED AS ONE OF TIMES LEADER MEDIA GROUP'S 2025 NEPA BEST PLACES TO WORK, EARNING PLATINUM-LEVEL RECOGNITION IN THEIR READERS' POLL. TWCCH HAS ALSO RECEIVED 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.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	IMPORTANTLY, THESE RECOGNITIONS ARE NOT VIEWED AS ENDPOINTS, BUT AS CATALYSTS FOR CASCADING COMMUNITY ACTION THROUGH PREVENTION-FOCUSED REINVESTMENT. THAT CARDIOVASCULAR-FOCUSED QUALITY INFRASTRUCTURE AND DATA-DRIVEN CARE MODELS DIRECTLY INFORMED TWCCH'S TARGETED RURAL INVESTMENT, INCLUDING EXPANSION OF SERVICES AT ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN HAWLEY, PENNSYLVANIA, WHERE HIGH RATES OF SUBSTANCE USE DISORDER, MENTAL HEALTH CONDITIONS, AND SOCIOECONOMIC STRESSORS INTENSIFY CARDIOVASCULAR RISK. IN HAWLEY, TWCCH INTEGRATED PRIMARY CARE, ADDICTION MEDICINE, COLLABORATIVE CARE MODEL (COCM) BEHAVIORAL HEALTH SERVICES, AND PARTNERSHIPS WITH THE DRUG AND ALCOHOL TREATMENT COURT AND LOCAL MENTAL HEALTH AGENCIES, CREATING A MUTUALLY REINFORCING MODEL THAT ADDRESSES MEDICAL, BEHAVIORAL, AND SOCIAL DRIVERS OF CARDIOVASCULAR DISEASE. BUILDING ON THIS PREVENTION-ORIENTED APPROACH ACROSS BOTH EXISTING AND NEWLY REINVESTED SITES, TWCCH ADVANCED COMMUNITY-FOCUSED CANCER PREVENTION EFFORTS BY LAUNCHING ITS INAUGURAL SKIN CANCER SCREENING CLINIC IN MAY 2025 AT ITS FQHC LOOK-ALIKE SCRANTON TEACHING COMMUNITY HEALTH CENTER, A NEW MARKETS TAX CREDIT-SUPPORTED PROJECT SITE. THIS INITIATIVE WAS INITIATED IN PARTNERSHIP WITH LACKAWANNA VALLEY DERMATOLOGY ASSOCIATES AND THE NORTHEAST REGIONAL CANCER INSTITUTE, REFLECTING TWCCH'S COMMITMENT TO COLLABORATIVE, COMMUNITY-ANCHORED PREVENTION STRATEGIES. DURING THE CLINIC, VOLUNTEER DERMATOLOGY CLINICIANS WORKED ALONGSIDE 10 TWCGME INTERNAL MEDICINE RESIDENTS TO PROVIDE FREE SKIN CANCER SCREENINGS TO 64 COMMUNITY MEMBERS. CLINICALLY SIGNIFICANT FINDINGS WERE IDENTIFIED IN 21 INDIVIDUALS, INCLUDING 15 PATIENTS REQUIRING REFERRAL FOR BIOPSY AND SIX PATIENTS RECEIVING IMMEDIATE CRYOTHERAPY, UNDERSCORING BOTH THE UNMET NEED FOR DERMATOLOGIC ACCESS AND THE VALUE OF EARLY DETECTION IN COMMUNITY SETTINGS. CONSISTENT WITH TWCCH'S PATIENT-CENTERED AND LEARNING-ORIENTED CARE MODEL, A REGISTERED NURSE COORDINATED FOLLOW-UP BY DIRECTLY COMMUNICATING FINDINGS AND RECOMMENDATIONS TO EACH PARTICIPANT'S PRIMARY CARE PROVIDER, REINFORCING CONTINUITY OF CARE AND CLOSED-LOOP REFERRALS ALIGNED WITH PATIENT-CENTERED MEDICAL HOME PRINCIPLES. IMPORTANTLY, THIS INITIATIVE ALSO SERVED AS AN ORGANIZATIONAL LEARNING OPPORTUNITY, REINFORCING TWCCH'S PHILOSOPHY THAT GRANT-FUNDED INNOVATIONS SHOULD BE INTENTIONALLY DESIGNED AS PATHWAYS TO LONG-TERM SUSTAINABILITY RATHER THAN EPISODIC SERVICES. LESSONS LEARNED FROM PRIOR SCHOOL-BASED AND SPECIALTY-ACCESS INITIATIVES INFORMED A STRATEGIC REASSESSMENT OF THE CLINIC'S OPERATIONAL MODEL, INCLUDING PLANS TO INTEGRATE INSURANCE-BASED REIMBURSEMENT, CREDENTIAL PARTICIPATING SPECIALISTS, AND EMBED DERMATOLOGIC SCREENING WITHIN SUSTAINABLE CLINICAL WORKFLOWS. BASED ON STRONG COMMUNITY ENGAGEMENT AND CLEAR CLINICAL NEED, TWCCH IS ACTIVELY PLANNING FUTURE SCREENINGS TO ESTABLISH A DURABLE, FINANCIALLY VIABLE PREVENTION SERVICE LINE. THESE PREVENTION-FOCUSED EFFORTS ALIGN WITH TWCCH'S BROADER POPULATION HEALTH STRATEGY, WHICH VIEWS POPULATION HEALTH AS A SHARED RESPONSIBILITY BRIDGING PUBLIC HEALTH AND HEALTH CARE DELIVERY. BY LEVERAGING GRANT RESOURCES TO CATALYZE PERMANENT, COMMUNITY-ANCHORED CARE PLATFORMS, TWCCH ADVANCES A PREVENTION MODEL THAT CONNECTS PRIMARY CARE, SPECIALTY ACCESS, EDUCATION, AND COMMUNITY PARTNERSHIPS, SUPPORTING THE LONG-TERM HEALTH AND WELL-BEING OF INDIVIDUALS, FAMILIES, AND COMMUNITIES. AS DEMAND FOR CARE AND COMMUNITY TRUST GREW, THESE INTEGRATED MODELS PRODUCED A SECOND-ORDER IMPACT: WORKFORCE STABILIZATION AND GROWTH IN A HISTORICALLY UNDERSERVED RURAL COMMUNITY. TWCCH SUCCESSFULLY RECRUITED AND RETAINED CLINICIANS, NURSES, CARE MANAGERS, AND ADVANCED PRACTICE PROVIDERS FROM THE LOCAL COMMUNITY, RESULTING IN SERVICE VOLUME AND ACCESS EXPANDING SO RAPIDLY THAT THE PHYSICAL FACILITY ITSELF BECAME CONSTRAINING. IN RESPONSE, TWCCH EXPANDED ITS HOURS OF OPERATION AND INITIATED PLANNING FOR A LARGER, MORE SUSTAINABLE SITE, MIRRORING THE GROWTH TRAJECTORY PREVIOUSLY OBSERVED AT ITS FQHC LOOK-ALIKE MID VALLEY TEACHING COMMUNITY HEALTH CENTER. THIS PROGRESSION, FROM NATIONAL QUALITY RECOGNITION TO TARGETED RURAL INVESTMENT TO WORKFORCE RENEWAL, ILLUSTRATES TWCCH'S INTENTIONAL, SYSTEMS-BASED APPROACH TO COMMUNITY HEALTH IMPROVEMENT. BY ALIGNING CARDIOVASCULAR RISK REDUCTION WITH BEHAVIORAL HEALTH INTEGRATION, RURAL SERVICE EXPANSION, AND LOCAL WORKFORCE DEVELOPMENT, TWCCH CONTINUES TO TRANSLATE QUALITY ACHIEVEMENT INTO DURABLE COMMUNITY BENEFIT, ADVANCING BOTH POPULATION HEALTH OUTCOMES AND ACCESS TO CARE IN PENNSYLVANIA'S MOST UNDERSERVED REGIONS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH CONTINUED TO STRATEGICALLY CLARIFY ITS COLLECTIVE IMPACT VISION FOR A MULTI-INSTITUTIONAL CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN). THE EMERGING TRANSFER OF OWNERSHIP OF SEVERAL LOCAL HOSPITALS AND OUTPATIENT HEALTH CARE ASSETS IN NORTHEASTERN PENNSYLVANIA IS INCREASING THE SIGNIFICANCE OF THE CEIN INITIATIVE. AS THE ENTERPRISE MATURED OPERATIONALLY, LEADERSHIP'S ATTENTION INCREASINGLY FOCUSED ON THE SUSTAINABILITY, WELL-BEING, AND RESILIENCE OF THE WORKFORCE REQUIRED TO CARRY OUT THIS MISSION. AT THIS STAGE OF ORGANIZATIONAL SCALE AND COMPLEXITY, WORKFORCE WELL-BEING WAS NO LONGER ANCILLARY TO MISSION DELIVERY; IT BECAME A PREREQUISITE FOR SUSTAINING ACCESS, QUALITY, AND LEARNING ENVIRONMENTS. TWCCH ALSO CONTINUED ITS DEEP AND SUSTAINED INVESTMENT IN THE TRANSFORMATIONAL WORK OF ADVANCING ITS THREE-YEAR JOURNEY TOWARD SANCTUARY MODEL CERTIFICATION. INCREASINGLY, THIS WORK SERVES NOT ONLY AS A TRAUMA-INFORMED CARE FRAMEWORK BUT AS THE ORGANIZATIONAL DEVELOPMENT BACKBONE FOR THE ENTIRE TWCCH AND TWCGME ENTERPRISE, SHAPING HOW CARE IS DELIVERED, HOW LEARNING ENVIRONMENTS ARE DESIGNED, AND HOW THE WORKFORCE IS SUPPORTED. SEVERAL ACCOMPLISHMENTS REFLECTED MEANINGFUL PROGRESS IN TWCCH'S EVOLUTION FROM A HISTORICALLY OVERBURDENED, TRAUMA-ORGANIZED PRIMARY CARE PROVIDER INTO AN ADVERSITY-COMPETENT, RESILIENCE-SKILLED ENTERPRISE FOCUSED ON WHOLE-PERSON HEALTH SERVICES, PSYCHOLOGICALLY SAFE LEARNING CULTURES, AND INTERPROFESSIONAL WORKFORCE PATHWAYS THAT SUPPORT DIGNITY, ECONOMIC MOBILITY, AND LONG-TERM WORKFORCE SUSTAINABILITY. THE SANCTUARY MODEL PROVIDES A BLUEPRINT FOR BOTH CLINICAL AND ORGANIZATIONAL CHANGE, PROMOTING PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY FROM ADVERSITY BY INTENTIONALLY CREATING AN ADVERSITY-INFORMED COMMUNITY. AN ADVERSITY-COMPETENT ORGANIZATION RECOGNIZES THE VULNERABILITY OF ALL INDIVIDUALS TO THE EFFECTS OF CHRONIC STRESS AND ADVERSE EXPERIENCES AND RESPONDS THROUGH SYSTEM-WIDE STRUCTURES THAT MITIGATE HARM, STRENGTHEN RESILIENCE, AND SUPPORT BOTH THOSE SERVED BY THE ORGANIZATION AND THOSE EMPLOYED WITHIN IT. AS TWCCH HAS MATURED BEYOND INDIVIDUAL PROGRAM INCUBATION, THE SANCTUARY MODEL HAS INCREASINGLY SERVED AS A UNIFYING FRAMEWORK FOR TRANSLATING TRAUMA-INFORMED PRINCIPLES INTO ENTERPRISE-WIDE LEARNING, WORKFORCE DEVELOPMENT, AND ORGANIZATIONAL DESIGN. SANCTUARY OFFERS A STRUCTURED FRAMEWORK FOR TRANSFORMATION FROM SURVIVAL-MODE, SILOED SYSTEMS TOWARD RESILIENT, PARTICIPATORY ENVIRONMENTS GROUNDED IN SHARED ACCOUNTABILITY, DEMOCRATIZATION, SOCIAL RESPONSIBILITY, AND CONTINUOUS LEARNING. SINCE INITIATING ITS FORMAL SANCTUARY ROLLOUT IN AUGUST 2022, TWCCH HAS IMPLEMENTED MULTIPLE FIVE-DAY IMMERSION TRAINING COHORTS ACROSS THE ENTERPRISE, INCLUDING GOVERNING BOARD MEMBERS, EXECUTIVE LEADERSHIP, EMPLOYEES, AND RESIDENT AND FELLOW PHYSICIANS. IN JANUARY 2024, COMPLETION OF THE THREE-DAY TRAIN-THE-TRAINER PROGRAM FURTHER STRENGTHENED INTERNAL CAPACITY TO SUSTAIN AND SCALE THIS WORK. SANCTUARY LEARNING HAS ALSO BEEN EMBEDDED INTO REGULAR GOVERNING BOARD MEETINGS, REINFORCING ALIGNMENT BETWEEN GOVERNANCE, MANAGEMENT, AND OVERALL ORGANIZATIONAL CULTURE. DURING THE COVERED PERIOD, SANCTUARY-ALIGNED WORKFORCE WELL-BEING INITIATIVES EXPANDED SIGNIFICANTLY, REFLECTING A DELIBERATE SHIFT FROM ISOLATED WELLNESS ACTIVITIES TOWARD INTEGRATED, ENTERPRISE-LEVEL SUPPORT STRUCTURES. THESE INITIATIVES INCLUDED LEADERSHIP DEVELOPMENT TO ESTABLISH A MANAGER COMPETENCY FRAMEWORK FOCUSED ON SUPERVISION, ACCOUNTABILITY, AND WORKFORCE SUPPORT; PARTICIPATION IN THE MODERN HEALTHCARE WORKFORCE SURVEY TO INFORM SANCTUARY ADOPTION AND CULTURE IMPROVEMENT; AND PREPARATION FOR FULL IMPLEMENTATION OF THE SANCTUARY READINESS SURVEY BY JUNE 2026. TWCCH ALSO APPLIED TO THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S CHANGE MAKER ACCELERATOR TO BUILD UPON ITS EXISTING NATIONAL ACADEMY OF MEDICINE CHANGE MAKER STATUS AND FURTHER ADVANCE SANCTUARY-ALIGNED WORKFORCE WELL-BEING STRATEGIES. COMPLEMENTING THESE ENTERPRISE EFFORTS, TWCCH IMPLEMENTED AND EXPANDED MENTAL AND EMOTIONAL WELL-BEING SUPPORTS, INCLUDING A CONFIDENTIAL EMPLOYEE ASSISTANCE PROGRAM; INTEGRATION OF MENTAL HEALTH FIRST AID TRAINING INTO TWCGME ACGME SPONSORING INSTITUTION CURRICULUM TO STRENGTHEN EARLY IDENTIFICATION, PEER SUPPORT, AND RESPONSE; AND ONGOING PARTICIPATION IN NAMI'S CEOS AGAINST STIGMA INITIATIVE TO CULTIVATE A STIGMA-FREE WORKPLACE CULTURE. IN ADDITION, CREATIVE AND RELATIONAL HEALING PRACTICES WERE INITIATED OR EXPANDED, INCLUDING IN-PERSON YOGA AND MINDFULNESS SESSIONS OFFERED ACROSS TWCCH'S FQHC LOOK-ALIKE SCRANTON, WILKES-BARRE, AND MID VALLEY TEACHING COMMUNITY HEALTH CENTERS; FACILITATED WELLNESS DROP-INS AND TRAUMA-COMPETENT DIALOGUE SPACES; AND CONTINUED INTEGRATION OF HEALTH HUMANITIES, ART THERAPY, AND PET THERAPY TO FOSTER CONNECTION, PRESENCE, AND RESTORATIVE ENGAGEMENT.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	THROUGH THIS EVOLUTION, THE SANCTUARY MODEL HAS BECOME THE SHARED ENTERPRISE FRAMEWORK THROUGH WHICH TWCCH ADVANCES ITS LEARNING CULTURE, INTERPROFESSIONAL WORKFORCE STRATEGY, AND LONG-TERM COMMITMENT TO RESILIENT, COMMUNITY-ROOTED SYSTEMS OF CARE. IMPORTANTLY, SANCTUARY PRINCIPLES ALSO INFORMED THE DESIGN OF STRUCTURED WORKFORCE EXPOSURE AND DEVELOPMENT OPPORTUNITIES, INCLUDING ORGANIZED SUMMER INTERNSHIP PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS AND EMERGING PROFESSIONALS. THESE EARLY-ENTRY PATHWAYS REINFORCE TWCCH'S ROLE AS AN ANCHOR INSTITUTION THAT CONNECTS LEARNING, SERVICE, AND WORKFORCE PIPELINES ROOTED IN DIGNITY, BELONGING, AND OPPORTUNITY. BEYOND INTERNAL WORKFORCE DEVELOPMENT, TWCCH ALSO ADVANCED COMMUNITY-ROOTED BELONGING AND RESILIENCE THROUGH VISIBLE, PLACE-BASED CIVIC INVESTMENTS THAT STRENGTHEN SOCIAL COHESION AND PUBLIC TRUST-CONDITIONS INSEPARABLE FROM LONG-TERM COMMUNITY HEALTH. THIS COMMITMENT INCLUDED FORMAL PARTICIPATION IN AMERICA250PA INITIATIVES. TWCCH'S ENGAGEMENT IN AMERICA250PA REFLECTS ITS ROLE AS A COMMUNITY ANCHOR INSTITUTION ADVANCING CIVIC TRUST, PLACE-BASED STEWARDSHIP, AND COMMUNITY COHESION, WHICH ARE RECOGNIZED SOCIAL DETERMINANTS OF HEALTH IN RURAL AND POST-INDUSTRIAL REGIONS. 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 SEMI QUINCENTENNIAL. 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 AS AN EXPRESSION OF CIVIC STEWARDSHIP, SHARED HERITAGE, AND COMMUNITY SOLIDARITY, AND ENGAGED IN TWO OF ITS SIGNATURE INITIATIVES DURING THE COVERED PERIOD: THE LIBERTY TREE PROJECT AND THE BELLS ACROSS PA INITIATIVE. TWCCH'S FIRST ENGAGEMENT FOCUSED ON THE LIBERTY TREE PROJECT, ALIGNING A LIVING PUBLIC SYMBOL WITH THE ORGANIZATION'S PLACE-BASED STEWARDSHIP PHILOSOPHY. THE GOAL OF AMERICA250PA'S LIBERTY TREE PROJECT, IN PARTNERSHIP WITH AND SPONSORED BY THE PENNSYLVANIA FREEMASONS, IS TO PLANT A CERTIFIED LIBERTY TREE 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."

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH USED THIS FRAMEWORK TO ELEVATE CIVIC ENGAGEMENT AS A COMPLEMENT TO COMMUNITY HEALTH WORK ALREADY UNDERWAY ACROSS ITS SERVICE REGION. FOLLOWING THE SUBMISSION OF EXTENSIVE, ARCHIVALLY GROUNDED RESEARCH IDENTIFYING PUBLICLY ACCESSIBLE SITES WITH DOCUMENTED HISTORICAL TIES TO THE AMERICAN REVOLUTION, TWCCH WAS SELECTED TO SPONSOR AND STEWARD THREE CERTIFIED LIBERTY TREES, EACH A LIVING SYMBOL OF AMERICAN INDEPENDENCE. IN KEEPING WITH TWCCH'S MISSION-DRIVEN PHILOSOPHY OF GENEROSITY, COLLABORATION, AND REGIONAL PARTNERSHIP, THESE PLANTINGS EXTENDED BOTH WITHIN AND BEYOND TWCCH'S DIRECT SERVICE FOOTPRINT. THE FIRST LIBERTY TREE WAS PLANTED IN SEPTEMBER 2024 AT VFW PARK IN DICKSON CITY, LACKAWANNA COUNTY, THE BOROUGH HOME TO ONE OF TWCCH'S NEWEST FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS. THE SECOND WAS PLANTED IN JUNE 2025 AT LAZYBROOK PARK IN TUNKHANNOCK, WYOMING COUNTY, IN FRONT OF THE WYOMING COUNTY HEALTHCARE CENTER, WHICH NOW HOUSES A TWCCH FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER. THE THIRD LIBERTY TREE WAS PLANTED IN OCTOBER 2024 AT SOLDIERS' ORPHAN SCHOOL IN KINGSLEY, SUSQUEHANNA COUNTY, REFLECTING TWCCH'S INTENTIONAL DECISION TO EXTEND SPONSORSHIP BEYOND ITS IMMEDIATE SERVICE AREA TO STRENGTHEN REGIONAL RELATIONSHIPS AND SHARED CIVIC ENGAGEMENT. TWCCH PURCHASED AND DONATED A FOURTH CERTIFIED LIBERTY TREE TO GUTHRIE, A PARTNER HEALTH SYSTEM WITH A CLINIC AT THE WYOMING COUNTY HEALTHCARE CENTER, TO SUPPORT GUTHRIE'S PARTICIPATION IN AMERICA250PA'S LIBERTY TREE PROJECT IN BRADFORD COUNTY, WHERE GUTHRIE IS HEADQUARTERED. THIS CONTRIBUTION ENABLED THE PLANTING OF A LIBERTY TREE AT HOWARD ELMER PARK IN SAYRE. THE FOUR HISTORIC TULIP POPLARS SPONSORED BY TWCCH ARE THE ONLY LIBERTY TREES PLANTED IN EACH OF THESE NORTHEASTERN PENNSYLVANIA COUNTIES AS PART OF THE STATEWIDE AMERICA250PA INITIATIVE. COLLECTIVELY, THEY REFLECT TWCCH'S BELIEF THAT COMMUNITY HEALTH, CIVIC PRIDE, AND INTERORGANIZATIONAL COLLABORATION WITHIN A MULTI-PARTNER HEALTH CARE ECOSYSTEM ARE MUTUALLY REINFORCING. THAT MISSION-DRIVEN GENEROSITY ACROSS INSTITUTIONAL BOUNDARIES CAN CATALYZE BROADER DIALOGUE ON HEALTH CARE ACCESS, COORDINATION, AND SUSTAINABILITY IN RURAL COMMUNITIES, DEEPEN PARTNERSHIPS, AND DRIVE SHARED IMPACT. THEIR PRESENCE REINFORCES TWCCH'S MISSION COMMITMENT TO IMPROVING THE HEALTH AND WELFARE OF COMMUNITIES THROUGH STEWARDSHIP, CONNECTION, AND LONG-TERM INVESTMENT IN PLACE. TWCCH ALSO PARTICIPATED IN AMERICA250PA'S BELLS ACROSS PA PUBLIC-ART INITIATIVE, PART OF THE COMMONWEALTH'S SEMI QUINCENTENNIAL COMMEMORATION. THROUGH THIS STATEWIDE EFFORT TO PLACE AT LEAST ONE ARTIST-DESIGNED FIBERGLASS LIBERTY BELL IN EACH OF PENNSYLVANIA'S 67 COUNTIES, TWCCH COMMISSIONED FIVE LIBERTY BELLS WITHIN ITS SERVICE REGION. THE BELLS WERE INSTALLED AT CARBONDALE CITY HALL (LACKAWANNA COUNTY); WAYNE MEMORIAL HOSPITAL IN HONESDALE (WAYNE COUNTY), A LONGSTANDING RURAL COMMUNITY PARTNER; AND AT TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS IN JERMYN (LACKAWANNA COUNTY), WILKES-BARRE (LUZERNE COUNTY), AND TUNKHANNOCK (WYOMING COUNTY),AT THE WYOMING COUNTY HEALTHCARE CENTER. EACH LIBERTY BELL WAS CONCEPTUALLY DESIGNED AND PAINTED BY TWCCH'S ASSOCIATE VICE PRESIDENT OF HEALTH AND WELLNESS, WITH ADDITIONAL CONTRIBUTIONS FROM COMMUNITY COLLABORATORS, INCLUDING A STUDENT ARTIST, AND SUPPORTED BY HISTORICALLY GROUNDED RESEARCH CONDUCTED BY TWCCH'S ARCHIVIST. COLLECTIVELY, THE BELLS FUNCTION AS BEAUTIFUL, DURABLE, PUBLICLY ACCESSIBLE SYMBOLS OF PLACE-BASED PRIDE AND CIVIC SOLIDARITY, REFLECTING LOCAL HERITAGE (INCLUDING THE BIRTHPLACE OF FIRST AID IN AMERICA IN JERMYN, THE BIRTHPLACE OF ROBERT WOOD JOHNSON IN CARBONDALE, THE BIRTHPLACE OF AMERICA'S FIRST COMMERCIAL STEAM LOCOMOTIVE IN HONESDALE, THE FOUNDING CITY OF THE PLANTERS PEANUTS COMPANY AND ORIGIN OF ITS MR. PEANUT BRAND ICON IN WILKES-BARRE, AND THE TUNKHANNOCK CREEK VIADUCT/NICHOLSON BRIDGE IN WYOMING COUNTY) WHILE REINFORCING TWCCH'S MISSION-DRIVEN COMMITMENT TO IMPROVING THE HEALTH AND WELFARE OF THE COMMUNITIES IT SERVES THROUGH RESPONSIVE, WHOLE-PERSON CARE AND WORKFORCE RENEWAL. IN PARALLEL WITH THESE PUBLIC-FACING CIVIC INVESTMENTS, TWCCH ADVANCED COMMUNITY BENEFIT THROUGH POLICY ENGAGEMENT, ADVOCACY, AND PROFESSIONAL LEADERSHIP ALIGNED WITH SUSTAINED ACCESS TO WHOLE-PERSON CARE.

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	AS NOTED ABOVE, TWCCH PROUDLY RECEIVED ITS SECOND GOLD ADVOCACY CENTER OF EXCELLENCE (ACE) RECOGNITION FROM THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC). TWCCH WAS AWARDED GOLD ACE STATUS IN JANUARY 2022, BECOMING THE FIRST COMMUNITY HEALTH CENTER IN PENNSYLVANIA TO RECEIVE THIS 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 MISDISTRIBUTION, AND RELATED HEALTH, HEALTH CARE SERVICES, AND HEALTH CARE CAREER NEEDS AND CHALLENGES. TWCCH ALSO RESPONDED TO MULTIPLE REQUESTS FOR INFORMATION FROM FEDERAL, STATE, AND PROFESSIONAL NETWORKS AND ASSOCIATIONS, SHARING LESSONS AND INSIGHTS FROM THE TRENCHES OF PRIMARY CARE DELIVERY AND HEALTH WORKFORCE TRAINING SITES TO ADVANCE BEST PRACTICES AND INFORM POLICY DEVELOPMENT AT THE STATE AND FEDERAL LEVELS. COMPLEMENTING ADVOCACY AND EXTERNAL LEADERSHIP, TWCCH ALSO ADVANCED WORKFORCE READINESS AND QUALITY INFRASTRUCTURE BY FORMALIZING RECOGNITION OF CLINICAL PRACTICE AND EXPANDING COMMUNITY TRAINING CAPACITY. JOINING TWCCH'S MID VALLEY AND CLARKS SUMMIT FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, ITS SCRANTON AND WILKES-BARRE FQHC LOOK-ALIKE TEACHING COMMUNITY 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 ENABLE PATIENTS AND THEIR CARE TEAMS TO BUILD BETTER RELATIONSHIPS, SUPPORT PATIENTS IN MANAGING CHRONIC CONDITIONS MORE EFFECTIVELY, 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 HEALTH CARE QUALITY THROUGH MEASUREMENT, TRANSPARENCY, AND ACCOUNTABILITY. TWCCH OFFICIALLY BECAME A CERTIFIED AMERICAN HEART ASSOCIATION (AHA) TRAINING SITE IN AUGUST 2023, ENABLING IT TO DELIVER ESSENTIAL LIFE-SAVING TRAINING TO INTERPROFESSIONAL HEALTH CARE PROVIDERS AND STUDENTS, AS WELL AS GENERAL COMMUNITY MEMBERS IN THE ORGANIZATION'S SERVICE AREA. THESE TRAINING ACTIVITIES DIRECTLY SUPPORT TWCCH'S EXEMPT PURPOSE BY STRENGTHENING THE REGIONAL HEALTH WORKFORCE CAPACITY REQUIRED TO SUSTAIN ACCESS TO CARE. TWCCH, AS AN AHA TRAINING SITE, 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 ADMINISTRATION TRAINING. HEARTCODE SKILLS TESTING WAS AVAILABLE ACROSS ALL DISCIPLINES. DURING THE COVERED PERIOD, TWCCH ALSO PROVIDED TRAINING IN HEARTSAVER CARDIOPULMONARY RESUSCITATION + FIRST AID, PEDIATRIC ADVANCED LIFE SUPPORT, AND PEDIATRIC HEARTSAVER CARDIOPULMONARY RESUSCITATION + FIRST AID. DURING THE COVERED PERIOD, TWCCH ALSO PROVIDED TRAINING IN HEARTSAVER CARDIOPULMONARY RESUSCITATION + FIRST AID, PEDIATRIC ADVANCED LIFE SUPPORT, AND PEDIATRIC HEARTSAVER CARDIOPULMONARY RESUSCITATION + FIRST AID. TWCCH AWARDED 2,310 CERTIFICATIONS/RECERTIFICATIONS DURING THE COVERED PERIOD: 1,917 IN BLS (INCLUDING HEARTSAVER CPR, 39 BLS INSTRUCTOR, AND 25 BLS PROVIDER), 255 IN ACLS (INCLUDING 10 ACLS INSTRUCTOR), AND 138 IN PALS. ALL TRAINING CONDUCTED ADHERED TO THE AHA'S SUPERIOR TRAINING SITE GUIDELINES, WHICH ARE WIDELY CONSIDERED THE GOLD STANDARD.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	DURING THE COVERED PERIOD AND INTO EARLY 2026, TWCCH ADVANCED PLANNING FOR A REGIONAL SIMULATION AND CLINICAL SKILLS TRAINING PLATFORM TO SUPPORT WORKFORCE DEVELOPMENT ACROSS MEDICINE, NURSING, PHARMACY, PHYSICIAN ASSISTANT, NUTRITION, AND ALLIED HEALTH PROFESSIONS. BUILDING ON ITS DESIGNATION AS AN AMERICAN HEART ASSOCIATION (AHA) TRAINING SITE, TWCCH SUBMITTED AN APPLICATION IN JANUARY 2026 TO BECOME A FULL AHA TRAINING CENTER. THIS DESIGNATION WOULD ALLOW EXPANDED DELIVERY OF BASIC LIFE SUPPORT, ADVANCED CARDIAC LIFE SUPPORT, PEDIATRIC ADVANCED LIFE SUPPORT, AND OTHER HIGH-FIDELITY SIMULATION-BASED TRAINING PROGRAMS. THIS INITIATIVE ADDRESSES IDENTIFIED REGIONAL WORKFORCE NEEDS AND CREATES A MISSION-ALIGNED PATHWAY TO DIVERSIFY EDUCATIONAL AND WORKFORCE REVENUE STREAMS RESPONSIBLY. TO FURTHER STRENGTHEN TRAUMA-RESPONSIVE CAPACITY ACROSS STAFF, LEARNERS, AND THE PUBLIC, TWCCH EXPANDED BEHAVIORAL HEALTH LITERACY AND EARLY-INTERVENTION TRAINING. THE ADDITION OF THE MENTAL HEALTH FIRST AID (MHFA) TRAINING PROGRAM TO TWCCH'S TRAINING PORTFOLIO FURTHER STRENGTHENS THE ORGANIZATION'S CAPACITY TO EQUIP STAFF, LEARNERS, AND COMMUNITY MEMBERS WITH PRACTICAL, EVIDENCE-BASED SKILLS THAT SUPPORT EARLY IDENTIFICATION AND TIMELY INTERVENTION FOR INDIVIDUALS EXPERIENCING MENTAL HEALTH OR SUBSTANCE USE CHALLENGES. MHFA IS A CERTIFICATE COURSE THAT TEACHES INDIVIDUALS HOW TO IDENTIFY, UNDERSTAND, AND RECOGNIZE EARLY, WORSENING, AND CRISIS SIGNS AND SYMPTOMS OF MENTAL ILLNESSES AND SUBSTANCE USE DISORDERS. THE TRAINING EQUIPS PARTICIPANTS WITH A PRACTICAL ACTION PLAN, SKILLS, AND RESOURCES TO ENGAGE AND PROVIDE INITIAL HELP AND SUPPORT TO SOMEONE WHO MAY BE DEVELOPING A MENTAL HEALTH OR SUBSTANCE USE PROBLEM OR SOMEONE EXPERIENCING A CRISIS. TWCCH'S MHFA PROGRAM, WHICH NOW HAS FOUR CERTIFIED MHFA INSTRUCTORS, DELIVERED 10 MHFA TRAININGS ACROSS TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS AND IN SURROUNDING COMMUNITIES DURING THE COVERED PERIOD. A TOTAL OF 98 INDIVIDUALS EARNED MHFA CERTIFICATION, INCLUDING 45 STAFF MEMBERS, TWO COMMUNITY MEMBERS, AND ONE BOARD MEMBER, DEMONSTRATING STEADY GROWTH IN TWCCH'S TRAUMA-RESPONSIVE TRAINING CAPACITY. THIS YEAR, 50 RESIDENT AND FELLOW PHYSICIANS RECEIVED ADULT MHFA TRAINING DURING THEIR ORIENTATION. TWCCH PARTNERED WITH THE LOCAL BRANCH OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) TO ACCOMPLISH THIS GOAL. ADDITIONALLY, A TWCCH REPRESENTATIVE PARTICIPATED IN A FORMAL TRAIN-THE-TRAINER COHORT DESIGNED TO PREPARE EMERGING LEADERS TO SERVE AS CERTIFIED COACHES WITHIN THE INTEGRATIVE COMMUNITY THERAPY (ICT) MODEL, WITH THE LONG-TERM GOAL OF BECOMING AN APPROVED TRAINER OF THE MODEL. THIS TRAINING WAS COMPLETED IN COLLABORATION WITH LEHIGH VALLEY HEALTH NETWORK'S LEONARD PARKER POOL INSTITUTE FOR HEALTH, AN ORGANIZATION THAT IS DEEPLY INVESTED IN INTRODUCING AND EXPANDING ICT NATIONWIDE AS A SCALABLE, COMMUNITY-BASED MENTAL HEALTH AND RESILIENCE-BUILDING STRATEGY. INSPIRED BY THE BRAZILIAN MODEL, TERAPIA COMUNITARIA INTEGRATIVA, ICT IS AN INTERNATIONALLY RECOGNIZED APPROACH TO MENTAL HEALTH SUPPORT THAT USES GUIDED CONVERSATION AMONG COMMUNITY MEMBERS TO CREATE A SAFE SPACE FOR PARTICIPANTS TO SHARE LIFE EXPERIENCES AND WISDOM. THIS ACCESSIBLE, EFFECTIVE METHOD DOES NOT RELY ON THE TRADITIONAL HEALTH CARE SYSTEM'S REFERRALS, DOCTORS, INSURANCE, OR OTHER SERVICES. TWCCH ALSO ENGAGED IN ACTIVITIES OF THE AMERICAN COLLEGE OF PHYSICIANS (ACP), SUCH AS THE SECOND ANNUAL SPRING INTO A DAY OF GIVING POP-UP FOOD PANTRY IN MARCH 2025, IN PARTNERSHIP WITH THE EASTERN REGION OF THE PENNSYLVANIA CHAPTER OF THE ACP, AND PROMOTED THE CONCEPT OF "PARTICIPATORY CITIZENSHIP" INTERNALLY TO EMPOWER THE ORGANIZATION'S STAFF AND TWCGME LEARNERS TO UNDERSTAND BETTER ITS 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, AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), PENNSYLVANIA MEDICAL SOCIETY, NORTHEAST COUNTIES MEDICAL SOCIETY, AREA HEALTH EDUCATION CENTER, NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER, THE INSTITUTE, AND IN OTHER COMMUNITY FORUMS IN SUPPORT OF ITS "PARTICIPATORY CITIZENSHIP" PHILOSOPHY. NOTABLY, THE ORGANIZATION REQUIRES ALL EMPLOYEES TO COMPLETE TWO COMMUNITY SERVICE ACTIVITIES ANNUALLY, RESULTING IN AT LEAST 1,200 HOURS OF DIRECT COMMUNITY SERVICE EVENTS DELIVERED BY TWCCH AND TWCGME EMPLOYEES DURING THIS REPORTING PERIOD. TOGETHER, THESE PARTICIPATORY CITIZENSHIP COMMITMENTS EXTEND BEYOND SERVICE AND ADVOCACY TO A DELIBERATE WORKFORCE DEVELOPMENT STRATEGY THAT RECOGNIZES COMMUNITY ENGAGEMENT, EDUCATION, AND TRAINING AS INSEPARABLE COMPONENTS OF SUSTAINABLE, WHOLE-PERSON CARE DELIVERY. TWCCH INVESTED IN A LAYERED WORKFORCE DEVELOPMENT CONTINUUM SPANNING EARLY EXPOSURE, FORMAL EDUCATION, CLINICAL TRAINING, CERTIFICATION, AND ONGOING PROFESSIONAL DEVELOPMENT.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH CONTINUED ITS CLINICAL TRAINING PARTNERSHIP WITH ATSU-SOMA, HOSTING 26 OSTEOPATHIC MEDICAL STUDENTS FOR DIDACTICS AND CLINICAL TRAINING IN SCRANTON, PENNSYLVANIA. TWCCH SUCCESSFULLY ENTERED ITS THIRD YEAR AS A TRAINING SITE FOR THE PUBLIC HEALTH-ORIENTED CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP) AND 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. TWCCH ALSO COLLABORATES WITH THE FORTIS INSTITUTE TO SUPPORT ALLIED HEALTH CARE WORKFORCE DEVELOPMENT THROUGH HANDS-ON CLINICAL TRAINING AND EXPERIENTIAL LEARNING OPPORTUNITIES ALIGNED WITH THE ORGANIZATION'S MISSION TO STRENGTHEN COMMUNITY-BASED CARE DELIVERY AND WORKFORCE SUSTAINABILITY. AS THESE MULTI-LEVEL CLINICAL TRAINING AND WORKFORCE DEVELOPMENT ACTIVITIES EXPANDED ACROSS DISCIPLINES, PARTNERS, AND CARE SETTINGS, TWCCH CONCURRENTLY STRENGTHENED ITS ENTERPRISE-WIDE FEEDBACK, EVALUATION, AND MEASUREMENT INFRASTRUCTURE TO ENSURE ACCOUNTABILITY, QUALITY IMPROVEMENT, AND ALIGNMENT ACROSS CLINICAL, EDUCATIONAL, AND STAKEHOLDER ENVIRONMENTS. DURING THIS PERIOD, THE INSTITUTE, A NONPROFIT BASED IN WILKES-BARRE, PENNSYLVANIA, THAT PROVIDES COMMUNITY-BASED DATA ANALYSIS, RESEARCH, AND CONSULTING SERVICES, WAS ENGAGED TO DESIGN AND ADMINISTER MULTIPLE SURVEYS, INCLUDING THE MISSION CRITICAL CLIMATE SURVEYS OF RESIDENT, FELLOWS, AND FACULTY AS WELL AS THE SEMI-ANNUAL EMPLOYEE SATISFACTION SURVEY AND 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. TWCCH CONTINUED TO CONNECT CLINICAL EDUCATIONAL PROGRAMMING WITH TWCGME AND AFFILIATED HOSPITAL OPERATIONS, ADVANCING THE ACGME SPONSORING INSTITUTION 2025 (SI2025) VISION OF 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 INCREASED FOCUS ON VALUE-BASED CARE (VBC) AT 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 PREPARE RESIDENTS AND FELLOWS FOR THE FUTURE. TWCCH CONTINUED TO INVEST 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 ACGME IMPLEMENTED THE CLER PROGRAM 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. GMEC LAUNCHED A CLER SUBCOMMITTEE LED BY CLINICAL LEADERSHIP OF TWCCH (TWCGME'S PRIMARY AMBULATORY CLINICAL TRAINING ENVIRONMENT PARTNER). CLER MOCK SITE VISITS WERE CONDUCTED AT GEISINGER COMMUNITY MEDICAL CENTER (GCMC), TWCCH'S MID VALLEY AND SCRANTON FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, AND REGIONAL HOSPITAL THROUGHOUT THE YEAR. TOGETHER, THESE EFFORTS TO INTEGRATE CLINICAL AND EDUCATIONAL PROGRAMMING AND STRENGTHEN CLINICAL LEARNING ENVIRONMENTS PROVIDED THE FOUNDATION FOR TWCCH'S BROADER, SYSTEM-LEVEL APPROACH TO MEASURING AND ADVANCING OUTCOMES ACROSS PATIENT CARE, POPULATION HEALTH, WORKFORCE WELL-BEING, AND HEALTH CARE ACCESS FOR ALL. TWCCH DEVELOPED A MULTI-TIER APPROACH TO SYSTEMATIZING THE QUINTUPLE AIM, ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S (IHI) TRIPLE AIM, THAT CONSISTS OF THE FOLLOWING COMPONENTS: THE PATIENT EXPERIENCE OF CARE (INCLUDING QUALITY AND SATISFACTION) AND WELL-BEING, IMPROVING THE HEALTH OF THE POPULATION, REDUCING PER CAPITA COST OF CARE FOR THE BENEFIT OF COMMUNITIES, IMPROVING THE WELL-BEING OF THE HEALTH CARE WORKFORCE, AND ADVANCING ACCESS TO HEALTH SERVICES FOR ALL. ADDITIONALLY, IN AUGUST 2025, TWCCH, IN PARTNERSHIP WITH ITS COMMUNITY COLLABORATORS, FORMALLY JOINED THE IHI'S COLLECTIVE ACTION COLLABORATIVE. THROUGH THIS INITIATIVE, TWCCH IS ADVANCING AN INTEGRATED MODEL THAT SYSTEMATICALLY ADDRESSES PATIENTS' SOCIAL NEEDS ALONGSIDE MEDICAL CARE, STRENGTHENING THE EFFECTIVENESS OF STANDARDIZED PATIENT AND COMMUNITY RESOURCE SCREENINGS AND REFERRAL PROCESSES AND ENABLING EARLIER IDENTIFICATION OF HEALTH RISKS AMONG PEDIATRIC AND ADOLESCENT PATIENTS UNDER AGE 21.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH STRATEGICALLY MADE STRIDES IN DEMONSTRATING IMPROVED STANDARDIZATION OF CLINICAL CARE ACROSS ALL CLINICAL LOCATIONS AND SERVICE LINES, INCLUDING ITS AZARA PLATFORM, WHICH 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 EFFORT AND, TO DATE, HAS YIELDED POSITIVE RESULTS ACCORDING TO 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 PRIOR COVERED PERIOD. THE OUTCOMES DATA SHOWED MEASURABLE DECREASES IN VARIABILITY IN PRIORITIZED CLINICAL PRACTICES, INDICATING IMPROVED STANDARDIZATION, PARTICULARLY EVIDENT IN PREVENTIVE CARE, INCLUDING SCREENINGS FOR MENTAL HEALTH (MH), SLEEP APNEA, ILLICIT SUBSTANCE USE, ALCOHOL USE, AND BREAST, COLORECTAL, AND CERVICAL CANCERS. IN PARALLEL, TWCCH PILOTED SUKI, A SECURE AMBIENT DOCUMENTATION TECHNOLOGY, TO SUPPORT CLINICAL NOTE-TAKING AND DOCUMENTATION WORKFLOWS, REDUCE ADMINISTRATIVE BURDEN, AND ENABLE CLINICIANS TO DEVOTE GREATER FOCUS TO PATIENT CARE. EXPERIENCES WITH SUKI INDICATE IMPROVED DOCUMENTATION EFFICIENCY AND CLINICIAN ENGAGEMENT, REINFORCING TWCCH'S COMMITMENT TO THOUGHTFUL, PRIVACY-PROTECTIVE ADOPTION OF TECHNOLOGIES THAT SUPPORT WORKFORCE SUSTAINABILITY AND QUALITY IMPROVEMENTS. TWCCH IS ALSO ASSESSING ITS ACCUVAX AND VAXSERVE PARTNERSHIPS TO STRENGTHEN VACCINE OPERATIONS, INTEROPERABILITY, AND SUSTAINABILITY. TWCCH IS CONTINUOUSLY ENHANCING ITS FACILITIES AND IT INFRASTRUCTURE TO IMPROVE THE DELIVERY OF ITS 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. THE EXTENSIVE PREPARATION FOR HRSA'S OSV POSITIONED TWCCH TO SUBMIT A HIGH-QUALITY FEDERAL NEW ACCESS POINT (NAP) APPLICATION. ON MAY 30, 2024, THE WEB-BASED NAP APPLICATION PORTAL WAS MADE AVAILABLE TO CURRENT AND ASPIRING HRSA-DESIGNATED FQHCS TO SUPPORT THE DEVELOPMENT OF NEW HEALTH CENTER SERVICES AND DELIVERY SITES THAT EXPAND AFFORDABLE, ACCESSIBLE, HIGH-QUALITY PRIMARY HEALTH SERVICES FOR UNDERSERVED COMMUNITIES AND POPULATIONS. THE FIRST PHASE OF TWCCH'S APPLICATION WAS SUBMITTED ON TIME BEFORE THE AUGUST 30, 2024, DEADLINE, AND THE SECOND PHASE WAS SUBMITTED BEFORE 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 A LOCATION IN MONROE COUNTY, PENNSYLVANIA, TWCCH CONDUCTED DUE DILIGENCE TO SECURE THE PROPERTY DURING THE PRIOR COVERED PERIOD. THE CLOSING ON THAT PROPERTY OCCURRED DURING FISCAL YEAR 2024-2025, AND THIS PRINCIPLED HOLDING PATTERN ALIGNS WITH TWCCH'S BROADER APPROACH TO MISSION-ALIGNED CAPITAL INVESTMENT ACROSS ITS SERVICE AREA. SUBSEQUENTLY, THE FEDERAL NAP FUNDING PATHWAY WAS PLACED ON HOLD, DELAYING THE OPERATIONALIZATION OF PLANNED EXPANSION SITES DESPITE TWCCH'S DEMONSTRATED READINESS AND COMPLIANCE. BECAUSE TWCCH'S MONROE COUNTY NAP HAS NOT YET BEEN OPERATIONALIZED DUE TO THE PAUSED NAP PROCESS, THE PROPERTY IS NOT YET DELIVERING THE COMMUNITY VALUE IT WAS ACQUIRED TO UNLOCK. NEVERTHELESS, CONSISTENT WITH ITS VALUES AND ITS RESPONSIBILITY AS A COMMUNITY-GOVERNED NONPROFIT, TWCCH CHOSE TO PAY LOCAL PROPERTY TAXES ON THE BLAKESLEE SITE AS THE RIGHT AND TRANSPARENT THING TO DO UNTIL THE ORGANIZATION CAN OPEN AND SERVE THE COMMUNITY AS INTENDED. THIS DECISION REFLECTS DISCIPLINED STEWARDSHIP OF REAL ESTATE ASSETS, ACCOUNTABILITY TO LOCAL COMMUNITIES, AND ETHICAL INVESTMENT EVEN WHEN EXTERNAL FEDERAL TIMELINES SHIFT. AS ORGANIZATIONAL SCALE AND COMPLEXITY INCREASED, TWCCH ADVANCED AN INTEGRATED GOVERNANCE, COMPLIANCE, CAPITAL, AND INFORMATION INFRASTRUCTURE DESIGNED TO PRIORITIZE STEWARDSHIP, ACCOUNTABILITY, AND READINESS OVER GROWTH. TO FURTHER STRENGTHEN INTERNAL FINANCIAL CONTROLS AND OVERSIGHT, TWCCH PROMOTED ITS CONTROLLER TO CHIEF FINANCIAL OFFICER (CFO), REINFORCING DISCIPLINED FINANCIAL STEWARDSHIP AND ENTERPRISE-WIDE ACCOUNTABILITY. BRINGING THE SKILL SET OF AN EXPERIENCED CONTROLLER TO THE CFO ROLE HAS ALREADY DEMONSTRATED A VALUE THAT CANNOT BE OVERSTATED. FOLLOWING THE AUDIT COMMITTEE OF THE BOARD'S APPROVAL OF A NEW COMPLIANCE PROGRAM, TWCCH APPOINTED A CHIEF COMPLIANCE OFFICER TO LEAD A CENTRALIZED COMPLIANCE FUNCTION, A CHIEF CLINICAL OPERATING OFFICER TO SUPPORT THE QUALITY AND STANDARDIZATION OF CARE, AND A CHIEF REVENUE OFFICER TO ADVANCE VALUE-BASED CARE INITIATIVES AND PAYER CONTRACT STEWARDSHIP.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	TWCCH ADVANCED CLINICAL LEADERSHIP CONTINUITY AND WORKFORCE PIPELINE MATURATION DURING THE COVERED PERIOD THROUGH THE APPOINTMENT OF ERIN MCFADDEN, M.D., FACP, AS TWCCH'S CHIEF MEDICAL OFFICER. DR. MCFADDEN COMPLETED HER INTERNAL MEDICINE RESIDENCY TRAINING AT TWCGME AND HAS REMAINED DEEPLY ROOTED IN THE COMMUNITIES SERVED BY TWCCH. HER APPOINTMENT REFLECTS THE ORGANIZATION'S INTENTIONAL GME-SNC STRATEGY TO TRAIN PHYSICIANS IN COMMUNITY-BASED PRIMARY CARE AND RETAIN THEM AS CLINICAL LEADERS COMMITTED TO WHOLE-PERSON, MISSION-DRIVEN CARE. ADDITIONALLY, TWCCH'S PRIMARY AFFILIATED ENTITY, TWCGME, HIRED A VICE PRESIDENT OF ACADEMIC AFFAIRS/ASSOCIATE DESIGNATED INSTITUTIONAL OFFICIAL IN DECEMBER 2023 TO SUPPORT CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN) DEVELOPMENT AND TO ALIGN GRADUATE MEDICAL EDUCATION (GME), UNDERGRADUATE MEDICAL EDUCATION (UME), INTERPROFESSIONAL MEDICAL EDUCATION (IME), AND CONTINUING MEDICAL EDUCATION (CME) STRATEGIES. IN PARALLEL WITH THESE LEADERSHIP AND COMPLIANCE ENHANCEMENTS, THE ORGANIZATION FURTHER STRENGTHENED ITS FINANCIAL GOVERNANCE AND FIDUCIARY OVERSIGHT TO ENSURE LONG-TERM SUSTAINABILITY AND ALIGNMENT WITH ITS MISSION AND VALUES. IN FEBRUARY 2024, THE GOVERNING BOARDS OF TWCCH AND TWCGME APPROVED A TRANSITION OF THE ORGANIZATION'S INVESTMENT MANAGEMENT TO MORGAN STANLEY TO MORE INTENTIONALLY ALIGN THE ENTERPRISE'S INVESTMENT PORTFOLIO WITH COMMUNITY HEALTH PRIORITIES AND RESPONSIBLE STEWARDSHIP PRINCIPLES. THROUGH THIS TRANSITION, THE ORGANIZATION OPERATIONALIZED A MISSION-ALIGNED INVESTING FRAMEWORK THAT ENABLES EXECUTIVE LEADERSHIP AND COMMUNITY-LED GOVERNING BOARDS TO CONFIRM THAT ORGANIZATIONAL INVESTMENTS AVOID HEALTH-HARMING INDUSTRIES WHILE SUPPORTING POSITIVE, RESPONSIBLE SECTORS CONSISTENT WITH THE ORGANIZATION'S COMMITMENT TO COMMUNITY WELLNESS. THIS FRAMEWORK INCORPORATES RESTRICTION SCREENING, SOCIALLY RESPONSIBLE INVESTING (SRI) GUIDELINES, AND MISSION-ALIGNED, VALUES-BASED INVESTMENT STEWARDSHIP AS CORE COMPONENTS OF INVESTMENT DECISION-MAKING. THE COVERED PERIOD MARKED THE FIRST FULL FISCAL YEAR IN WHICH FULLY INTEGRATED MISSION-ALIGNED INVESTMENT OVERSIGHT AND VALUES-BASED STEWARDSHIP WERE FULLY VISIBLE TO EXECUTIVE LEADERSHIP AND GOVERNING BOARDS. AS A RESULT OF THIS INTENTIONAL REORIENTATION, APPROXIMATELY 42% OF THE ORGANIZATION'S INVESTMENT PORTFOLIO MET THE DEFINED MISSION- AND VALUES-ALIGNED CRITERIA, UP FROM 0% BEFORE IMPLEMENTATION. IMPORTANTLY, INVESTMENT PERFORMANCE REMAINED STRONG DURING THIS PERIOD, WITH THE PORTFOLIO APPRECIATING BY APPROXIMATELY 12%, OR $957,000, IN REALIZED/UNREALIZED GAINS AND DIVIDEND/INTEREST INCOME, DEMONSTRATING THAT VALUES ALIGNMENT AND FINANCIAL STEWARDSHIP CAN BE ADVANCED CONCURRENTLY. THIS COMMITMENT WAS FORMALLY CODIFIED BY EARLY DECEMBER 2024 THROUGH THE GOVERNING BOARDS' ADOPTION OF AN UPDATED INVESTMENT POLICY STATEMENT, WHICH EXPLICITLY ARTICULATES THE ORGANIZATION'S IMPACT OBJECTIVES, MISSION-DRIVEN CONSIDERATIONS, AND FIDUCIARY RESPONSIBILITIES. LEADERSHIP ANTICIPATES THAT MISSION-ALIGNED INVESTMENT ALIGNMENT WILL CONTINUE TO INCREASE OVER TIME, WHEN APPROPRIATE, AS THIS GOVERNANCE FRAMEWORK MATURES. LEADERSHIP ALSO UNDERTOOK A COMPREHENSIVE, ENTERPRISE-WIDE BLUEPRINTING OF INFORMATION TECHNOLOGY AND DATA SYSTEMS TO IDENTIFY EFFICIENCIES, REDUCE DUPLICATION, AND CLEARLY DEFINE THE ROLE AND JURISDICTION OF EACH PLATFORM CONTRIBUTING TO ORGANIZATIONAL PERFORMANCE MEASUREMENT. TO SUPPORT THIS LEVEL OF CLINICAL INTEGRATION, WORKFORCE GROWTH, AND ACCOUNTABILITY, THE ORGANIZATION UNDERTOOK A PARALLEL EFFORT TO ALIGN ITS INFORMATION TECHNOLOGY INFRASTRUCTURE AND PERFORMANCE MANAGEMENT SYSTEMS ACROSS THE ENTERPRISE. IN PARALLEL, TWCCH INITIATED CEO-LEVEL OUTREACH TO PEER FQHCS ACROSS NORTHEASTERN PENNSYLVANIA TO PROMOTE COLLABORATION IN WORKFORCE DEVELOPMENT, LEARNING NETWORKS, AND ACCOUNTABLE CARE PARTICIPATION. THESE QUARTERLY ENGAGEMENTS FOSTER SHARED RESPONSIBILITY, MUTUAL SUPPORT, AND COLLECTIVE PROBLEM-SOLVING TO OPTIMIZE THE USE OF PUBLIC RESOURCES ACROSS THE REGION. TO FURTHER ALIGN WITH THIS COLLABORATIVE APPROACH, TWCCH ALSO BEGAN EVALUATING ITS HEALTH INFORMATION TECHNOLOGY (HIT) AND EXPLORING PARTICIPATION IN HEALTH CENTER CONTROLLED NETWORKS (HCCNS) TO ENSURE LONG-TERM ALIGNMENT WITH ITS MISSION, GOVERNANCE, INTEROPERABILITY, VALUE-BASED CARE READINESS, AND LONG-TERM CAPACITY. AS PART OF THIS PROCESS, TWCCH CONCLUDED ITS PARTICIPATION IN THE HEALTH CENTER FEDERATION AND JOINED A NATIONALLY RECOGNIZED HEALTH CENTER CONTROLLED NETWORK (HCCN), REFLECTING A DELIBERATE SHIFT TOWARD PLATFORMS DESIGNED TO SUPPORT ADVANCED DATA INTEGRATION, APPLICATION PROGRAMMING INTERFACES (APIS), AND SCALABLE POPULATION HEALTH INFRASTRUCTURE. ENGAGEMENT WITH THE HEALTH CHOICE NETWORK, A NATIONAL HCCN, EXPANDED TWCCH'S EXPOSURE TO HEALTH CENTER-FIRST ACO MODELS AND REINFORCED THE IMPORTANCE OF MAINTAINING STRATEGIC OPTIONALITY WITHIN A RAPIDLY EVOLVING VALUE-BASED CARE LANDSCAPE AND INTENTIONALLY INVESTING IN RELATIONSHIP DEVELOPMENT AND SYSTEMS READINESS TO ENSURE THE ORGANIZATION IS NOT CONSTRAINED BY LEGACY STRUCTURES THAT MAY LIMIT FUTURE INNOVATION, INTEROPERABILITY, OR COMMUNITY REINVESTMENT.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	THIS APPROACH REFLECTS TWCCH'S LONG-STANDING PHILOSOPHY OF REMAINING FISCALLY RESPONSIBLE IN THE PRESENT WHILE POSITIONING THE ORGANIZATION FOR MISSION-ALIGNED EVOLUTION, ENSURING THAT FUTURE TRANSITIONS IN VALUE-BASED CARE PARTNERSHIPS ARE DRIVEN BY DESIGN, NOT NECESSITY. WHILE ADVANCING MORE COMPLEX ENTERPRISE STRATEGIES, TWCCH REMAINED FIRMLY ANCHORED IN NEEDS-RESPONSIVE COMMUNITY OUTREACH ADDRESSING THE SOCIAL AND ECONOMIC CONDITIONS THAT DIRECTLY INFLUENCE HEALTH OUTCOMES. 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 COMMUNITY HEALTH CENTER. TWCCH'S GOVERNING BOARD'S PLANNING AND DEVELOPMENT COMMITTEE REVIEWED AND EVALUATED THE NEEDS OF EACH CLINICAL LOCATION AND WORKED WITH THE TWCPCE DIRECTORS AND VOLUNTEER BOARD MEMBERS TO SCHEDULE RESPONSIVE COMMUNITY SERVICE EVENTS ACCORDINGLY. FOOD INSECURITY AND CLOTHING ASSISTANCE CONTINUED TO EMERGE AS PREDOMINANT HEALTH NEEDS ACROSS CLINICAL LOCATIONS. TWCCH, TWCGME, AND TWCPCE COLLECTIVELY HOSTED MORE THAN 275 COMMUNITY SERVICE EVENTS, INCLUDING FOOD PANTRIES, MEAL DISTRIBUTIONS, AND COAT AND CLOTHING GIVEAWAYS, TO ADDRESS THE HEALTH-RELATED SOCIAL NEEDS (HRSN) AFFECTING PATIENTS, FAMILIES, AND NEIGHBORHOODS. ACROSS ALL TWCCH LOCATIONS, NEARLY 3,000 FAMILIES RECEIVED NUTRITIOUS FOOD THROUGH ONGOING FOOD DISTRIBUTION EVENTS, AND AN ADDITIONAL 268 FAMILIES RECEIVED SPECIAL HOLIDAY MEALS. THROUGH COMMUNITY CLOSET EVENTS AND ADDITIONAL CLOTHING AND COAT DISTRIBUTION INITIATIVES, 21,979 PIECES OF FREE CLOTHING WERE DISTRIBUTED ACROSS ALL TWCCH LOCATIONS. THE INCREASED NEED FOR COMMUNITY-BASED SUPPORT LED TO THE HIRING OF SEVEN ADDITIONAL CHWS DURING THE COVERED PERIOD, INCLUDING ONE FUNDED BY A RURAL HEALTH GRANT, BRINGING TWCCH'S CHW TEAM TO 15. WHILE ANCHORING ITS MISSION IN NEEDS-RESPONSIVE COMMUNITY SERVICES AND OUTREACH AND ADVANCING MORE COMPLEX, INTERDEPENDENT ENTERPRISE STRATEGIES, TWCCH MADE NOTABLE PROGRESS IN STRENGTHENING THE GOVERNANCE-MANAGEMENT INTERFACE DURING THIS COVERED PERIOD THROUGH THE INTENTIONAL USE OF TWO AD HOC SUBCOMMITTEES OF THE GOVERNING BOARD'S PLANNING AND DEVELOPMENT COMMITTEE. ONE SUBCOMMITTEE WAS CONVENED TO GUIDE THE ORGANIZATION'S LONG-TERM EXPLORATION OF EMPLOYEE HEALTH BENEFIT SUSTAINABILITY, INCLUDING LEARNING FROM BEST PRACTICES AMONG PEER FQHCS, ASSESSING ORGANIZATIONAL RISK TOLERANCE, AND PREPARING FOR A POTENTIAL TRANSITION FROM A FULLY INSURED MODEL THAT HAD CONSTRAINED STRATEGIC FLEXIBILITY FOR DECADES. AS PART OF ITS BROADER ENTERPRISE RISK MANAGEMENT AND FIDUCIARY OVERSIGHT RESPONSIBILITIES, THE ORGANIZATION CONDUCTED COMPETITIVE PROCUREMENT PROCESSES DURING THE COVERED PERIOD FOR KEY INSURANCE COVERAGES, INCLUDING PROPERTY AND CASUALTY, CYBERSECURITY, PROFESSIONAL AND MALPRACTICE LIABILITY, AND EMPLOYEE MEDICAL AND HEALTH BENEFITS. OVERSIGHT AND COORDINATION OF THESE RISK MANAGEMENT AND INSURANCE PROCUREMENT ACTIVITIES TRANSITIONED TO THE ORGANIZATION'S SVP, CHIEF ACCOUNTING AND FINANCIAL OFFICER AND THE CHIEF RESOURCE OFFICER, REINFORCING CENTRALIZED ACCOUNTABILITY, FINANCIAL DISCIPLINE, AND ALIGNMENT WITH GOVERNING BOARD-APPROVED RISK TOLERANCE. THESE COMPETITIVE REQUESTS FOR PROPOSALS WERE UNDERTAKEN TO ENSURE APPROPRIATE COVERAGE, COST CONTAINMENT, AND ALIGNMENT WITH THE ORGANIZATION'S EVOLVING RISK PROFILE, WHILE MAINTAINING REGULATORY COMPLIANCE AND PROTECTING PATIENTS, WORKFORCE MEMBERS, FACILITIES, AND PUBLIC RESOURCES ENTRUSTED TO THE ORGANIZATION. IN PARALLEL, THE SECOND GOVERNING BOARD AD HOC SUBCOMMITTEE FOCUSED ON INFORMATION TECHNOLOGY AND DIGITAL INFRASTRUCTURE GOVERNANCE, ADDRESSING LONG-STANDING CHALLENGES RELATED TO INTEROPERABILITY, DATA INTEGRITY, COMPLIANCE MONITORING, AND ANALYTICS READINESS. THIS WORK WAS UNDERTAKEN IN CLOSE COORDINATION WITH THE MATURATION OF THE ORGANIZATION'S COMPLIANCE FUNCTION AND QUALITY IMPROVEMENT PROCESSES, ENSURING THAT INNOVATION PROCEEDED IN PARALLEL WITH FIDUCIARY OVERSIGHT AND REGULATORY DISCIPLINE. BUILDING ON THIS GOVERNANCE-LED INFORMATION TECHNOLOGY WORK, THE ORGANIZATION ADVANCED A COMPREHENSIVE INFORMATION TECHNOLOGY AND DIGITAL INFRASTRUCTURE PLANNING PROCESS TO INTEGRATE BETTER CLINICAL CARE DELIVERY, POPULATION HEALTH MANAGEMENT, AND FINANCIAL STEWARDSHIP. TWCCH COMPLETED A MULTI-SYSTEM INFORMATION TECHNOLOGY BLUEPRINT AND INITIATED A STRUCTURED ASSESSMENT OF THE COST, VALUE, AND INTEROPERABILITY OF EXISTING PLATFORMS TO INFORM RESPONSIBLE, PHASED INVESTMENT DECISIONS. TO SUPPORT THIS WORK, THE ORGANIZATION CONSULTED NATIONAL HEALTH CARE INFORMATION TECHNOLOGY ADVISORY FIRMS TO HELP SHAPE AN ENTERPRISE-WIDE TECHNOLOGY STRATEGY AND PREPARE FOR THE PLANNED RELEASE OF A FORMAL REQUEST FOR PROPOSALS (RFP) FOR STRATEGIC IT PLANNING AND ADVISORY SERVICES. AS PART OF THIS DISCIPLINED PLANNING PROCESS, TWCCH CONDUCTED AN ENTERPRISE-WIDE GAP ANALYSIS AND BEGAN EVALUATING EMERGING ARTIFICIAL INTELLIGENCE AND ADVANCED ANALYTICS NEEDS TO INFORM A PROPOSED THREE-YEAR CAPITAL EXPENSE ROADMAP FOR FUTURE GOVERNING BOARD REVIEW AND APPROVAL.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	IN PARALLEL, THE ORGANIZATION UNDERTOOK A FOCUSED EVALUATION OF ITS ELECTRONIC HEALTH RECORD (EHR) ENVIRONMENT, INCLUDING ASSESSMENT OF READINESS FOR VALUE-BASED CARE WORKFLOWS, PARTICIPATION IN HEALTH INFORMATION EXCHANGES (HIES), ALIGNMENT WITH TRUSTED EXCHANGE FRAMEWORK AND COMMON AGREEMENT (TEFCA) STANDARDS, AND POTENTIAL CONNECTIVITY WITH QUALIFIED HEALTH INFORMATION NETWORKS (QHINS). THESE EVALUATIONS WERE CONDUCTED TO ENSURE THAT ANY FUTURE EHR DECISIONS SUPPORT CARE COORDINATION, INTEROPERABILITY, REGULATORY COMPLIANCE, AND POPULATION HEALTH OUTCOMES. OPERATIONALLY, TWCCH ALSO ADVANCED ANALYTICS AND WORKFLOW REDESIGN EFFORTS, INCLUDING USING PROVIDER PRODUCTIVITY AND UTILIZATION TOOLS TO INFORM INCENTIVE PLAN DEVELOPMENT AND SUPPORT TRANSPARENCY, EQUITY, AND ALIGNMENT WITH QUALITY OUTCOMES. THE ORGANIZATION FURTHER EXPLORED TRANSFORMING ITS CENTRALIZED CALL CENTER INTO AN EXTENSION OF PATIENT-CENTERED MEDICAL HOME (PCMH) CARE TEAMS, WITH A FOCUS ON CLOSING CARE GAPS, IMPROVING ACCESS, AND STRENGTHENING CONTINUITY OF CARE BETWEEN VISITS. IN ANTICIPATION OF EXPANDED ON-SITE PHARMACY SERVICES AND LABORATORY INTEGRATION, TWCCH INITIATED EVALUATION OF PHARMACY MANAGEMENT SOFTWARE SOLUTIONS TO ENSURE FUTURE READINESS FOR COMPLIANT OPERATIONS, DATA INTEGRITY, AND PATIENT-CENTERED MEDICATION MANAGEMENT. THE ORGANIZATION ALSO BEGAN HIGH-LEVEL EVALUATION OF ENTERPRISE EHR PLATFORMS CAPABLE OF CONSOLIDATING MULTIPLE CLINICAL AND ANALYTIC SYSTEMS INTO A UNIFIED ENVIRONMENT, RECOGNIZING THAT ANY SUCH TRANSITION WOULD REQUIRE EXTENSIVE GOVERNANCE OVERSIGHT, FINANCIAL ANALYSIS, AND PHASED IMPLEMENTATION PLANNING. IMPORTANTLY, THESE TWO GOVERNANCE WORKSTREAMS CONVERGED ON DEVELOPING ON-SITE PHARMACY SERVICES AS A UNIFYING CLINICAL AND STEWARDSHIP STRATEGY. PHARMACY WAS RECOGNIZED AS A CRITICAL ENABLER OF WHOLE-PERSON CARE DELIVERY, MEDICATION ACCESS, AND LONG-TERM WORKFORCE AND BENEFIT SUSTAINABILITY, WHILE ALSO SERVING AS A NEXUS FOR 340B COMPLIANCE, INFORMATION TECHNOLOGY INTEGRATION, RISK MONITORING, AND EMERGING CONSIDERATIONS RELATED TO RESPONSIBLE DATA USE AND ARTIFICIAL INTELLIGENCE GOVERNANCE. TOGETHER, THESE EFFORTS REFLECT A DELIBERATE PHILOSOPHY OF PLACING GOVERNANCE IN FRONT OF COMPLEXITY, THEREBY GROUNDING ENTERPRISE EVOLUTION IN LEARNING, COMPLIANCE, AND DISCIPLINED RISK STEWARDSHIP TO PROTECT ACCESS, SUPPORT THE WORKFORCE, AND RESPONSIBLY STEWARD PUBLIC RESOURCES OVER THE LONG TERM. DIVERSIFICATION OF REVENUE STREAMS, THROUGH VALUE-BASED CARE PARTICIPATION, PHARMACY INTEGRATION, WORKFORCE TRAINING PLATFORMS, AND FINANCIAL STEWARDSHIP, WAS INTENTIONALLY PURSUED TO SUSTAIN WHOLE-PERSON CARE DELIVERY RATHER THAN REACT TO EXTERNAL VOLATILITY. AS A DIRECT OUTCOME OF THIS GOVERNANCE-LED GROUNDWORK, THE ENTERPRISE REACHED A CRITICAL INFLECTION POINT IN ORGANIZATIONAL INTEGRATION DURING THE COVERED PERIOD, FORMALIZING AN INTEGRATOR ROLE WITHIN ITS EXECUTIVE LEADERSHIP STRUCTURE. THIS MILESTONE MARKED THE MATURATION OF TWCCH'S ADOPTION OF THE ENTREPRENEURIAL OPERATING SYSTEM (EOS), ALIGNING STRATEGY, EXECUTION, AND ACCOUNTABILITY ACROSS CLINICAL, EDUCATIONAL, AND OPERATIONAL DOMAINS. THE INTEGRATOR ROLE WAS DESIGNED TO TRANSLATE BOARD-APPROVED STRATEGY INTO DISCIPLINED, OUTCOMES-DRIVEN EXECUTION, ANCHORING ENTERPRISE DECISION-MAKING IN DATA, PERFORMANCE METRICS, AND A RIGOROUSLY DEPLOYED BALANCED SCORECARD. BY SITUATING THIS ROLE AT THE INTERSECTION OF CLINICAL LEADERSHIP, INFORMATION TECHNOLOGY GOVERNANCE, AND ENTERPRISE ANALYTICS, TWCCH STRENGTHENED ITS CAPACITY TO EXECUTE COMPLEX INITIATIVES RELIABLY AND TO PREPARE FOR FUTURE INNOVATION. THIS INTEGRATION REFLECTS A SIGNIFICANT ORGANIZATIONAL ACHIEVEMENT: THE ALIGNMENT OF PEOPLE, PROCESSES, SYSTEMS, AND PRIORITIES THROUGH GOVERNANCE-INFORMED EXECUTION. IT POSITIONS TWCCH TO RESPONSIBLY NAVIGATE EMERGING TECHNOLOGIES, INCLUDING ARTIFICIAL INTELLIGENCE, WHILE MAINTAINING A STEADFAST FOCUS ON MISSION DELIVERY, COMPLIANCE, WORKFORCE SUSTAINABILITY, AND LONG-TERM FINANCIAL STEWARDSHIP.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	THE EFFECTIVENESS OF THIS GOVERNANCE-LED, OUTCOMES-DRIVEN APPROACH WAS FURTHER REFLECTED DURING THE COVERED PERIOD AND IN THE MONTHS IMMEDIATELY FOLLOWING THE CLOSE OF FISCAL YEAR 2025 THROUGH A RANGE OF EXTERNAL AWARDS, HONORS, LEADERSHIP RECOGNITIONS, AND APPOINTMENTS RECEIVED BY THE ENTERPRISE, ITS GOVERNING BOARD MEMBERS, EXECUTIVE LEADERS, FACULTY, STAFF, AND LEARNERS: ORGANIZATIONAL RECOGNITIONS: *2024 SCRANTON AWARDS FOR GROWTH AND EXCELLENCE (SAGE) AWARD FOR COMMUNITY INVOLVEMENT EXCELLENCE, THE GREATER SCRANTON CHAMBER OF COMMERCE *2024 DIVERSITY CHAMPION BUSINESS OF THE YEAR, GREATER WYOMING VALLEY CHAMBER OF COMMERCE *2025 TIMES LEADER MEDIA GROUP'S NEPA BEST PLACES TO WORK, PLATINUM-LEVEL RECOGNITION (ALSO NAMED NEPA BEST PLACES TO WORK IN 2024, 2023, 2022, 2021, AND 2020) *2025 RISE TO HEALTH COALITION RECOGNITION FOR PARTICIPATION IN ITS HEALTHCARE ORGANIZATIONS LEARNING NETWORK EXECUTIVE LEADERSHIP RECOGNITIONS AND APPOINTMENTS: *DR. LINDA THOMAS-HEMAK, PRESIDENT & CEO; AND PRIMARY CARE / INTERNAL MEDICINE, PEDIATRICS, ADDICTION MEDICINE, OBESITY MEDICINE, AND NUTRITION PHYSICIAN: 2025 LIFETIME ACHIEVEMENT AWARD, NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC); 2025 ATHENA AWARD, GREATER SCRANTON CHAMBER OF COMMERCE; 2024 WILFORD PAYNE HEALTH CENTER MENTOR AWARD, PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC); 2024 HOMETOWN SCHOLARS ADVOCACY AWARD, NACHC AND A.T. STILL UNIVERSITY; NAMED BOTH A 2024 TRAILBLAZER IN HEALTH CARE AND ONE OF PENNSYLVANIA'S 100 MOST INFLUENTIAL WOMEN, CITY & STATE PENNSYLVANIA; AND APPOINTED TO THE BOARD OF DIRECTORS, PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (OCTOBER 2025) AND TO THE PARTNERSHIP FOR QUALITY MEASUREMENT (PQM) ENDORSEMENT & MAINTENANCE ADVISORY COMMITTEE ON COST AND EFFICIENCY (AUGUST 2025) *DR. JIGNESH Y. SHETH, SENIOR VICE PRESIDENT AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER; AND PRIMARY CARE / INTERNAL MEDICINE, AND ADDICTION MEDICINE PHYSICIAN: 2025 LAUREATE AWARD, EASTERN REGION, PENNSYLVANIA CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS (PA-ACP); 2025 TRAILBLAZER IN HEALTHCARE, CITY & STATE PENNSYLVANIA; 2024 OUTSTANDING PRIMARY CARE CLINICIAN AWARD, PACHC; 2024 INNOVATIVE RESEARCH IN PRIMARY CARE AWARD, NACHC; 2024 TRAILBLAZER IN BUILDING AND INFRASTRUCTURE, CITY & STATE PENNSYLVANIA; AND APPOINTED BY PENNSYLVANIA GOVERNOR JOSH SHAPIRO TO THE PENNSYLVANIA ALZHEIMER'S, DEMENTIA, AND RELATED DISORDERS ADVISORY COMMITTEE (APRIL 2025) *DR. ERIN MCFADDEN, SENIOR VICE PRESIDENT AND CHIEF MEDICAL OFFICER; MEDICAL DIRECTOR, TWCCH'S SCRANTON AND SCRANTON COUNSELING CENTER TEACHING COMMUNITY HEALTH CENTERS; TWCGME CORE FACULTY, INTERNAL MEDICINE RESIDENCY PROGRAM; AND PRIMARY CARE / INTERNAL MEDICINE PHYSICIAN: 2025 EVERYDAY HERO AWARD, PENNSYLVANIA MEDICAL SOCIETY *DR. WILLIAM DEMPSEY, CHIEF POPULATION HEALTH VALUE-BASED CARE OFFICER; MEDICAL DIRECTOR, TWCCH'S CLARKS SUMMIT TEACHING COMMUNITY HEALTH CENTER; TWCGME CORE FACULTY, FAMILY MEDICINE RESIDENCY PROGRAM; AND PRIMARY CARE / FAMILY MEDICINE PHYSICIAN: 2025 OUTSTANDING PRIMARY CARE CLINICIAN AWARD, PACHC; AND APPOINTED TO THE PENNSYLVANIA MEDICAL SOCIETY BOARD OF TRUSTEES (JANUARY 2025) *JENNIFER WALSH, ESQ., SENIOR VICE PRESIDENT OF ENTERPRISE INTEGRITY, CHIEF LEGAL AND GOVERNANCE OFFICER: 2025 PENNSYLVANIA IMPACT AWARD HONOREE, CITY & STATE PENNSYLVANIA *BRIAN EBERSOLE, SENIOR VICE PRESIDENT OF STRATEGIC ENTERPRISE AND ECOSYSTEM DEVELOPMENT: NAMED TO THE 2025 "FORTY IN THEIR 40S" LIST, CITY & STATE PENNSYLVANIA *LAURA SPADARO, VICE PRESIDENT AND CHIEF PRIMARY CARE AND PUBLIC HEALTH POLICY OFFICER: NAMED TO THE 2025 "WHO'S WHO IN GOVERNMENT RELATIONS" LIST, CITY & STATE PENNSYLVANIA

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	GOVERNING BOARDS OF DIRECTORS' COMMUNITY LEADERSHIP RECOGNITIONS: *MARY MARRARA, SECRETARY, TWCCH BOARD OF DIRECTORS; AND COCHAIR, TWCPCE BOARD OF DIRECTORS: 2025 ETHEL BOND MEMORIAL CONSUMER AWARD, NACHC *DEBORAH KOLSOVSKY, CHAIR, TWCCH BOARD OF DIRECTORS: 2024 ATHENA AWARD, GREATER SCRANTON CHAMBER OF COMMERCE *PEDRO L. ANES, MEMBER, TWCCH BOARD OF DIRECTORS AND TREASURER, TWCPCE BOARD OF DIRECTORS: 2024 IMPACT AWARD, CITY & STATE PENNSYLVANIA *MICHAEL P. CURRAN, MEMBER, TWCGME BOARD OF DIRECTORS: 2024 IMPACT AWARD, CITY & STATE PENNSYLVANIA *GERARD J. GEOFFROY, IMMEDIATE PAST CHAIR, TWCCH BOARD OF DIRECTORS; AND IMMEDIATE PAST CHAIR, TWCPCE BOARD OF DIRECTORS: NAMED TO THE 2024 "FIFTY OVER 50" LIST, CITY & STATE PENNSYLVANIA FACULTY, STAFF, AND LEARNERS RECOGNITIONS AND APPOINTMENTS: *DR. STEPHEN S. LONG JR., INTERNAL MEDICINE-PEDIATRICS PHYSICIAN; TWCGME ASSOCIATE PROGRAM DIRECTOR, INTERNAL MEDICINE RESIDENCY PROGRAM; AND TWCGME PHYSICIAN FACULTY MEMBER, INTERNAL MEDICINE RESIDENCY PEDIATRICS PROGRAM: 2025 ACP WELL-BEING CHAMPION, PA-ACP EASTERN REGION; AND 2025 TOP PHYSICIANS UNDER 40 AWARD, PENNSYLVANIA MEDICAL SOCIETY *CATIE NEALON, ASSOCIATE VICE PRESIDENT OF CLINICAL PROGRAM DEVELOPMENT, POPULATION HEALTH, AND THE 340B PROGRAM: 2025 INNOVATION AWARD, PACHC *NICOLE SEKELSKY, DIRECTOR OF NEEDS-RESPONSIVE OUTREACH ENGAGEMENT AND ENROLLMENT: 2025 COVERAGE CHAMPION AWARD, PACHC; AND 2024 ALUMNI/ADVOCATE OF THE YEAR AWARD HONORABLE MENTION, NATIONAL AREA HEALTH EDUCATION CENTERS *KARA SEITZINGER, EXECUTIVE DIRECTOR OF PUBLIC AFFAIRS: 2024 DISTINGUISHED ACHIEVEMENT AWARD, EASTERN STATES REGION, AMERICAN HEART ASSOCIATION *DR. MARY LOUISE DECKER, INFECTIOUS DISEASE MEDICAL DIRECTOR; AND INFECTIOUS DISEASE PHYSICIAN: ACCEPTED FOR FELLOWSHIP IN THE AMERICAN COLLEGE OF PHYSICIANS (FACP) (DECEMBER 2025) *DR. IVAN CVOROVIC, PRIMARY CARE / INTERNAL MEDICINE AND LIFESTYLE MEDICINE PHYSICIAN AND INTERNAL MEDICINE HOSPITALIST; AND DIRECTOR OF HOSPITAL SERVICES AND (TWCGME) INTERNAL MEDICINE RESIDENCY PROGRAM: ACCEPTED FOR FELLOWSHIP IN THE AMERICAN COLLEGE OF PHYSICIANS (FACP) (JUNE 2024) *DR. KRISTINA TANOVIC, PRIMARY CARE / INTERNAL MEDICINE, OBESITY MEDICINE, AND LIFESTYLE MEDICINE PHYSICIAN; AND TWCGME ASSOCIATE PROGRAM DIRECTOR, INTERNAL MEDICINE RESIDENCY PROGRAM: ACCEPTED FOR FELLOWSHIP IN THE AMERICAN COLLEGE OF PHYSICIANS (FACP) (JUNE 2024) *DR. MANJU MARY THOMAS, PEDIATRICS AND OBESITY MEDICINE PHYSICIAN; DEPUTY CHIEF MEDICAL OFFICER AND MEDICAL DIRECTOR OF PEDIATRICS AND SCHOOL- AND COMMUNITY-BASED MEDICAL HOME SERVICES; AND TWCGME PHYSICIAN FACULTY MEMBER, FAMILY MEDICINE RESIDENCY PEDIATRICS PROGRAM: APPOINTED TO THE PENNSYLVANIA SCHOOL-BASED HEALTH ALLIANCE BOARD OF DIRECTORS (OCTOBER 2024) *CHELSEA CHOPKO, CHIEF OF ADMINISTRATIVE SUPPORT TO THE PRESIDENT AND CEO: NAMED TO THE 2025 "FORTY UNDER 40" LIST, CITY & STATE PENNSYLVANIA *MARIA KOLCHARNO, DIRECTOR OF ADDICTION SERVICES: APPOINTED TO THE PENNSYLVANIA DEPARTMENT OF HEALTH MATERNAL MORTALITY REVIEW COMMITTEE (JANUARY 2025) *DR. SANDRA RABAT, PGY-3 CHIEF RESIDENT, INTERNAL MEDICINE RESIDENCY: 2024 ALUMNI/ADVOCATE OF THE YEAR AWARD HONORABLE MENTION, NATIONAL AREA HEALTH EDUCATION CENTERS *SHARON WHITEBREAD, MANAGER OF MEDICAL CASE MANAGEMENT AT TWCCH'S RYAN WHITE CLINIC; AND DEANNA DIGIAMPAOLO, OUTREACH AND PREVENTION EDUCATION COORDINATOR AT TWCCH'S RYAN WHITE CLINIC: APPOINTED TO THE PENNSYLVANIA HIV PLANNING GROUP BY THE PENNSYLVANIA DEPARTMENT OF HEALTH IN COLLABORATION WITH THE UNIVERSITY OF PITTSBURGH (FEBRUARY 2025) *DR. EDWARD DZIELAK, INTERNAL MEDICINE AND GERIATRIC MEDICINE PHYSICIAN; AND TWCGME PROGRAM DIRECTOR, GERIATRICS FELLOWSHIP PROGRAM: RECOGNIZED IN AGS NEWS, THE

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
	QUARTERLY PUBLICATION OF THE AMERICAN GERIATRICS SOCIETY, FOR LEADERSHIP IN INTEGRATING THE AGS OLDER ADULTS VACCINE INITIATIVE INTO TWCCH'S GERIATRICS CARE SERVICE LINE, ADVANCING EVIDENCE-BASED STRATEGIES TO IMPROVE VACCINATION RATES AMONG OLDER ADULTS FOR COVID-19, INFLUENZA, SHINGLES (ZOSTER), AND PNEUMONIA. (OCTOBER 2024) *DR. MUHAMMAD ISHAQ, 2024 GRADUATE, TWCGME GERIATRICS FELLOWSHIP PROGRAM: HIGHLIGHTED IN AGS NEWS FOR SPEARHEADING QUALITY IMPROVEMENT INITIATIVES TO INCREASE VACCINATION RATES AMONG OLDER ADULTS AT TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, INCLUDING THE DEVELOPMENT OF SMART GOALS, ELECTRONIC MEDICAL RECORD-BASED VACCINATION PROMPTS, AND TARGETED PATIENT EDUCATION STRATEGIES (OCTOBER 2024) *DR. MAUREEN LITCHMAN, PRIMARY CARE / FAMILY MEDICINE PHYSICIAN; AND MEDICAL DIRECTOR, TWCCH'S WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER (DURING THE COVERED PERIOD; RETIRED JUNE 30, 2025); DR. TEJAS NIKUMBH, PGY-3 SCHOLARLY ACTIVITY CHIEF RESIDENT, INTERNAL MEDICINE RESIDENCY; AND DR. SIMRAN BHIMANI, PGY-2 RESIDENT LEADER, INTERNAL MEDICINE RESIDENCY: APPOINTED TO THE NORTHEAST COUNTIES MEDICAL SOCIETY BOARD OF DIRECTORS (FEBRUARY 2025) *DR. AADHYAA SHENOY, PGY-3 CHIEF RESIDENT, INTERNAL MEDICINE RESIDENCY: 2025 PROFESSIONALISM AWARD, PA-ACP EASTERN REGION *DR. USMAN RANA, RESIDENT PHYSICIAN, INTERNAL MEDICINE RESIDENCY (DURING THE COVERED PERIOD; GRADUATED IN JUNE 2025): 2025 ELIZABETH K. COOKE ADVOCACY MVP AWARD, NACHC *DR. SYED SHAHMEER RAZA, PGY-1 RESIDENT PHYSICIAN, FAMILY MEDICINE RESIDENCY: 2025 CUREUS LAUREATE, CUREUS JOURNAL OF MEDICAL SCIENCE *DR. CLAUDINE NWADIOZOR, PGY-3 RESIDENT PHYSICIAN, NATIONAL FAMILY MEDICINE RESIDENCY - UNITY HEALTH CARE, WASHINGTON, D.C.: 2024 EMERGING LEADER INSTITUTE SCHOLAR, AMERICAN ACADEMY OF FAMILY PHYSICIANS

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	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 (UDS) REPORTS DOCUMENTING THE IMPACT METRICS OF ITS PATIENT-CENTERED MEDICAL HOME (PCMH) DELIVERY OF FULLY INTEGRATED, COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL, REGARDLESS OF ZIP CODE, INSURANCE STATUS, OR ABILITY TO PAY. DURING THE COVERED PERIOD, TWCCH SERVED 37,059 UNIQUE PATIENTS AND DELIVERED 126,075 TOTAL BILLABLE VISITS BETWEEN JULY 2024 AND JUNE 2025, INCLUDING 90,615 MEDICAL VISITS, 20,316 BEHAVIORAL HEALTH VISITS, 15,144 DENTAL VISITS, AND 17,228 INPATIENT HOSPITAL VISITS. THESE SERVICES INCLUDE HOUSE CALLS AS WELL AS CARE DELIVERED IN SKILLED NURSING FACILITIES, ASSISTED LIVING FACILITIES, INPATIENT AND TRANSITIONAL REHABILITATION SETTINGS, AND HOSPICE ENVIRONMENTS. TWCCH OPERATES NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)-RECOGNIZED PCMHS (FORMERLY NCQA LEVEL 3) WITH NCQA PRIMARY CARE/BEHAVIORAL HEALTH RECOGNITION AND HISTORICAL NCQA SCHOOL-BASED HEALTH CENTER RECOGNITION. THROUGH MEMORANDA OF UNDERSTANDING AND SHARED CARE COMPACTS WITH NUMEROUS MEDICAL, DENTAL, MENTAL AND BEHAVIORAL HEALTH, AND SUBSTANCE USE DISORDER PROVIDERS, HOSPITALS, INTEGRATED DELIVERY SYSTEMS, NURSING HOMES, HOME HEALTH AGENCIES, AND COMMUNITY-BASED RESOURCE ORGANIZATIONS, TWCCH MAINTAINS AN EXTENSIVE, ENRICHED, COORDINATED CARE NETWORK THAT EXPANDS ACCESS TO COMPREHENSIVE HEALTH SERVICES FOR ALL. 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 (HEALTHY MOMS) PROGRAM. WITHIN ITS PCMH FRAMEWORK, TWCCH PROVIDES ROBUST PRIMARY MEDICAL, GERIATRIC, MENTAL AND BEHAVIORAL HEALTH, DENTAL, INFECTIOUS DISEASE, AND RYAN WHITE SERVICES, COORDINATING A FULL SPECTRUM OF WHOLE-PERSON HEALTH SERVICES FOR PATIENTS. TWCCH IS DEEPLY COMMITTED TO COMMUNITY-BASED LIVING AND AGING IN PLACE, OFFERING INTEGRATED AND EMPOWERING SUPPORT THROUGH ITS COMMUNITY HEALTH WORKERS, MEDICAL ASSISTANTS, CERTIFIED RECOVERY SPECIALISTS, ENROLLMENT SERVICE PROVIDERS, SPIRITUAL AIDES, CASE WORKERS, AND NURSE CARE MANAGERS TO OPTIMIZE RESOURCES AND IMPROVE THE HEALTH AND WELFARE OF PATIENTS AND FAMILIES. CARE IS DELIVERED TO PATIENTS THROUGHOUT THE LIFESPAN ACROSS TWCCH'S 13 FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, STAFFED BY MISSION-DRIVEN INTERPROFESSIONAL CARE TEAMS THAT ALSO PROVIDE HOUSE CALLS AND HOSPITALIST, SKILLED NURSING FACILITY, HOSPICE, AND INPATIENT ACUTE REHABILITATION SERVICES THROUGH PARTNERSHIPS WITH COMMUNITY-BASED INSTITUTIONS. THESE COLLABORATIVE CARE TEAMS INTEGRATE BOARD-CERTIFIED PHYSICIANS IN FAMILY MEDICINE, PEDIATRICS, INTERNAL MEDICINE, RHEUMATOLOGY, INFECTIOUS DISEASE, ADDICTION MEDICINE, OBESITY MEDICINE, NUTRITION, AND GERIATRICS, COMPLEMENTED BY PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS TRAINED IN PRIMARY CARE, GERIATRICS, MENTAL AND BEHAVIORAL HEALTH, AND ADDICTION TREATMENT AND RECOVERY SERVICES. TWCCH'S INTERPROFESSIONAL CARE MODEL ALSO INCLUDES REGISTERED AND LICENSED PRACTICAL NURSES, 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. THIS TEAM-BASED PCMH CARE DELIVERY MODEL EXPANDS ACCESS TO COORDINATED CARE WHILE ALSO SUPPORTING INTERPROFESSIONAL CLINICAL EDUCATION. ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION ACTIVITIES ALLOW TWCCH TO EXPAND HEALTH CARE ACCESS FOR PATIENTS AND INTERPROFESSIONAL LEARNERS TO PARTNER WITH SPECIALTY PROVIDERS. CENTRAL TO TWCCH'S MISSION IS A DEEP COMMITMENT TO COMMUNITY IMMERSION AND PARTNERSHIP, RECOGNIZING THAT GENUINE IMPACT STEMS FROM STRATEGIES DESIGNED IN CLOSE PROXIMITY TO THE NEEDS OF THOSE WE SERVE. THIS CORE CHARACTERISTIC OF OUR GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (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 COMORBIDITIES AND NONMEDICAL 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 BROADER COMMUNITY, WE REMOVE BARRIERS TO FUNDAMENTAL PRIMARY HEALTH SERVICES, WHILE FOSTERING A NURTURING ENVIRONMENT CONDUCIVE TO LEARNING AND WELL-BEING. THIS INTEGRATED APPROACH ENSURES THAT HEALTH CARE 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 WITHIN THE COMMUNITIES SERVED PROMOTES CONCORDANCE FROM THE WORKFORCE WITH THE POPULATIONS SERVED, EMPOWERING RECRUITMENT FROM, RETENTION IN, AND RESTORATION OF THE COMMUNITIES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	340B DRUG PRICING PROGRAM: TO FURTHER ENHANCE OUR HIGH-INTEGRITY REINVESTMENT OF 340B RESOURCES INTO SERVICE DELIVERY FOR PATIENTS AND FAMILIES, TWCCH UNDERTOOK A REASSESSMENT 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 BOTH A RYAN WHITE PROGRAM U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (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 WHOLE-PERSON PRIMARY HEALTH SERVICES WE PROVIDE TO ALL. THIS CRITICALLY IMPORTANT FEDERAL PROGRAM ENABLES ELIGIBLE HEALTH CARE PROVIDERS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT REDUCED PRICES FROM PHARMACEUTICAL MANUFACTURERS. THIS DISCOUNT WAS 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 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. FURTHERMORE, 340B REVENUES FUEL IMPACTFUL COMMUNITY OUTREACH INITIATIVES STRATEGICALLY DESIGNED TO ADDRESS THE NONMEDICAL 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. BECAUSE 340B RESOURCES ARE REINVESTED DIRECTLY INTO PATIENT SERVICES, PROGRAM STABILITY IS ESSENTIAL TO MAINTAINING ACCESS TO AFFORDABLE MEDICATIONS AND COMPREHENSIVE PRIMARY CARE FOR THE PATIENTS, FAMILIES, AND COMMUNITIES TWCCH SERVES. CHANGES THAT MATERIALLY REDUCE THE RESOURCES AVAILABLE THROUGH THE 340B PROGRAM COULD SIGNIFICANTLY AFFECT THE CAPACITY OF SAFETY-NET PROVIDERS TO SUSTAIN THESE SERVICES WITHIN EXISTING CLINICAL REVENUE STRUCTURES.
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	GRANT PROGRAMS: THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) IS A FQHC LOOK-ALIKE, NONPROFIT, TAX-EXEMPT 501(C)(3) TEACHING HEALTH CENTER THAT PASSIONATELY APPLIES FOR MISSION-ALIGNED AND MISSION-AMPLIFYING FUNDING INITIATIVES FROM FEDERAL, STATE, LOCAL, AND PHILANTHROPIC AGENCIES 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. 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, AFFORDABLE ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES FOR ALL, AND OVERALL COMMUNITY WELL-BEING.

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	A.T. STILL UNIVERSITY - SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA - PRIMARY CARE TRAINING AND ENHANCEMENT (TOTAL: $13,600) PURPOSE OF ASSISTANCE: A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH A SUBAWARD UNDER A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT GRANT. THIS FUNDING SUPPORTS CLINICAL AND ADMINISTRATIVE LEADERSHIP IN ADVANCING THE SEAMLESS INTEGRATION OF BEHAVIORAL AND MENTAL HEALTH SERVICES INTO PRIMARY CARE. THE INITIATIVE STRENGTHENED THE DELIVERY OF FULLY INTEGRATED, WHOLE-PERSON CARE WITHIN CLINICAL LEARNING ENVIRONMENTS THAT SERVE AS TRAINING SITES FOR ATSU-SOMA MEDICAL STUDENTS. ALLONE CHARITIES - DENTAL SCREENING FOR CHILDREN ENROLLED IN HEAD START PROGRAMS (TOTAL: $25,000) PURPOSE OF ASSISTANCE: ALLONE CHARITIES AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO IMPLEMENT HEALTHY SMILES, AN INITIATIVE THAT PROVIDES DENTAL SERVICES AND ORAL HEALTH EDUCATION TO CHILDREN ENROLLED IN HEAD START PROGRAMS ACROSS THE REGION. HEAD START IS A FEDERALLY FUNDED PROGRAM THAT PROVIDES EDUCATION, HEALTH, AND SOCIAL SERVICES TO FAMILIES WITH CHILDREN AGES 3 THROUGH 5. THROUGH THIS GRANT, TWCCH DENTAL STAFF CONDUCTED ON-SITE SCREENINGS AT HEAD START CENTERS USING TWCCH'S MOBILE MEDICAL AND DENTAL UNIT, DRIVING BETTER HEALTH. DURING THESE VISITS, A PUBLIC HEALTH DENTAL HYGIENIST PROVIDED DENTAL SCREENINGS AND CLEANINGS, EDUCATED CHILDREN AND FAMILIES ABOUT THE IMPORTANCE OF ROUTINE ORAL CARE, AND DISTRIBUTED HYGIENE KITS CONTAINING ESSENTIAL ITEMS SUCH AS TOOTHBRUSHES, TOOTHPASTE, AND DENTAL FLOSS. APPALACHIAN REGIONAL COMMISSION - JOB TRAINING FOR ADULTS IN RECOVERY (TOTAL: $40,243) PURPOSE OF ASSISTANCE: THE APPALACHIAN REGIONAL COMMISSION AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ADDRESS THE SUBSTANCE USE DISORDER CRISIS BY STRENGTHENING AND EXPANDING THE REGIONAL RECOVERY ECOSYSTEM TO SUPPORT WORKFORCE ENTRY AND REENTRY. THE INITIATIVE PROVIDED ENHANCED JOB TRAINING FOR CERTIFIED PEER RECOVERY SUPPORT SPECIALISTS AND COMMUNITY HEALTH WORKERS IN PARTNERSHIP WITH THE INSTITUTE, THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER, LUZERNE COUNTY COMMUNITY COLLEGE, AND OTHER COMMUNITY ORGANIZATIONS. THE GOAL OF THE GRANT IS TO IMPROVE THE EDUCATION, SKILLS, HEALTH, AND ECONOMIC STABILITY OF AREA RESIDENTS SO THEY CAN SUCCESSFULLY WORK AND THRIVE IN THE APPALACHIAN REGION. THE TARGET POPULATION INCLUDES ADULTS AGES 18 AND OLDER IN RECOVERY WHO SELF-IDENTIFY OR ARE NOMINATED AS STRONG CANDIDATES TO SERVE AS CERTIFIED PEER RECOVERY SUPPORT SPECIALISTS AND/OR COMMUNITY HEALTH WORKERS. CENTENE DENTAL SERVICES, NATIONAL COUNCIL ON INDEPENDENT LIVING - REMOVING BARRIERS TO ACCESSIBILITY (TOTAL: $20,000) PURPOSE OF ASSISTANCE: CENTENE DENTAL SERVICES AND THE NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE PHYSICAL AND PROGRAMMATIC BARRIERS TO DENTAL CARE ACROSS ITS DENTAL PRACTICES FOR INDIVIDUALS WITH DISABILITIES. GRANT FUNDS WERE USED TO PURCHASE SPECIALIZED EQUIPMENT AND SUPPLIES, INCLUDING SENSORY HEADPHONES, A DENTAL DRILL DESIGNED FOR PATIENTS WITH SENSORY PROCESSING DISORDERS, AND A PORTABLE NITROUS OXIDE UNIT. THESE ENHANCEMENTS HELP ENSURE THAT INDIVIDUALS WITH PHYSICAL, INTELLECTUAL, AND DEVELOPMENTAL DISABILITIES CAN RECEIVE HIGH-QUALITY DENTAL CARE IN A SAFER, MORE COMFORTABLE, AND SUPPORTIVE ENVIRONMENT. CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT & SCRANTON AREA COMMUNITY FOUNDATION - CENTRALIZED DATA REPORTING AND ANALYTICS (TOTAL: $344) PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDING THROUGH ITS "NON-PROFIT GRANT PROGRAM," ADMINISTERED BY THE SCRANTON AREA COMMUNITY FOUNDATION, TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THE GRANT SUPPORTED THE IMPLEMENTATION OF A CENTRALIZED DATA REPORTING AND ANALYTICS PLATFORM FOR COMMUNITY HEALTH CENTERS AND PRIMARY CARE ASSOCIATIONS. THIS SYSTEM ENHANCES CARE TRANSFORMATION EFFORTS, DRIVES QUALITY IMPROVEMENT INITIATIVES, SUPPORTS COST-REDUCTION STRATEGIES, AND STREAMLINES MANDATED REPORTING REQUIREMENTS FOR ORGANIZATIONS AFFECTED BY COVID-19. THE PLATFORM HAS BEEN IMPLEMENTED AT TWCCH'S FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN SCRANTON, PENNSYLVANIA.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	CITY OF SCRANTON, AMERICAN RESCUE PLAN ACT - WELLNESS PROGRAMMING (TOTAL: $19,426) PURPOSE OF ASSISTANCE: THE CITY OF SCRANTON AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDING THROUGH ITS "NON-PROFIT GRANT PROGRAM" TO THE WRIGHT CENTER FOR COMMUNITY HEALTH TO SUPPORT WELLNESS PROGRAMMING FOR INDIVIDUALS IMPACTED BY COVID-19. GRANT FUNDS ARE USED TO INTEGRATE LIFESTYLE MEDICINE INTO ROUTINE CLINICAL PRACTICE, STRENGTHENING THE DELIVERY OF PRIMARY CARE SERVICES AND ADVANCING THE TREATMENT OF OBESITY AS A CHRONIC DISEASE. THE INITIATIVE ALSO EXPANDS ACCESS TO INTENSIVE DIETARY THERAPY AND NUTRITION COUNSELING FOR VULNERABLE POPULATIONS. CITY OF WILKES-BARRE HEALTH DEPARTMENT, HEALTH RESOURCES AND SERVICES ADMINISTRATION TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT - SUPPORTING CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS (TOTAL: $22,642) PURPOSE OF ASSISTANCE: THE WILKES-BARRE CITY HEALTH DEPARTMENT IN THE CITY OF WILKES-BARRE, PENNSYLVANIA, AWARDED THE HEALTH RESOURCES AND SERVICES ADMINISTRATION TITLE V FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT ENGAGEMENT AMONG PENNSYLVANIA'S FEDERALLY QUALIFIED HEALTH CENTERS, CHILDREN WITH SPECIAL HEALTH CARE NEEDS, AND THEIR FAMILIES. THE PROJECT AIMS TO INCREASE ACCESS TO QUALITY HEALTH CARE FOR LOW-INCOME MOTHERS AND THEIR CHILDREN, INCLUDING PREVENTIVE AND REHABILITATIVE SERVICES, AS WELL AS COMMUNITY-BASED SYSTEMS OF COORDINATED CARE. COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS - PREGNANCY SUPPORT SERVICES FOR MOMS WITH OPIOID USE DISORDER (TOTAL: $164,754) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO SUPPORT A PREGNANCY SUPPORT SERVICES GRANT. THIS FUNDING ENABLED TWCCH TO EXPAND THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM INTO LUZERNE, WAYNE, AND SUSQUEHANNA COUNTIES. IN COLLABORATION WITH COMMUNITY PARTNERS, TWCCH COORDINATES THE DELIVERY OF MEDICATION-ASSISTED TREATMENT (MAT) ALONG WITH COMPREHENSIVE PREGNANCY AND POSTPARTUM MATERNAL AND CHILD SUPPORT SERVICES. THESE EFFORTS FOCUS ON COMMUNITIES THAT LACK A STRONG, COORDINATED NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS TO MEET THE NEEDS OF PREGNANT AND PARENTING INDIVIDUALS WITH SUBSTANCE USE DISORDER. COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH - SUPPORT TO EXPAND THE DENTAL SERVICE LINE AT A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING HEALTH CENTER LOCATED IN WILKES-BARRE, PENNSYLVANIA (TOTAL: $124,998) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA DEPARTMENT OF HEALTH AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT THE EXPANSION OF ITS DENTAL SERVICE LINE AT ITS FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN WILKES-BARRE, PENNSYLVANIA. THIS EXPANSION ADDED 10 NEW DENTAL OPERATORIES, SIGNIFICANTLY INCREASING CAPACITY AND HELPING TO ADDRESS ORAL HEALTH DISPARITIES AND UNMET DENTAL NEEDS IN LUZERNE COUNTY. THE INITIATIVE IS PART OF THE PENNSYLVANIA DEPARTMENT OF HEALTH'S COMMUNITY-BASED HEALTH CARE PROGRAM, WHICH IS DESIGNED TO EXPAND AND IMPROVE ACCESS TO ESSENTIAL HEALTH SERVICES. THE GRANT ALSO SUPPORTS THE SALARIES OF A DENTIST AND A PUBLIC HEALTH DENTAL HYGIENIST, THEREBY STRENGTHENING ACCESS TO COMPREHENSIVE DENTAL CARE IN LUZERNE COUNTY. COUNTY OF LACKAWANNA, PENNSYLVANIA, ARTS AND CULTURE GRANT (TOTAL: $ 956) PURPOSE OF ASSISTANCE: THE COUNTY OF LACKAWANNA, PENNSYLVANIA, THROUGH ITS ARTS & CULTURE DEPARTMENT, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT COMMUNITY ART PROJECTS. GRANT FUNDS WERE DESIGNATED FOR THE PURCHASE OF ART SUPPLIES, INCLUDING PAINT, BRUSHES, CRAYONS, AND PAPER. THESE FREE COMMUNITY PROGRAMS ENGAGE VULNERABLE AND MARGINALIZED POPULATIONS, INCLUDING SENIOR CITIZENS AND INDIVIDUALS LIVING WITH SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS. COMMUNITY ART EVENTS ARE HELD AT ACCESSIBLE LOCATIONS SUCH AS SENIOR CENTERS, PUBLIC LIBRARIES, AND OTHER COMMUNITY-BASED VENUES TO ENCOURAGE BROAD PARTICIPATION AND REDUCE BARRIERS TO ENGAGEMENT.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	COUNTY OF LACKAWANNA, PENNSYLVANIA, LACKAWANNA COUNTY OPIOID FUND SETTLEMENT COMMITTEE (TOTAL: $65,354) PURPOSE OF ASSISTANCE: THE COUNTY OF LACKAWANNA, THROUGH THE LACKAWANNA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES - OFFICE OF DRUG AND ALCOHOL PROGRAMS, WHICH IS THE SINGLE COUNTY AUTHORITY FOR SUBSTANCE ABUSE SERVICES WITHIN LACKAWANNA AND SUSQUEHANNA COUNTIES, AWARDED OPIOID SETTLEMENT FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THESE FUNDS WERE DISTRIBUTED THROUGH THE OPIOID MISUSE AND ADDICTION ABATEMENT COMMISSION (OMAAC). THE PROJECT SUPPORTS A COMPREHENSIVE CONTINUUM OF CARE FOR INDIVIDUALS WITH OPIOID USE DISORDER, EMPHASIZING BOTH TREATMENT AND PREVENTION STRATEGIES THAT ADDRESS THE ROOT CAUSES OF OPIOID MISUSE AND DEPENDENCE IN LACKAWANNA COUNTY, PENNSYLVANIA. FUNDING WAS ALLOCATED TO SUPPORT THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM, WHICH DELIVERS COORDINATED CARE AND SUPPORTIVE SERVICES TO HELP PREGNANT WOMEN AND NEW MOTHERS ACHIEVE AND SUSTAIN RECOVERY FROM OPIOID USE DISORDER. COUNTY OF LUZERNE, PENNSYLVANIA, LUZERNE COUNTY OPIOID MISUSE AND ADDICTION ABATEMENT COMMITTEE (OMAAC) SETTLEMENT FUNDS (TOTAL: $198,337) PURPOSE OF ASSISTANCE: THE COUNTY OF LUZERNE, THROUGH THE LUZERNE COUNTY HUMAN SERVICES OFFICE, AWARDED OPIOID SETTLEMENT FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THESE FUNDS WERE DISTRIBUTED THROUGH THE OPIOID MISUSE AND ADDICTION ABATEMENT COMMISSION (OMAAC). THE PROJECT SUPPORTS A COMPREHENSIVE CONTINUUM OF CARE FOR INDIVIDUALS WITH OPIOID USE DISORDER, INCLUDING TREATMENT SERVICES, RECOVERY SUPPORTS, AND PREVENTION INITIATIVES. FUNDING ALSO ADDRESSES THE UNDERLYING DRIVERS OF OPIOID MISUSE AND DEPENDENCE IN LUZERNE COUNTY, PENNSYLVANIA, WITH THE GOAL OF STRENGTHENING LONG-TERM COMMUNITY HEALTH OUTCOMES. COUNTY OF PIKE, PENNSYLVANIA - PREGNANCY SUPPORT SERVICES FOR MOMS WITH SUBSTANCE USE DISORDER (TOTAL: $16,000) PURPOSE OF ASSISTANCE: PIKE COUNTY, PENNSYLVANIA, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO PROVIDE PREGNANCY SUPPORT SERVICES AND EXPAND THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM INTO RURAL PIKE COUNTY. IN COLLABORATION WITH COMMUNITY PARTNERS, HEALTHY MOMS PROVIDES COORDINATED, COMPREHENSIVE CARE AND SUPPORTIVE SERVICES TO HELP PREGNANT WOMEN AND NEW MOTHERS ACHIEVE AND SUSTAIN RECOVERY FROM OPIOID USE DISORDER. THE PROGRAM PRIORITIZES COMMUNITIES THAT LACK A STRONG, INTEGRATED NETWORK OF HEALTH CARE AND SOCIAL SERVICE PROVIDERS TO ADEQUATELY SUPPORT PREGNANT AND PARENTING INDIVIDUALS AFFECTED BY SUBSTANCE USE DISORDER. HEALTH RESOURCES AND SERVICES ADMINISTRATION - BRIDGE ACCESS PROGRAM - CONTINUING ESSENTIAL COVID-19-RELATED SERVICES (TOTAL: $19,785) PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) TO SUSTAIN ESSENTIAL COVID-19-RELATED SERVICES AND MITIGATE COVID'S IMPACT ON UNDERSERVED POPULATIONS. GRANT FUNDS SUPPORTED COVID-19 TESTING AND VACCINATION EFFORTS, AS WELL AS ENABLING SERVICES SUCH AS COMMUNITY OUTREACH, HEALTH EDUCATION, INSURANCE ENROLLMENT ASSISTANCE, TRANSPORTATION, LANGUAGE TRANSLATION, AND CARE COORDINATION TO ENSURE ACCESS TO CARE FOR ALL. HEALTH RESOURCES AND SERVICES ADMINISTRATION - POSTDOCTORAL TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY AND DENTAL HYGIENE PROGRAM (TOTAL: $390,196) PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), THROUGH ITS POSTDOCTORAL TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY AND DENTAL HYGIENE PROGRAM, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO COLLABORATE WITH THE NEW YORK UNIVERSITY (NYU) LANGONE HEALTH ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM. THIS PARTNERSHIP ENABLES TWCCH TO SERVE AS A CLINICAL TRAINING SITE AS PART OF THE EXPANSION OF NYU LANGONE'S AEGD PROGRAM. THE TWCCH/NYU LANGONE RESIDENCY PROGRAM FOCUSES ON CARING FOR VULNERABLE AND MEDICALLY COMPLEX POPULATIONS, INCLUDING OLDER ADULTS, INDIVIDUALS EXPERIENCING HOMELESSNESS, SURVIVORS OF ABUSE OR TRAUMA, INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS, INDIVIDUALS WITH DISABILITIES, AND THOSE LIVING WITH HIV/AIDS AND HEPATITIS C. THE AEGD RESIDENCY IS EMBEDDED WITHIN TWCCH'S NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)-CERTIFIED PATIENT-CENTERED MEDICAL HOME MODEL, SUPPORTING THE COMPREHENSIVE INTEGRATION OF ORAL HEALTH WITH PRIMARY CARE AND MENTAL AND BEHAVIORAL HEALTH SERVICES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	HEALTH RESOURCES AND SERVICES ADMINISTRATION - TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM - PEDIATRIC DENTAL RESIDENCY (TOTAL: $99,720) PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), THROUGH ITS TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM AND SUPPORTED BY FUNDING FROM THE AMERICAN RESCUE PLAN ACT (ARPA), AWARDED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA). THIS COVID-19-FUNDED INITIATIVE SUPPORTS THE DEVELOPMENT OF A PEDIATRIC DENTAL RESIDENCY PROGRAM IN A REGION WITH LIMITED ACCESS TO PRIMARY CARE AND PEDIATRIC DENTAL SERVICES. GRANT FUNDS ARE BEING USED TO BUILD THE NECESSARY INFRASTRUCTURE, CURRICULUM, AND CLINICAL TRAINING CAPACITY TO LAUNCH THE PROGRAM. THE GROWING SHORTAGE OF DENTAL PROFESSIONALS CONTINUES TO INTENSIFY, POSING A SIGNIFICANT THREAT TO ORAL HEALTH OUTCOMES ACROSS PENNSYLVANIA. THIS RESIDENCY PROGRAM IS DESIGNED TO STRENGTHEN THE DENTAL WORKFORCE PIPELINE AND IMPROVE ACCESS TO HIGH-QUALITY PEDIATRIC DENTAL CARE IN UNDERSERVED COMMUNITIES. HEALTH RESOURCES AND SERVICES ADMINISTRATION - RURAL COMMUNITIES OPIOID RESPONSE PROGRAM (RCORP) NEONATAL ABSTINENCE SYNDROME ROUND TWO (TOTAL: $463,275) PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO IMPLEMENT THE RURAL COMMUNITIES OPIOID RESPONSE PROGRAM - NEONATAL ABSTINENCE SYNDROME (RCORP-NAS) INITIATIVE. THE PURPOSE OF THIS PROJECT IS TO REDUCE THE INCIDENCE AND IMPACT OF NEONATAL ABSTINENCE SYNDROME (NAS) IN RURAL COMMUNITIES BY STRENGTHENING SYSTEMS OF CARE, ENHANCING FAMILY SUPPORT SERVICES, AND ADDRESSING SOCIAL AND NONMEDICAL FACTORS THAT INFLUENCE HEALTH OUTCOMES. AS PART OF A SUSTAINABILITY STRATEGY, REIMBURSABLE SERVICES ARE BILLED WHEN ELIGIBLE, AND CASE MANAGERS ASSIST PARTICIPANTS WITH MEDICAID ENROLLMENT TO ENSURE CONTINUED ACCESS TO CARE. GRANT FUNDS SUPPORTED PERSONNEL, SUBCONTRACTED SERVICES, PREVENTION EDUCATION, TRAVEL, AND RELATED PROGRAM EXPENSES. THE PROGRAM PRIMARILY BENEFITS PREGNANT AND POSTPARTUM MOTHERS ENROLLED IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM AND THEIR INFANTS. HEALTH RESOURCES AND SERVICES ADMINISTRATION - RYAN WHITE HIV/AIDS PROGRAM PART C (TOTAL: $330,343) PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED RYAN WHITE PART C FUNDING 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 INDIVIDUALS LIVING WITH HIV/AIDS ACROSS A SEVEN-COUNTY REGION. THROUGH HRSA'S EARLY INTERVENTION SERVICES (EIS) PROGRAM, TWCCH DELIVERS HIV COUNSELING, MEDICAL EVALUATION, AND CLINICAL DIAGNOSTIC SERVICES TO ENSURE TIMELY DIAGNOSIS AND LINKAGE TO CARE. THE WRIGHT CENTER'S RYAN WHITE CLINIC SERVES AS THE DESIGNATED SERVICE AREA'S SOLE PROVIDER OF HIV PRIMARY CARE AND WORKS IN CLOSE COLLABORATION WITH COMMUNITY-BASED ORGANIZATIONS TO REDUCE NEW HIV INFECTIONS, IMPROVE ACCESS TO A COORDINATED CONTINUUM OF CARE, RETAIN PATIENTS IN TREATMENT, AND DECREASE HIV-RELATED HEALTH DISPARITIES WHILE AVOIDING DUPLICATION OF SERVICES. THE PROGRAM SERVES PEOPLE LIVING WITH HIV/AIDS IN RURAL, LOW-INCOME, AND TRADITIONALLY UNDERSERVED COMMUNITIES THROUGHOUT NORTHEAST PENNSYLVANIA. JANEY MONTGOMERY SCOTT - PRIVATE DONATION FOR THE HEALTH CITY HUB - ENGAGING THE COMMUNITY TO ADDRESS PUBLIC HEALTH CHALLENGES (TOTAL: $5,000) PURPOSE OF ASSISTANCE: PRIVATE INDIVIDUALS GENEROUSLY DONATED FUNDS TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ESTABLISH THE WRIGHT CENTER FOR COMMUNITY HEALTH WILKES-BARRE, A HEALTH CITY HUB MODEL. THIS INITIATIVE IS GROUNDED IN PROGRESSIVE COMMUNITY ENGAGEMENT AND IS DESIGNED TO ADVANCE COMPREHENSIVE, WHOLE-PERSON PRIMARY HEALTH SERVICES FOR ALL. THE HEALTH CITY HUB MODEL STRATEGICALLY INTEGRATES CLINICAL CARE, INTERPROFESSIONAL WORKFORCE DEVELOPMENT, AND COMMUNITY-CENTERED PUBLIC HEALTH EDUCATION AND OUTREACH WITHIN A SINGLE, ACCESSIBLE LOCATION. THE MODEL IS DESIGNED TO ADDRESS PREVALENT COMMUNITY HEALTH CHALLENGES, INCLUDING LOW HEALTH LITERACY, SEDENTARY LIFESTYLES, POOR NUTRITION, TOBACCO AND ALCOHOL USE, SUBSTANCE MISUSE, AND OTHER PREVENTABLE RISK FACTORS.

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	JEWISH HEALTHCARE FOUNDATION - ANGEL EYES - INTEGRATING INFORMATION TECHNOLOGY INTO THE LOCAL HOSPITAL NEONATAL INTENSIVE CARE UNIT (TOTAL: $26,958) PURPOSE OF ASSISTANCE: THE JEWISH HEALTHCARE FOUNDATION, THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, AWARDED FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS UNDER THE AMERICAN RESCUE PLAN ACT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THROUGH THIS INITIATIVE, TWCCH WILL PARTNER WITH A LOCAL HOSPITAL'S NEONATAL INTENSIVE CARE UNIT (NICU) TO IMPLEMENT A SECURE CAMERA SYSTEM THAT PROVIDES LIVE-STREAMING VIDEO ACCESS TO INFANTS' BEDSIDES. THIS TECHNOLOGY ALLOWS PARENTS WHO MUST BE SEPARATED FROM THEIR BABIES DURING PROLONGED TREATMENT TO MAINTAIN VISUAL CONNECTION AND ENGAGEMENT. THE PROGRAM IS DESIGNED TO REDUCE PARENTAL STRESS AND ANXIETY, STRENGTHEN FAMILY BONDING WHEN IN-PERSON PRESENCE IS LIMITED, AND ENABLE CARE TEAMS TO SHARE IMPORTANT UPDATES AND MEANINGFUL MOMENTS IN REAL TIME THROUGH TEXTS, PHOTOS, AND VIDEO. THE INITIATIVE DIRECTLY BENEFITS POSTPARTUM MOTHERS ENROLLED IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM. JEWISH HEALTHCARE FOUNDATION - EXPANDING ACCESS TO DOULA CARE AND SERVICES FOR PREGNANT WOMEN WITH SUBSTANCE USE DISORDER (TOTAL: $31,916) PURPOSE OF ASSISTANCE: THE JEWISH HEALTHCARE FOUNDATION, THROUGH THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, AWARDED FEDERAL CORONAVIRUS STATE FISCAL RECOVERY FUNDS UNDER THE AMERICAN RESCUE PLAN ACT (ARPA) TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THIS GRANT ENHANCES TRAINING AND EDUCATIONAL OPPORTUNITIES FOR PROGRAM PARTICIPANTS AND CLINICIANS IN BASIC LIFE SUPPORT (BLS), PEDIATRIC ADVANCED LIFE SUPPORT (PALS), AND THE NEONATAL RESUSCITATION PROGRAM (NRP), ALSO REFERRED TO AS NEONATAL ADVANCED LIFE SUPPORT. FUNDING ALSO SUPPORTS THE TRAINING OF HOSPITAL NURSES IN MEDICATION-ASSISTED TREATMENT (MAT), DISTRIBUTION OF NARCAN KITS, AND THE INTEGRATION OF DOULA SERVICES INTO HOME VISITING PROGRAMS. GRANT FUNDS COVERED PERSONNEL COSTS, DOULA TRAINING SUPPLIES, AND TRAVEL EXPENSES ASSOCIATED WITH PATIENT TRANSPORT VANS. THE INITIATIVE IS DESIGNED TO BENEFIT PREGNANT AND POSTPARTUM MOTHERS ENROLLED IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM. MOSES TAYLOR FOUNDATION - CREATING AN INTEGRATED MENTAL HEALTH PEER SUPPORT SERVICE LINE AT THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) (TOTAL: $ 300,000) PURPOSE OF ASSISTANCE: THE MOSES TAYLOR FOUNDATION AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO EXPAND ACCESS TO MENTAL HEALTH SERVICES FOR RESIDENTS OF NORTHEASTERN PENNSYLVANIA. THE PRIMARY OBJECTIVE IS TO ESTABLISH AN INTEGRATED PEER SUPPORT SERVICE LINE THAT INCORPORATES SUBSTANCE USE TREATMENT, MENTAL HEALTH CARE, AND PRIMARY CARE USING A WHOLE-PERSON APPROACH. THIS TWO-YEAR GRANT SUPPORTS THE SALARIES AND TRAINING OF PEER SUPPORT SPECIALISTS THROUGH THE INITIATIVE TITLED THE POWER OF PEER SPECIALISTS. THROUGH THIS PROJECT, THE WRIGHT CENTER WILL DEVELOP AND IMPLEMENT A COMPREHENSIVE MENTAL HEALTH PEER SUPPORT PROGRAM BY RECRUITING AND TRAINING PEER SPECIALISTS AND STRENGTHENING PARTNERSHIPS WITH LOCAL MENTAL HEALTH CLINICS, HOSPITALS, AND COMMUNITY ORGANIZATIONS TO BETTER MEET THE MENTAL AND BEHAVIORAL HEALTH NEEDS OF THE COMMUNITIES TWCCH SERVES. NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) - REMOTE TRACKING OF BLOOD PRESSURE (TOTAL: $ 40,000) PURPOSE OF ASSISTANCE: THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) AWARDED A SUPPORTING MEASUREMENT AWARENESS AND REMOTE TRACKING OF BLOOD PRESSURE (SMART BP) GRANT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). THE JOHNSON & JOHNSON FOUNDATION FUNDED THE PROGRAM, WHICH NACHC ADMINISTERS. THE SMART BP GRANT SUPPORTS HEALTH CENTERS IN ENHANCING OR EXPANDING EVIDENCE-BASED SELF-MEASURED BLOOD PRESSURE (SMBP) PROGRAMS. THE INITIATIVE FOCUSES ON IMPROVING HYPERTENSION OUTCOMES AMONG PATIENTS WITH UNCONTROLLED BLOOD PRESSURE AND POPULATIONS THAT WOULD BENEFIT MOST FROM REMOTE MONITORING AND IMPROVED CARE COORDINATION.

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS LEARNING COLLABORATIVE - ADDRESSING DISPARITIES IN OPIOID PRESCRIBING, SUBSTANCE USE DISORDER TREATMENT AND LINKAGES TO CARE (TOTAL: $8,333) 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 FUNDING FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AWARDED COVID-19-RELATED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). NACHC ESTABLISHED A LEARNING COMMUNITY TO SUPPORT COMMUNITY HEALTH CENTERS, PRIMARY CARE ASSOCIATIONS, AND HEALTH CENTER CONTROLLED NETWORKS IN PLANNING AND IMPLEMENTING EVIDENCE-BASED STRATEGIES TO REDUCE GAPS IN ACCESS AND OUTCOMES AMONG VULNERABLE AND UNDERSERVED POPULATIONS. THE INITIATIVE ALSO ADDRESSES THE UNIQUE CHALLENGES RELATED TO PAIN MANAGEMENT, OPIOID PRESCRIBING, SUBSTANCE USE DISORDER TREATMENT, AND CARE COORDINATION. GRANT FUNDS SUPPORTED PERSONNEL TIME AND TRAINING COSTS ASSOCIATED WITH PARTICIPATION IN THE NACHC COLLABORATIVE. PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (AAP) - IMPROVING BREASTFEEDING RATES AMONG WOMEN WITH SUBSTANCE USE DISORDER - FIRST FOOD: IMPROVING BREASTFEEDING RATES (TOTAL: $7,500) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, THROUGH THE PENNSYLVANIA DEPARTMENT OF HEALTH'S FIRST FOODS CONTRACT, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT THE IMPROVED BREASTFEEDING INITIATION AMONG MOMS WITH SUBSTANCE USE DISORDER PROJECT. THIS INITIATIVE AIMS TO INCREASE BREASTFEEDING INITIATION AND DURATION RATES AMONG MOTHERS AFFECTED BY SUBSTANCE USE DISORDER. PARTICIPANTS ENROLLED IN THE HEALTHY MATERNAL OPIATE MEDICAL SUPPORT (MOMS) PROGRAM ARE CONNECTED WITH BREASTFEEDING PEER SUPPORT SERVICES AND PROVIDED WITH ESSENTIAL BREASTFEEDING SUPPLIES TO PROMOTE SUCCESSFUL OUTCOMES. PENNSYLVANIA CHAPTER, AMERICAN ACADEMY OF PEDIATRICS (AAP) - INCREASING ACCESS TO VACCINES IN UNDERSERVED COMMUNITIES (TOTAL: $97,898) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA IMMUNIZATION COALITION AND THE PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS, THROUGH FUNDING RECEIVED FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AWARDED COVID-19 VACCINE OUTREACH FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH. THIS FUNDING SUPPORTS EFFORTS TO IMPROVE ACCESS TO AND EDUCATION ABOUT VACCINES, WITH A PARTICULAR FOCUS ON THE COVID-19 VACCINE. GRANT FUNDS WERE USED TO CONDUCT COMMUNITY OUTREACH THROUGH EDUCATIONAL CAMPAIGNS, TARGETED COMMUNICATIONS, AND POP-UP IMMUNIZATION CLINICS. THESE INITIATIVES PRIORITIZE COMMUNITIES IN NORTHEAST PENNSYLVANIA THAT WERE DISPROPORTIONATELY AFFECTED BY COVID-19, INCLUDING RURAL POPULATIONS, COMMUNITIES OF COLOR, IMMIGRANTS, INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY, THOSE EXPERIENCING HOMELESSNESS OR HOUSING INSTABILITY, AND LGBTQ+ INDIVIDUALS. PA HEALTH AND WELLNESS, NATIONAL COUNCIL ON INDEPENDENT LIVING- REMOVING BARRIERS TO ACCESSIBILITY (TOTAL: $3,101) PURPOSE OF ASSISTANCE: PA HEALTH & WELLNESS AND THE NATIONAL COUNCIL ON INDEPENDENT LIVING (NCIL) AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE PHYSICAL AND PROGRAMMATIC BARRIERS FOR INDIVIDUALS WITH DISABILITIES AT ITS MID VALLEY TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA. GRANT FUNDS WERE USED TO PURCHASE AND INSTALL A WHEELCHAIR-ACCESSIBLE SCALE, IMPROVING ACCESS TO ESSENTIAL CLINICAL ASSESSMENTS AND ENHANCING CARE FOR PATIENTS WITH MOBILITY CHALLENGES. PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - INCREASING ACCESS TO COVID-19 TESTING AND PREVENTIVE SERVICES (TOTAL: $92,880) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH AND SUPPORTED BY FUNDING THROUGH THE AMERICAN RESCUE PLAN ACT (ARPA) AND THE COVID-19 RESPONSE INITIATIVE, AWARDED FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO EXPAND ACCESS TO COVID-19 DIAGNOSTIC TESTING AND PREVENTIVE SERVICES. TWCCH USED THESE FUNDS TO INCREASE THE AVAILABILITY OF COVID-19 TESTING AND RELATED PREVENTIVE SERVICES ACROSS THE COUNTIES IT SERVES, WITH A FOCUS ON REACHING VULNERABLE AND UNDERSERVED POPULATIONS.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - REDUCING COVID-19 VACCINE HESITANCY - STAFF RECRUITMENT (TOTAL: $7,254) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO ADDRESS COVID-19 VACCINE BOOSTER HESITANCY AND SUPPORT A WORKFORCE MARKETING CAMPAIGN. THE INITIATIVE AIMS TO INCREASE CONFIDENCE IN COVID-19 BOOSTER VACCINATIONS, RECRUIT MEDICAL STAFF TO ADMINISTER VACCINES, AND SUPPORT ONGOING COVID-19 RESPONSE. PACHC COLLABORATED WITH AN ADVERTISING AND MARKETING FIRM TO DEVELOP THE CAMPAIGN AND PROVIDED FUNDING TO TWCCH TO IMPLEMENT IT LOCALLY. PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), AMERICAN RESCUE PLAN ACT - REDUCING COVID-19 VACCINE HESITANCY - STAFF TRAINING (TOTAL: $118,344) PURPOSE OF ASSISTANCE: THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, AWARDED AMERICAN RESCUE PLAN ACT (ARPA) FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO REDUCE HESITANCY TOWARD COVID-19 VACCINES AND BOOSTERS AND TO STRENGTHEN THE FRONTLINE HEALTH CARE WORKFORCE. TWCCH USED THESE FUNDS TO TRAIN AND HIRE COMMUNITY HEALTH WORKERS WHO CONDUCTED OUTREACH WITHIN COMMUNITIES, PROVIDING EDUCATION ON THE SAFETY AND EFFECTIVENESS OF COVID-19 VACCINES. THE FUNDING ALSO SUPPORTED HIRING MEDICAL ASSISTANTS, WHO PLAYED A KEY ROLE IN THE VACCINATION PROCESS BY ASSISTING CLINICIANS AND SUPPORTING PATIENTS DURING VACCINE CLINICS. 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: $50,000) 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 HEALTH CARE NEEDS, AND THEIR FAMILIES. THE PROJECT AIMS TO INCREASE ACCESS TO QUALITY HEALTH CARE FOR LOW-INCOME MOTHERS AND THEIR CHILDREN, INCLUDING PREVENTIVE AND REHABILITATIVE SERVICES, AS WELL AS COMMUNITY-BASED SYSTEMS OF COORDINATED CARE. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION - MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO) (TOTAL: $1,090,426) PURPOSE OF ASSISTANCE: THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) RECEIVED A SHARED SAVINGS PAYMENT AS A PARTICIPATING PROVIDER IN A MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATION (ACO). THIS PAYMENT REFLECTS TWCCH'S ROLE IN ACHIEVING COST SAVINGS WHILE MEETING ESTABLISHED QUALITY PERFORMANCE BENCHMARKS FOR MEDICARE BENEFICIARIES WITHIN THE ACO. THE SHARED SAVINGS FUNDS WERE REINVESTED TO STRENGTHEN CARE DELIVERY, ENHANCE PATIENT SERVICES, AND IMPROVE OVERALL HEALTH OUTCOMES. UNITED WAY OF WYOMING VALLEY - RYAN WHITE HIV/AIDS PROGRAM PART B MEDICAL CASE MANAGEMENT SERVICES (TOTAL: $1,503,744) PURPOSE OF ASSISTANCE: THE UNITED WAY OF WYOMING VALLEY, BASED IN WILKES-BARRE, PENNSYLVANIA, PROVIDES FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) THROUGH AN AWARD FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH USING RYAN WHITE HIV/AIDS PROGRAM FUNDS ADMINISTERED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THROUGH THIS SUPPORT, TWCCH DELIVERS RYAN WHITE PART B MEDICAL CASE MANAGEMENT SERVICES TO INDIVIDUALS LIVING WITH HIV/AIDS ACROSS A SEVEN-COUNTY REGION. THE FUNDING ALSO SUPPORTED ESSENTIAL SERVICES, INCLUDING MEDICAL TRANSPORTATION, EMERGENCY FINANCIAL ASSISTANCE, ORAL HEALTH CARE, HEALTH INSURANCE PREMIUM ASSISTANCE, REFERRALS TO SPECIALTY CARE, AND ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
The Wright Center Medical Group

Employer identification number
23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	UNIVERSITY OF PITTSBURGH MEDICAL CENTER SUBAWARD - PROMOTING THE INTEGRATION OF PRIMARY AND BEHAVIORAL HEALTH CARE (TOTAL: $80,806) PURPOSE OF ASSISTANCE: THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC), THROUGH AN AWARD FROM THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES USING FUNDS FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), CENTER FOR MENTAL HEALTH SERVICES (CMHS), PROVIDES FUNDING TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO SUPPORT THE INTEGRATION OF PRIMARY CARE AND MENTAL AND BEHAVIORAL HEALTH SERVICES THROUGH IMPLEMENTATION OF THE COLLABORATIVE CARE MODEL (COCM). THE COCM IS AN EVIDENCE-BASED APPROACH THAT INTEGRATES MENTAL AND BEHAVIORAL HEALTH SERVICES INTO PRIMARY CARE TO IMPROVE THE IDENTIFICATION AND TREATMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS. THIS MODEL ENHANCES CARE COORDINATION, SUPPORTS MEASUREMENT-BASED TREATMENT, AND PROMOTES COLLABORATION AMONG PRIMARY CARE PROVIDERS, MENTAL AND BEHAVIORAL HEALTH SPECIALISTS, AND CARE MANAGERS. THROUGH THIS INITIATIVE, SAMHSA AIMS TO INCREASE THE TIMELY IDENTIFICATION AND EFFECTIVE TREATMENT OF MENTAL AND BEHAVIORAL HEALTH CONDITIONS IN PRIMARY CARE SETTINGS, WHERE SUCH CONDITIONS ARE OFTEN UNDERDIAGNOSED, UNDERTREATED, AND ASSOCIATED WITH SIGNIFICANT FUNCTIONAL IMPAIRMENT AND DISABILITY. WILLIAM G. MCGOWAN CHARITABLE FUND - ENHANCING ACCESS TO PRIMARY DENTAL CARE FOR LOW-INCOME POPULATIONS (TOTAL: $50,000) PURPOSE OF ASSISTANCE: THE WILLIAM G. MCGOWAN CHARITABLE FUND AWARDED GENERAL OPERATING SUPPORT TO THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) TO BENEFIT VULNERABLE POPULATIONS IN LUZERNE COUNTY, PENNSYLVANIA. THESE FUNDS ENHANCED ACCESS TO PRIMARY DENTAL CARE, WITH A PARTICULAR FOCUS ON PROVIDING FINANCIAL ASSISTANCE FOR PATIENTS REQUIRING DENTURES AND OTHER PROSTHETIC DEVICES DUE TO TOOTH LOSS FROM INJURY OR DISEASE. THE SUPPORT ENABLED LOW-INCOME AND MEDICALLY VULNERABLE INDIVIDUALS TO OBTAIN NEEDED DENTURES, SIGNIFICANTLY IMPROVING THEIR ORAL HEALTH, FUNCTIONALITY, AND OVERALL QUALITY OF LIFE.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES $131,751 INCLUDING GRANTS OF $126,000)(REVENUE $746,935)
FORM 990, PART IV, LINE 28 - BUSINESS TRANSACTIONS	IN NOVEMBER 2017, TWCCH AND ITS AFFILIATED ORGANIZATION OF 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 CITY THEN DESIGNATED AS FINANCIALLY DISTRESSED UNDER PENNSYLVANIA'S ACT 47. MR. JOSEPH FERRARIO WAS THE CHAIR OF TWCGME'S BOARD OF DIRECTORS AND SERVED AS A VOLUNTEER DIRECTOR ON TWCGME'S AFFILIATED ENTITIES, INCLUDING BUT NOT LIMITED TO TWCCH. ON JULY 12, 2019, MR. FERRARIO RESIGNED FROM TWCGME'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 TWCGME AND TWCCH BEFORE 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 NONPROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL; ALL GUIDANCE WAS FOLLOWED. ON JULY 25, 2019, THE 15-YEAR LEASE AGREEMENT WAS AMENDED TO COMPLY WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE LEASED 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 FOR EDUCATIONAL AND OTHER ACTIVITIES. RENOVATIONS TO THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING WERE COMPLETED BETWEEN EARLY 2018 AND DECEMBER 2019, WITH THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR COMMENCING ON NOVEMBER 26, 2019.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART V, LINE 2A - COMMON PAYMASTER	TWCCH IS AFFILIATED WITH TWCGME (EIN: 23-2007832), WHICH SHARES 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME SERVES AS THE COMMON PAYMASTER FOR BOTH TWCGME AND TWCCH, ADHERING TO IRS W-2 REPORTING REGULATIONS. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCH'S PRESIDENT AND CEO, SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER, CHIEF MEDICAL OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF TWCCH'S CHIEF EXECUTIVE AND SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES OF TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER, 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, UNDER 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 DEVELOPMENT DEPARTMENTS WITH REVIEW AND INPUT FROM THE EXECUTIVE MANAGEMENT TEAM AND PRESIDENT & CEO. AN INDEPENDENT, CONTRACTED CPA FIRM THEN REVIEWS THE DRAFT FORM 990. THE REFINED FORM 990 IS THEN DISTRIBUTED TO THE AUDIT/COMPLIANCE AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW, INPUT, AND APPROVAL FOR FEDERAL FILING. UPON COMPLETION OF THIS REVIEW, NECESSARY REVISIONS, AND APPROVAL, THE FORM 990 IS FINALIZED, SIGNED BY THE ORGANIZATION'S PRESIDENT & CEO, AND FILED WITH THE IRS. TWCCH'S THREE MOST RECENTLY FILED 990S ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT AND ARE KEPT IN A SECURE LOCATION AT EACH REQUIRED OPERATIONAL SITE, WHERE THEY MAY BE REVIEWED IN HARD COPY UPON REQUEST, CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.
FORM 990, PART VI, LINE 12A - 12B, & 12C - CONFLICT OF INTEREST POLICY	A WRITTEN CONFLICT OF INTEREST POLICY, CREATED AND RECOMMENDED BY THE SVP FOR ENTERPRISE INTEGRITY, HAS BEEN APPROVED BY THE PRESIDENT AND CEO AND THE BOARD OF DIRECTORS. THE SVP OF ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER WORK TOGETHER TO ENSURE IT IS REVIEWED, UPDATED AS NEEDED, AND RENEWED ANNUALLY OR MORE FREQUENTLY AS APPROPRIATE. THE SVP FOR ENTERPRISE INTEGRITY, ALONG WITH THE GOVERNANCE AND CHIEF COMPLIANCE OFFICERS, ENSURES THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL GOVERNING BOARD MEMBERS ("DIRECTORS") AND OFFICERS. TOGETHER, THIS TEAM AND THE VP OF HUMAN RESOURCES ENSURE THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY EXECUTIVE MANAGEMENT AND ALL STAFF, INCLUDING KEY EMPLOYEES. 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 BOARD'S AUDIT/COMPLIANCE COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER AND THE 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.

SCHEDULE O (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Wright Center Medical Group

Employer identification number

23-2772504

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 TWCCH'S PRESIDENT & 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'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE COMPENSATION DETERMINATION.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN ADDITION TO THE PRESIDENT & CEO, CHIEF STRATEGY AND OPERATIONS OFFICER, CHIEF MEDICAL 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 & 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 & 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 THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AMONG OTHER REGIONAL AND NATIONAL BENCHMARKS. TWCCH ALSO LEASES THE SERVICES OF TWCCH'S CHIEF STRATEGY AND OPERATIONS OFFICER TO TWCGME AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME. 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.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 FORM 990S, ALONG WITH THREE CONSECUTIVE ANNUAL REPORTS, ARE ALSO AVAILABLE FOR DOWNLOAD ON ITS WEBSITE.

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER MEDICAL GROUP

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	(g) Section 512(b)(13) controlled entity? 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) PATIENT ENGAGEMENT COUNCIL (81-3053323) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	✔	
(3) THE WRIGHT CENTER ALLIANCE (81-2982874) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12 TYPE I	TWCGME	✔	
(4) COMMUNITY HEALTH HUB (27-3582779) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✔
(5) COMMONWEALTH DENTAL CARE INITIATIVE (88-4372847) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	N/A		✔
(6)							
(7)							

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PATIENT ENGAGEMENT COUNCIL	B	57,391	CASH PAID
(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII

Supplemental Information. Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE R, PART II - PRIMARY ACTIVITY	NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) TWCGME, A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC), SERVES AS THE INDEPENDENT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-ACCREDITED SPONSORING INSTITUTION OF GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS THAT TRAIN PRIMARY CARE RESIDENT AND SPECIALTY FELLOW PHYSICIANS IN A SAFETY-NET HEALTH SERVICES NETWORK OF ESSENTIAL COMMUNITY PROVIDERS. DURING THE COVERED PERIOD, TWCGME'S TRAINING PROGRAMS INCLUDED INTERNAL MEDICINE, FAMILY MEDICINE, AND PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCY PROGRAMS; GERIATRICS, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWSHIP PROGRAMS; AND AN INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY, COMMONLY KNOWN AS THE COMBINED MED-GERI PATHWAY. TWCGME'S GME-SNC STRATEGICALLY ENGAGES NUMEROUS PARTNERING ORGANIZATIONS IN ITS GOVERNANCE AND THE TRAINING OF ITS RESIDENTS AND FELLOWS. THESE PARTNERS INCLUDE TWCCH, TWCGME'S PRIMARY AFFILIATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LAL), AS WELL AS FOUR PARTNERING NATIONAL FQHCS, NUMEROUS CMS GME-FUNDED COMMUNITY-BASED HOSPITAL SYSTEMS, OUR REGIONAL 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, AND ALSO PATIENTS OF TWCCH AND MEMBERS OF THE COMMUNITIES SERVED AT LARGE. TWCCH AND TWCGME SHARE A NOBLE MISSION TO IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE, WHOLE-PERSON HEALTH SERVICES FOR ALL AND SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. NAME OF RELATED ORGANIZATION: PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE) TWCCH SERVES AS THE SOLE CORPORATE MEMBER OF TWCPCE, A PENNSYLVANIA TAX-EXEMPT NONPROFIT CORPORATION. TWCPCE'S MISSION 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. NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER ALLIANCE (ALLIANCE) THE WRIGHT CENTER ALLIANCE, A PENNSYLVANIA TAX-EXEMPT, NONPROFIT CORPORATION, WAS ESTABLISHED AS A SUPPORTING PARENT ORGANIZATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). ITS PURPOSE IS TO ALIGN, ENABLE, AND OPTIMIZE THE SHARED MISSION DELIVERY AND COMMUNITY BENEFIT IMPACT OF ALL AFFILIATED NONPROFIT WRIGHT CENTER ENTITIES. NAME OF RELATED ORGANIZATION: COMMUNITY HEALTH HUB (CHH) COMMUNITY HEALTH HUB, A PENNSYLVANIA TAX-EXEMPT, NONPROFIT CORPORATION, DEDICATED TO BUILDING A SUSTAINABLE, RESILIENT, AND TRANSPARENT COMMUNITY-OWNED AND COMMUNITY-GOVERNED HEALTH SYSTEM THAT PRIORITIZES THE WELL-BEING AND ECONOMIC VITALITY OF NORTHEASTERN PENNSYLVANIA. ITS MISSION IS TO PROVIDE HIGH-QUALITY, WHOLE-PERSON HEALTH SERVICES, STRENGTHEN THE LOCAL HEALTHCARE WORKFORCE, AND ENSURE COMPREHENSIVE PRIMARY AND SPECIALIZED CARE FOR OUR COMMUNITIES. NAME OF RELATED ORGANIZATION: COMMONWEALTH DENTAL CARE INITIATIVE (CDCI) THE NONPROFIT CORPORATION BASED IN PENNSYLVANIA IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PURPOSE OF ASSESSING, RESEARCHING, AND DOCUMENTING THE DENTAL AND ORAL CARE NEEDS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA WITH THE GOAL OF IDENTIFYING POSSIBLE SOLUTIONS FOR CURRENT AND FUTURE DENTAL NEEDS WHICH MAY INCLUDE WORKFORCE SHORTAGES AND ACCESS CHALLENGES.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

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

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

OMB No. 1545-0047

2024

Name of filer	EIN or SSN
THE WRIGHT CENTER MEDICAL GROUP	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 ☑	b	**Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	69,850,916
2a	**Form 990-EZ** check here ☐	b	**Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here ☐	b	**Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here ☐	b	**Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here ☐	b	**Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here ☐	b	**Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here ☐	b	**Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here ☐	b	**FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here ☐	b	**Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here ☐	b	**Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☑ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☑ I authorize FORVIS MAZARS, LLP (**ERO firm name**) to enter my PIN 7 2 5 0 4 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ✔ Linda Thomas-Hemak MD Date ✔ 5/13/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 0 3 2 9 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KRYSTAL CREACH Date 05/12/2026

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

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0047

2024

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

Department of the Treasury
Internal Revenue Service

Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

A ☐ Check box if address changed.

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

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
THE WRIGHT CENTER MEDICAL GROUP

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

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

C Book value of all assets at end of year 45,684,657

D **Employer identification number**
23-2772504

E **Group exemption number** (see instructions)

F ☐ Check box if an amended return.

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

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

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

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

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ **Yes** ☑ **No**
If "Yes," enter the name and identifying number of the parent corporation

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

Part III Tax and Payments

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

Form **8868**

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

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

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

OMB No. 1545-0047

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

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

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

Part I — Identification

Type or Print

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

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
THE WRIGHT CENTER MEDICAL GROUP	23-2772504
Number, street, and room or suite no. If a P.O. box, see instructions.	
501 S. WASHINGTON AVENUE, STE 1000	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
SCRANTON, PA 18505	

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

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information
Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

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

• The books are in the care of SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505

Telephone No. (570) 343-2383 Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box . . . . . ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____.
If this is for the whole group, check this box . . . . . ☐
If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . ☐

1 I request an automatic 6-month extension of time until 05/15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☐ calendar year 20 ____ or
☑ tax year beginning 07/01, 20 24, and ending 06/30, 20 25.

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

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

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

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

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

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

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

2 State in detail why you need the extension.

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

Signature **Date**

Part III Tax and Payments *(continued)*

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

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

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		✓
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

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

Sign Here

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

Linda Morris Herald 5/13/26
Signature of officer Date

MD, PRESIDENT & CEO
Title

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

Paid Preparer Use Only

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

Firm's name	FORVIS MAZARS, LLP	Firm's EIN	44-0160260
Firm's address	910 E ST LOUIS 200 PO BOX 1190, SPRINGFIELD, MO 65806-2523	Phone no.	(417) 865-8701

Form **990-T** (2024)

Form 990T **Additional Information**

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

Form 990-T	Supplemental Information

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

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

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

OMB No. 1545-0047

2024

Name of filer	EIN or SSN
THE WRIGHT CENTER MEDICAL GROUP	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	☐	**b** **Total revenue**, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	**Form 990-EZ** check here	☐	**b** **Total revenue**, if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	☐	**b** **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	☐	**b** **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	☐	**b** **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	☑	**b** **Total tax** (Form 990-T, Part III, line 4)	6b	0
7a	**Form 4720** check here	☐	**b** **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	☐	**b** **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	☐	**b** **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	☐	**b** **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☑ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (**a**) an acknowledgement of receipt or reason for rejection of the transmission, (**b**) the reason for any delay in processing the return or refund, and (**c**) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☑ I authorize FORVIS MAZARS, LLP (**ERO firm name**) to enter my PIN 7 2 5 0 4 as my signature

Enter five numbers, but do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ✔ Linda Thomas-Hemak MD Date ✔ 5/13/26

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 4 3 0 3 2 9 6 0 2 6 0

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KRYSTAL CREACH Date 05/12/2026

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

IRS Tax Determination

Internal Revenue Service

Department of the Treasury

Washington, DC 20224

Contact Person:
Steve Jankowitz
Telephone Number:
202-622-7426
In Reference to:
CP:E:EO:T:1
Date:
DEC 4 1997

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

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

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.

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

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

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