

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020**2019**Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number

23-2007832

Name and title of officer

**DR. LINDA THOMAS-HEMAK
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>32,534,041.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BAKER TILLY US, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶ Linda Thomas-Hemak Date ▶ May 14, 2021

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.

24354715283

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ KERRI N. BOGDA, CPA Date ▶ 05/13/21

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO MAY 17, 2021

Form **990**
(Rev. January 2020)
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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION		D Employer identification number 23-2007832
	Doing business as		E Telephone number 570-343-2383
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 35,322,333.
	501 S. WASHINGTON AVENUE, SUITE 1000		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DR. LINDA THOMAS-HEMAK SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J Website: THEWRIGHTCENTER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1976 M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO TRAIN COMPETENT, COMPASSIONATE PHYSICIANS TO IMPROVE ACCESS TO CARE AND POPULATION		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	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 2019 (Part V, line 2a)	5	346
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	16,798,105.	17,334,945.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,415,299.	14,787,588.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,470,564.	2,832.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	408,676.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,683,968.	32,534,041.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	124,492.	1,213,884.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	18,923,097.	20,740,413.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,084,186.	11,046,693.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,131,775.	33,000,990.
19	Revenue less expenses. Subtract line 18 from line 12	3,552,193.	-466,949.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	11,569,537.	28,577,387.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,397,364.	20,838,821.
			8,172,173.	7,738,566.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DR. LINDA THOMAS-HEMAK, PRESIDENT	5-17-2021			
Paid	Print/Type preparer's name KERRI N. BOGDA, CPA	Preparer's signature <i>Kerri Bogda</i>	Date 5.17.2021	Check if self-employed <input type="checkbox"/>	PTIN P00760402
Preparer Use Only	Firm's name BAKER TILLY US, LLP	Firm's EIN 39-0859910	Phone no. 717.740.4863		
	Firm's address 1570 FRUITVILLE PIKE, SUITE 400 LANCASTER, PA 17601				

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

932001 01-20-20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Form 990 (2019)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITY THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.

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 ☒ **X** No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 13,230,050. including grants of \$) (Revenue \$)
TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) FUNDING:
AS A COMMUNITY-BASED, PHYSICIAN-LED NON-PROFIT ORGANIZATION STRIVING TO ADDRESS OUR NATION'S PRIMARY CARE PHYSICIAN SHORTAGE, MISDISTRIBUTION AND RELATED HEALTH AND HEALTHCARE DISPARITIES, TWCGME IS THE ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION SPONSORING INSTITUTIONAL CONSORTIUM OFFERING SPECIALTY-SPECIFIC PRIMARY CARE RESIDENCIES. TWCGME'S PASSIONATE PURPOSE IS TO CREATE FUTURE WORKFORCE FOR TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PATIENTS, FAMILIES AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH.

IN DOING SO, TWCGME OFFERS REGIONAL INTERNAL MEDICINE AND FAMILY MEDICINE PRIMARY CARE RESIDENCY PROGRAMS AS WELL AS A NATIONAL FAMILY

4b (Code:) (Expenses \$ 10,547,016. including grants of \$) (Revenue \$ 12,679,720.)
CMS AND VA FUNDING FOR GRADUATE MEDICAL EDUCATION:
TWCGME IS A NORTHEAST PENNSYLVANIA-BASED COMMUNITY-BASED GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) OFFERING REGIONAL TRAINING PROGRAMS FOR INTERNAL MEDICINE, FAMILY MEDICINE AND PSYCHIATRY RESIDENCY PROGRAMS, AS WELL AS CARDIOLOGY AND GASTROENTEROLOGY FELLOWSHIPS THROUGH AFFILIATIONS WITH THE WRIGHT CENTER MEDICAL GROUP D/B/A THE WRIGHT CENTER FOR COMMUNITY HEALTH (WCCH), CMS-FUNDED HOSPITALS AND THE VETERANS AFFAIRS MEDICAL CENTER (VAMC). TWCGME CONSORTIUM'S INTERNAL MEDICINE AND FAMILY MEDICINE RESIDENCY PROGRAMS ARE ALSO PARTIALLY FUNDED BY HRSA'S TEACHING HEALTH CENTER PROGRAM DESCRIBED IN 4A ABOVE.

4c (Code:) (Expenses \$ 253,032. including grants of \$ 75,594.) (Revenue \$)
2019-2020 WAS THE FOURTH YEAR OF A FIVE-YEAR AWARD TO TWCGME THROUGH THE HRSA PRIMARY CARE TRAINING ENHANCEMENT (PCTE) PROGRAM. TWCGME, IN PARTNERSHIP WITH THE A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AS SUB-AWARDEE, IS AUGMENTING TRAINING ACROSS THE PRIMARY CARE CONTINUUM BY INTEGRATING AUTHENTIC, TEAM-BASED, PATIENT-CENTERED HEALTH PROFESSIONS EDUCATION WITHIN NATIONALLY-DISTRIBUTED COMMUNITY HEALTH CENTER (CHC) TRAINING SITES SEEKING TO IMPROVE ACCESS TO QUALITY HEALTHCARE FOR HIGHLY VULNERABLE AND UNDERSERVED POPULATIONS. THROUGH THIS PROJECT, TWCGME AND ATSU-SOMA ARE CREATING ENHANCED PRIMARY CARE DIDACTICS, CONTEXTUAL CLINICAL LEARNING ACTIVITIES/ASSESSMENTS, AND LEADERSHIP COURSES TO PREPARE TRAINEES FOR PRACTICE IN EVOLVING HEALTH CARE SYSTEMS. TOGETHER, TWCGME

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,180,750. including grants of \$ 1,138,290.) (Revenue \$ 2,107,868.)

4e Total program service expenses **▶ 25,210,848.**

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**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

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Part IV Checklist of Required Schedules

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

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81
b Enter the number of Forms W-2G included in 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	

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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 346		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
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?		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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 instructions and file Form 4720, Schedule N.		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b 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		X
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		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
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	X	
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
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	X	

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		X
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	X	
b Describe in 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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in 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		X
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 **►**
RONALD DANIELS, CFO - 570-343-2383
501 S. WASHINGTON AVENUE, SUITE 1000, SCRANTON, PA 18505

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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 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 and/or Box 7 of Form 1099-MISC) 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 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD PRESIDENT/PHYSICIAN	28.00 27.00	X		X				0.	745,211.	51,350.
(2) JIGNESH SHETH, MD DIR TO 12/19,SVP CLINICAL OPS/PHYS	0.00 55.00	X		X				0.	414,985.	51,350.
(3) WILLIAM DEMPSEY, MD MEDICAL DIRECTOR/PHYSICIAN	36.00 19.00				X			198,142.	106,692.	53,100.
(4) JUMEE BAROOAH, MD DIO/ NON VOTING DIRECTOR	7.00 48.00				X			33,444.	245,252.	48,498.
(5) JENNIFER WALSH, ESQ SVP GENERAL COUNSEL	55.00 0.00				X			269,594.	0.	39,950.
(6) TIMOTHY BURKE, DO PROGRAM DIRECTOR FOR AOA/PHYSICIAN	27.50 27.50				X			129,248.	129,248.	49,024.
(7) RAJIV BANSAL, MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50				X			131,870.	131,870.	30,818.
(8) ENRIQUE SAMONTE, MD ASST. PROGRAM DIR/PHYSICIAN	10.00 45.00					X		32,642.	239,377.	7,851.
(9) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50				X			124,467.	124,467.	24,206.
(10) SUZANNE M. FLETCHER SVP FINANCE - RESIGNED MAY 2020	27.50 27.50			X				112,138.	112,138.	42,574.
(11) DEBORAH SPRING, MD ASST. PROGRAM DIR FOR FM/PHYSICIAN	6.60 48.40				X			27,919.	204,734.	28,647.
(12) BOJANA MILEKIC, MD, ASST. PROGR DIR FOR IM/PHYSICIAN TO 6/20	8.25 46.75				X			35,743.	202,539.	19,534.
(13) MARIA EDWARDS VP STRATEGIC INITIATIVES TO 3/20	22.00 33.00				X			67,092.	100,638.	42,817.
(14) JOHN JANOSKY VP INFORMATION TECHNOLOGY	27.50 27.50				X			82,595.	82,595.	42,366.
(15) JOSEPH FERRARIO CHAIRMAN - RESIGNED 7/12/19	5.00 1.00	X		X				0.	0.	0.
(16) HARROLD BAILLIE, PHD CHAIRMAN	5.00 0.00	X		X				0.	0.	0.
(17) JAMES GAVIN VICE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.

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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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN KEARNEY TREASURER	5.00 5.00	X		X				0.	0.	0.
(19) ROBERT NAISMITH, PHD SECRETARY	5.00 0.00	X		X				0.	0.	0.
(20) GERARD GEOFFROY DIRECTOR - RESIGNED 9/20	1.00 5.00	X						0.	0.	0.
(21) SCOTT JENKINS DIRECTOR - RESIGNED 12/19	1.00 0.00	X						0.	0.	0.
(22) SISTER MARY ALICE JACQUINOT DIRECTOR - RESIGNED 9/20	1.00 0.00	X						0.	0.	0.
(23) MARY MARRARA DIRECTOR - RESIGNED 9/20	1.00 5.00	X						0.	0.	0.
(24) CARLON PREATE DIRECTOR - RESIGNED 4/20	1.00 5.00	X						0.	0.	0.
(25) LIA RICHARDS-PALMITER, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) MICHAEL PAGLIA, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,244,894.	2,839,746.	532,085.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,244,894.	2,839,746.	532,085.

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 **10**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEAN BYRNE CONSTRUCTION, 349 REAR N MAIN STREET, DICKSON CITY, PA 18519	SERVICE CONSTRUCTION	481,398.
WYOMING AVENUE DEVELOPMENT LLC 321 SPRUCE ST STE 1100, SCRANTON, PA 18503	SERVICE CONSTRUCTION	467,604.
A.T. STILL UNIVERSITY OF HEALTH SCIENCES, I 800 W. JEFFERSON ST, KIRKSVILLE, MO 63501	PROFESSIONAL FEES, CONTRACTED SERVICES	432,472.
PHASOR CORPORATION, 210 DIVISION STREET - SUITE 7, KINGSTON, PA 18704	SERVICE CONSTRUCTION	309,515.
ABM 140 ADAMS AVENUE, SCRANTON, PA 18503	SERVICE-PARKING	125,724.

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 **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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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 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			
(27) JUDY FEATHERSTONE, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) VINCENT KEANE DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) KIM PATTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) DOUGLAS SPEGMAN, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) THOMAS BISIGNANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) CAROL RUBEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) SHARON OBADIA, DO DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) PATRICK CONABOY, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) RONALD DANIELS CFO - APRIL 2020	11.00 44.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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Part VIII Statement of Revenue

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

				(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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	73,500.				
	e Government grants (contributions)	1e	17,245,445.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a RESIDENCY PROGRAM REV	Business Code	611310	12,679,720.	12,679,720.		
	b SUPPORT SERVICE REVENUE		561000	2,098,163.	2,098,163.		
	c IRB AND RESEARCH FEES		611310	9,705.	9,705.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			14,787,588.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			142,379.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real 560,994.				
b Less: rental expenses ...		6b	189,994.				
c Rental income or (loss)		6c	371,000.				
d Net rental income or (loss)				371,000.			371,000.
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities 2,458,751.				
b Less: cost or other basis and sales expenses		7b	2,598,298.				
c Gain or (loss)		7c	(ii) Other -139,547.				
d Net gain or (loss)				-139,547.			-139,547.
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a REIMBURSEMENTS	Business Code	900099	20,437.			20,437.
	b MISCELLANEOUS REVENUE		900099	4,914.			4,914.
	c RESEARCH & EDUCATIONAL STUDIES		900099	4,428.			4,428.
	d All other revenue		900099	7,897.			7,897.
	e Total. Add lines 11a-11d			37,676.			
	12 Total revenue. See instructions			32,534,041.	14,787,588.	0.	411,508.

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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 ...	1,213,884.	1,213,884.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,300,606.	860,939.	439,667.	
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	15,974,248.	13,099,460.	2,874,788.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	477,616.	318,896.	158,720.	
9 Other employee benefits	1,835,660.	1,465,115.	370,545.	
10 Payroll taxes	1,152,283.	824,259.	328,024.	
11 Fees for services (nonemployees):				
a Management				
b Legal	60,333.	53,508.	6,825.	
c Accounting	47,760.		47,760.	
d Lobbying	125,409.		125,409.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,545.		26,545.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,550,080.	1,757,504.	792,576.	
12 Advertising and promotion	194,321.	40,215.	154,106.	
13 Office expenses	512,413.	19,845.	492,568.	
14 Information technology	258,480.	165,926.	92,554.	
15 Royalties				
16 Occupancy	231,307.	7,739.	223,568.	
17 Travel	76,773.	42,329.	34,444.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	404,998.	313,538.	91,460.	
20 Interest	193,286.		193,286.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	688,208.	14,183.	674,025.	
23 Insurance	662,515.	649,023.	13,492.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEARNING ENVIRONMTS-THC	3,989,133.	3,989,133.		
b REPAIRS & MAINTENANCE	396,396.	2,071.	394,325.	
c DUES AND MEMBERSHIPS	331,850.	249,692.	82,158.	
d RECRUITMENT EXPENSE	267,656.	120,658.	146,998.	
e All other expenses	29,230.	2,931.	26,299.	
25 Total functional expenses. Add lines 1 through 24e	33,000,990.	25,210,848.	7,790,142.	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)

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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	
	2 Savings and temporary cash investments	1,206,238.	2	2,399,962.
	3 Pledges and grants receivable, net	143,227.	3	84,228.
	4 Accounts receivable, net	1,613,747.	4	882,654.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	363,153.	9	284,083.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,974,447.		
	b Less: accumulated depreciation	1,382,478.	10c	7,591,969.
	11 Investments - publicly traded securities	5,410,082.	11	5,419,703.
	12 Investments - other securities. See Part IV, line 11	903,007.	12	1,139,423.
	13 Investments - program-related. See Part IV, line 11	0.	13	666,741.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,816,640.	15	10,108,624.
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,569,537.	16	28,577,387.	
Liabilities	17 Accounts payable and accrued expenses	3,387,936.	17	8,672,753.
	18 Grants payable		18	
	19 Deferred revenue	9,428.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	12,166,068.
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,397,364.	26	20,838,821.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,172,173.	27	7,738,566.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,172,173.	32	7,738,566.
	33 Total liabilities and net assets/fund balances	11,569,537.	33	28,577,387.

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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	32,534,041.
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,000,990.
3	Revenue less expenses. Subtract line 2 from line 1	3	-466,949.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,172,173.
5	Net unrealized gains (losses) on investments	5	33,342.
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	7,738,566.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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	X

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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

2019

**Open to Public
Inspection**

Name of the organization **THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number
23-2007832

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 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		
<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10737249.	12730219.	15826039.	16798105.	17334945.	73426557.
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	13582150.	13617127.	12636961.	13415299.	14787588.	68039125.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24319399.	26347346.	28463000.	30213404.	32122533.	141465682
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						141465682

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	24319399.	26347346.	28463000.	30213404.	32122533.	141465682
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131,327.	101,098.	125,839.	149,433.	703,373.	1211070.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	131,327.	101,098.	125,839.	149,433.	703,373.	1211070.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					37,676.	37,676.
13 Total support. (Add lines 9, 10c, 11, and 12.)	24450726.	26448444.	28588839.	30362837.	32863582.	142714428
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	99.13 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	.85 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	.46 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) 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 in (a) 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 (a) and (b) 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? 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 1-1/2% 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 .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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**MISCELLANEOUS**

2019 AMOUNT: \$ 4,914.

REIMBURSEMENTS

2019 AMOUNT: \$ 20,437.

RESEARCH & EDUCATIONAL STUDIES

2019 AMOUNT: \$ 4,428.

REBATE PROGRAM

2019 AMOUNT: \$ 2,905.

STATE OF MD BOARD INC

2019 AMOUNT: \$ 2,575.

EMPLOYEE COLLECTIONS

2019 AMOUNT: \$ 2,417.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

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

OMB No. 1545-0047

2019

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number

23-2007832

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 foundationCheck 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number

23-2007832

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	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 5600 FISHERS LANE ROCKVILLE, MD 20857	\$ 17,245,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	A.T. STILL UNIVERSITY HEALTH SERVICES SCHOOL OF OSTEOPATHIC 5850 EAST STILL CIRCLE MESA, AZ 85206	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE WRIGHT CENTER MEDICAL GROUP 501 S. WASHINGTON AVE, SUITE 1000 SCRANTON, PA 18505	\$ 73,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

23-2007832

Part II

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

Name of organization

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number

23-2007832**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 info. once.) ► \$ _____

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

SCHEDULE C
(Form 990 or 990-EZ)

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

2019

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

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

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

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

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

Name of organization	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number	23-2007832
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities ▶

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

THE WRIGHT CENTER FOR GRADUATE MEDICAL

Schedule C (Form 990 or 990-EZ) 2019 **EDUCATION**

23-2007832 Page **2**

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)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	125,409.													
c Total lobbying expenditures (add lines 1a and 1b)	125,409.													
d Other exempt purpose expenditures	32,875,581.													
e Total exempt purpose expenditures (add lines 1c and 1d)	33,000,990.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount				1,000,000.	1,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000.
c Total lobbying expenditures				125,409.	125,409.
d Grassroots nontaxable amount				250,000.	250,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					375,000.
f Grassroots lobbying expenditures				0.	

Schedule C (Form 990 or 990-EZ) 2019

THE WRIGHT CENTER FOR GRADUATE MEDICAL

Schedule C (Form 990 or 990-EZ) 2019 **EDUCATION**

23-2007832 Page **3**

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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 be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	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 expenditure 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.

PART II-A, LINE 1B

TWCGME ENGAGED THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) ON APRIL 23, 2019, TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH POLICY AND PROGRAMS, INCLUDING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION. TWCGME PAID COZEN \$102,248 FOR THESE SERVICES IN FY 2019-2020. IN ADDITION TO COZEN'S SERVICES, TWO PAID STAFF

Part IV Supplemental Information *(continued)*

MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR THE FEDERALLY-FUNDED THC GME PROGRAM. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING THE THC GME PROGRAM. DUE TO COVID-19, THERE WAS NO IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2019-2020.

COZEN WAS ALSO ENGAGED BY TWCCH, A FQHC-LOOK-ALIKE AND TWCGME'S AFFILIATED ORGANIZATION, TO ADVOCATE FOR LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS), FQHC-LOOK-ALIKES AND THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"). TWCCH PAID COZEN \$67,500 FOR THESE SERVICES IN FY 2019-2020, WHICH AMOUNTS ARE REFLECTED ON ITS OWN FORM 990.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public Inspection****Name of the organization** THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**Employer identification number**
23-2007832**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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,010,550.	226,160.	3,784,390.
d Equipment		4,963,897.	1,156,318.	3,807,579.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,591,969.

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Schedule D (Form 990) 2019

23-2007832 Page **3**

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	5,862,977.
(2) RESTRICTED CASH	4,245,647.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,108,624.

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.

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

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 ... ☒

Schedule D (Form 990) 2019

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Schedule D (Form 990) 2019

23-2007832 Page **4**

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	32,730,832.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,342.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-26,545.
e	Add lines 2a through 2d	2e	6,797.
3	Subtract line 2e from line 1	3	32,724,035.
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	-189,994.
c	Add lines 4a and 4b	4c	-189,994.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,534,041.

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	33,164,439.
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	189,994.
e	Add lines 2a through 2d	2e	189,994.
3	Subtract line 2e from line 1	3	32,974,445.
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	26,545.
c	Add lines 4a and 4b	4c	26,545.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	33,000,990.

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.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2020 AND 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES -26,545.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

RENTAL EXPENSES -189,994.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 189,994.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES 26,545.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number
23-2007832

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE - 5850 E. STILL CIRCLE - MESA, AZ 85206	43-0356250	501(C)(3)	75,594.	0.			SEE PART IV
MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509	24-0795453	501(C)(3)	5,000.	0.			SPONSORSHIP OF COMMUNITY LEADERSHIP CELEBRATION
LACKAWANNA PRO BONO, INC. 233 PENN AVE SCRANTON, PA 18503	23-2887494	501(C)(3)	5,000.	0.			SEE PART IV
THE WRIGHT CENTER MEDICAL GROUP 501 S. WASHINGTON AVENUE SCRANTON, PA 18505	23-2772504	501(C)(3)	1,128,290.	0.			SEE PART IV

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **4.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

23-2007832

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPLIANCE PROGRAM. APPROPRIATE MONITORING IS IN PLACE TO TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT.

PART II, LINE 1, COLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT: A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE:

A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) IS A SUBAWARD RECIPIENT FROM TWCGME FOR A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING ENHANCEMENT (PCTE) GRANT PROJECT TITLED "SERVING, TEACHING AND LEARNING WHERE THE NEED IS GREATEST," WHEREBY ATSU-SOMA WORKS WITH TWCGME LEADERS TO 1) PREPARE PATIENT-CENTERED MEDICAL HOME CHAMPIONS FOR CARE TEAMS FOCUSED ON PROFESSIONALISM, LEADERSHIP AND PRACTICE; 2) IMPLEMENT A COMMUNITY HEALTH CENTER MODEL FOR HEALTH CARE DELIVERY SCIENCE TRAINING; 3) EXPLORE FEASIBILITY OF EXTENDING THE ENHANCED NATIONAL FAMILY MEDICINE RESIDENCY TO NEW LOCATIONS; AND 4) EVALUATE AND DISSEMINATE PROJECT OUTCOMES.

NAME OF ORGANIZATION OR GOVERNMENT: MARYWOOD UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE:

SPONSORSHIP OF COMMUNITY LEADERSHIP CELEBRATION

NAME OF ORGANIZATION OR GOVERNMENT: LACKAWANNA PRO BONO, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE:

SPONSORSHIP FOR FUNDRAISING GALA TO SUPPORT LEGAL SERVICES TO LOW- AND NO-INCOME INDIVIDUALS IN NEED

NAME OF ORGANIZATION OR GOVERNMENT: THE WRIGHT CENTER MEDICAL GROUP

(H) PURPOSE OF GRANT OR ASSISTANCE:

TO FACILITATE THE CONSTRUCTION OF A NEW, STATE-OF-THE-ART CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PA. TWCGME MADE A GRANT TO TWCCCH FOR \$1,128,290.

RESPONDING TO GOVERNOR TOM WOLF'S CALL-TO-ACTION FOR PENNSYLVANIA, IN

Part IV Supplemental Information

DECEMBER 2019, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND ITS AFFILIATED ENTITY, THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) OPENED A ONE-OF-A-KIND, FULLY-INTEGRATED PRIMARY AND PREVENTIVE FQHC-LOOK-ALIKE HEALTH CENTER THAT OFFERS MENTAL AND BEHAVIORAL HEALTH, WOMEN'S AND FAMILY HEALTH, ADDICTION AND RECOVERY SERVICES, DENTAL AND INTEGRATED RYAN WHITE HIV/AIDS PROGRAMS WITH IMMERSSED PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE DEVELOPMENT. THIS FACILITY IS LOCATED IN A SEVERELY DISTRESSED CENSUS TRACT (NO. 42069102500) AND FOOD DESERT ON THE OUTSKIRTS OF DOWNTOWN SCRANTON, PA. HAVING CREATED MORE THAN 125 NEW JOBS, THIS PROJECT IS ONLY THE MOST RECENT EFFORT BY TWCGME THAT IS RESPONSIVE TO GOVERNOR WOLF'S ACTION PLAN FOR PENNSYLVANIA, ANSWERING THE CALL TO "IMPROVE HEALTH CARE ACCESS AND OPTIONS," "FIGHT THE HEROIN AND OPIOID EPIDEMIC," AND TO "GROW JOBS AND SUPPORT WORKERS." THIS PROJECT WAS FUNDED BY MULTIPLE SOURCES, INCLUSIVE OF BUT NOT LIMITED TO A FEDERAL NEW MARKETS TAX CREDIT ALLOCATION, A COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL GRANT, FUNDING FROM MULTIPLE PRIVATE FOUNDATIONS AND ORGANIZATIONAL INVESTMENTS.

**SCHEDULE J
(Form 990)**

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

2019

Open to Public
Inspection

Name of the organization

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number

23-2007832

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

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

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

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Schedule J (Form 990) 2019

23-2007832

Page **2**

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 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/PHYSICIAN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	710,211.	35,000.	0.	37,200.	14,150.	796,561.	0.
(2) JIGNESH SHETH, MD DIR TO 12/19, SVP CLINICAL OPS/PHYS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	402,985.	12,000.	0.	37,200.	14,150.	466,335.	0.
(3) WILLIAM DEMPSEY, MD MEDICAL DIRECTOR/PHYSICIAN	(i)	185,009.	7,283.	5,850.	24,106.	10,409.	232,657.	0.
	(ii)	99,620.	3,922.	3,150.	12,980.	5,605.	125,277.	0.
(4) JUMEE BAROOAH, MD DIO/ NON VOTING DIRECTOR	(i)	31,944.	1,500.	0.	4,230.	1,590.	39,264.	0.
	(ii)	234,252.	11,000.	0.	31,020.	11,658.	287,930.	0.
(5) JENNIFER WALSH, ESQ SVP GENERAL COUNSEL	(i)	262,094.	7,500.	0.	34,900.	5,050.	309,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TIMOTHY BURKE, DO PROGRAM DIRECTOR FOR AOA/PHYSICIAN	(i)	126,283.	2,425.	540.	17,381.	7,131.	153,760.	0.
	(ii)	126,283.	2,425.	540.	17,381.	7,131.	153,760.	0.
(7) RAJIV BANSAL, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	124,926.	2,544.	4,400.	8,267.	7,142.	147,279.	0.
	(ii)	124,926.	2,544.	4,400.	8,267.	7,142.	147,279.	0.
(8) ENRIQUE SAMONTE, MD ASST. PROGRAM DIR/PHYSICIAN	(i)	30,887.	1,125.	630.	375.	567.	33,584.	0.
	(ii)	226,507.	8,250.	4,620.	2,750.	4,159.	246,286.	0.
(9) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	121,242.	3,225.	0.	7,938.	4,165.	136,570.	0.
	(ii)	121,242.	3,225.	0.	7,938.	4,165.	136,570.	0.
(10) SUZANNE M. FLETCHER SVP FINANCE - RESIGNED MAY 2020	(i)	108,988.	3,150.	0.	16,250.	5,037.	133,425.	0.
	(ii)	108,988.	3,150.	0.	16,250.	5,037.	133,425.	0.
(11) DEBORAH SPRING, MD ASST. PROGRAM DIR FOR FM/PHYSICIAN	(i)	27,157.	762.	0.	1,794.	1,644.	31,357.	0.
	(ii)	199,148.	5,586.	0.	13,156.	12,053.	229,943.	0.
(12) BOJANA MILEKIC, MD, ASST. PROGR DIR FOR IM/PHYSICIAN TO 6/20	(i)	33,390.	1,003.	1,350.	2,172.	758.	38,673.	0.
	(ii)	189,208.	5,681.	7,650.	12,311.	4,293.	219,143.	0.
(13) MARIA EDWARDS VP STRATEGIC INITIATIVES TO 3/20	(i)	65,292.	1,800.	0.	11,500.	5,627.	84,219.	0.
	(ii)	97,938.	2,700.	0.	17,250.	8,440.	126,328.	0.
(14) JOHN JANOSKY VP INFORMATION TECHNOLOGY	(i)	78,970.	3,625.	0.	14,159.	7,024.	103,778.	0.
	(ii)	78,970.	3,625.	0.	14,159.	7,024.	103,778.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2019

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.

PART I, LINE 3:

TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS
AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS
PRESIDENT OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE
DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY
EXTERNAL COMPENSATION CONSULTANT BEFORE EACH EMPLOYMENT CONTRACT IS
NEGOTIATED TO PROVIDE A COMPREHENSIVE, OBJECTIVE COMPENSATION STUDY TO
ENSURE THAT TWCGME'S PAYMENT TO TWCCH REFLECTS FAIR MARKET VALUE FOR THE
CHIEF EXECUTIVE'S SERVICES. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE
PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE TOP EXECUTIVE'S
PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER
PAYMENT ADJUSTMENTS TO TWCCH FOR FUTURE SERVICES ARE APPROPRIATE. THE
EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE
CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60
DAYS OF THE DECISION.

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVE
EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND ALL STAFF,

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.

IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE AND HUMAN RESOURCES
DEPARTMENT, WHO RELY ON A PERIODIC ORGANIZATION-WIDE COMPENSATION
ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR (TYPICALLY EVERY THREE TO
FIVE YEARS).

PART I, LINE 4B:

TWCGME IS OPERATIONALLY AFFILIATED WITH TWCCH. TO INCREASE ORGANIZATIONAL
EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR W-2 REPORTING OF BOTH
ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH DIRECTLY EMPLOYS ITS CHIEF
EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER.
TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S
RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT
DUPLICATION BASED ON LEASE AGREEMENTS BETWEEN THE ORGANIZATIONS.

TWCGME AND TWCCH ESTABLISHED A NONGOVERNMENTAL TAX EXEMPT ENTITY
NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE CHIEF EXECUTIVE AND A
SEPARATE PLAN FOR ELIGIBLE EXECUTIVES, BOTH UNDER IRC 457(B). THE TERMS OF
PARTICIPATION ARE REFLECTED IN EACH RESPECTIVE PLAN DOCUMENT. PARTICIPANTS
IN THE PLAN VEST IMMEDIATELY. CONTRIBUTIONS TO THE PLAN AMOUNTED TO

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.

\$253,003.

PART I, LINE 7:

ALL EMPLOYEES OF TWCGME ARE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT AND AFFORDABILITY. HOWEVER, THERE ARE SEVERAL THRESHOLD REQUIREMENTS TO PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO ACTIVE PARTICIPATION IN TWCGME'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT AND SAFE EVENT REPORTING AND COMMUNITY SERVICE EXPERIENCES. ONCE DETERMINED TO BE AFFORDABLE, THE MERIT-BASED BONUS PAYMENT AMOUNT OF EMPLOYEES' BONUSES CORRELATES TO INDIVIDUAL PERFORMANCE SCORES. EMPLOYEES IN A PROBATIONARY STATUS ARE INELIGIBLE. THE 2019-2020 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0% AND 4% OF BASE SALARY. THE TOTAL BONUS PROGRAM AMOUNTED TO APPROXIMATELY 3% OF TOTAL BASE SALARIES ACROSS THE ORGANIZATION.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Name of the organization **THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Employer identification number
23-2007832

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOSEPH FERRARIO	BOARD MEMBER TO 7/1	701,033.			X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSEPH FERRARIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER TO 7/12/2019, CHAIRMAN OF TWCGME BOARD OF DIRECTORS TO 7/12/19

(D) DESCRIPTION OF TRANSACTION:

IN NOVEMBER 2017, TWCGME AND ITS AFFILIATED ORGANIZATION, TWCCH, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ FT FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A DIRECTOR AND CHAIRMAN OF TWCGME UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCGME'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWGME'S AFFILIATED ORGANIZATIONS. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APROVED BY TWCGME'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

COUNSEL. ON JULY 25, 2019, THE LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH FEDERAL NEW MARKET TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC-LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQUARE FEET OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER OF 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

THE TRANSACTION IS PAYMENT TO WYOMING AVENUE DEVELOPMENT, LLC TO REIMBURSE IT FOR INFORMATION TECHNOLOGY AND OTHER RENOVATION COSTS WHICH WERE THE FINANCIAL RESPONSIBILITY OF TWCGME, BUT WERE PAID BY WYOMING AVENUE DEVELOPMENT, LLC IN CONNECTION WITH BUILDING RENOVATIONS DISCUSSED IN PART IV, LINE 28C. THIS AMOUNTED TO \$444,442. MONTHLY PAYMENTS TO WYOMING AVENUE DEVELOPMENT FOR THE LEASE AGREEMENT FOR THE LEASED PROPERTY LOCATED AT 501 S. WASHINGTON AVENUE IN SCRANTON, PA WITH THE COMMENCEMENT DATE OF NOVEMBER 26, 2019 AMOUNTED TO \$256,591.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number
23-2007832

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICINE RESIDENCY PROGRAM, ALL PARTIALLY AND THE LATTER WHOLLY FUNDED
BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THESE
RESIDENCY PROGRAMS UNIQUELY OFFER AMPLE OPPORTUNITY FOR TRAINEES TO BE
IMMERSED AND TRAINED IN FEDERALLY QUALIFIED HEALTH CENTERS AND
LOOK-ALIKE COMMUNITY-BASED CLINICAL LEARNING VENUES ACROSS THE NATION.
AS THE LARGEST HRSA-FUNDED TEACHING HEALTH CENTER GRADUATE MEDICAL
EDUCATION SAFETY-NET CONSORTIUM (THC GME-SNC) IN AMERICA, TWCGME
PROUDLY ENGAGES EACH FQHC AND FQHC-LOOK-ALIKE PARTNER WITH EMPOWERING
VOICE ON ITS GOVERNING BOARD. TWCGME'S CLINICAL LEARNING ENVIRONMENT
PARTNER SITES INCLUDE THE WRIGHT CENTER FOR COMMUNITY HEALTH'S PRIMARY
HEALTH LOCATIONS ACROSS NORTHEAST PENNSYLVANIA AND NATIONAL PARTNER
SITES INCLUDING HEALTHSOURCE OF OHIO, EL RIO HEALTH IN ARIZONA, UNITY
HEALTH CARE IN WASHINGTON, D.C., AND HEALTHPOINT IN WASHINGTON.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FELLOWS ARE TRAINED IN PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL
FOR GRADUATE MEDICAL EDUCATION (ACGME). GME FUNDING IS PROVIDED TO THE
CONSORTIUM DIRECTLY BY THE VAMC (FUNDED BY THE DEPT. OF VETERANS
AFFAIRS) AND BY THE HOSPITALS (FUNDED BY CMS) TO TWCGME WHICH EMPLOYS
AND SUPPORTS THE DIRECT EXPENSES OF THE RESIDENTS, FELLOWS AND FACULTY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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AND ATSU-SOMA CREATED A MULTI-STATE COMMUNITY CARE TRAINING ALLIANCE THAT BRINGS TOGETHER LEADERSHIP FROM COMMUNITY HEALTH CENTERS AND MEDICAL SCHOOLS TO EXPLORE HOW TO BEST EVOLVE THE MEDICAL EDUCATION CONTINUUM TO BETTER SERVE MEDICALLY UNDERSERVED COMMUNITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO FACILITATE THE CONSTRUCTION OF A NEW, STATE-OF-THE-ART CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PA, TWCGME MADE A GRANT TO A RELATED ENTITY, THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) FOR \$1,128,290.

RESPONDING TO GOVERNOR TOM WOLF'S CALL-TO-ACTION FOR PENNSYLVANIA, IN DECEMBER 2019, TWCGME AND ITS AFFILIATED ENTITY, TWCCH OPENED A ONE-OF-A-KIND, FULLY-INTEGRATED PRIMARY AND PREVENTATIVE FQHC-LOOK-ALIKE HEALTH CENTER THAT OFFERS MENTAL AND BEHAVIORAL HEALTH, WOMEN'S AND FAMILY HEALTH, ADDICTION AND RECOVERY SERVICES, DENTAL AND INTEGRATED RYAN WHITE HIV/AIDS PROGRAMS WITH IMMERSSED PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE DEVELOPMENT. THIS FACILITY IS LOCATED IN A SEVERELY DISTRESSED CENSUS TRACT (NO. 42069102500) AND FOOD DESERT ON THE OUTSKIRTS OF DOWNTOWN SCRANTON, PA. HAVING CREATED MORE THAN 125 NEW JOBS, THIS PROJECT IS ONLY THE MOST RECENT EFFORT BY TWCGME THAT IS RESPONSIVE TO GOVERNOR WOLF'S ACTION PLAN FOR PENNSYLVANIA, ANSWERING THE CALL TO "IMPROVE HEALTH CARE ACCESS AND OPTIONS," "FIGHT THE HEROIN AND OPIOID EPIDEMIC," AND TO "GROW JOBS AND SUPPORT WORKERS." THIS PROJECT WAS FUNDED BY MULTIPLE SOURCES, INCLUSIVE OF BUT NOT LIMITED TO A FEDERAL NEW MARKETS TAX CREDIT ALLOCATION, A COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE

Name of the organization	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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CAPITAL GRANT, FUNDING FROM MULTIPLE PRIVATE FOUNDATIONS AND
ORGANIZATIONAL INVESTMENTS.

AS AN EDUCATIONAL INSTITUTION, TWCGME ALSO OPERATES AN INSTITUTIONAL
REVIEW BOARD (IRB). THE MISSION OF TWCGME IRB IS TO PROTECT THE RIGHTS
AND WELFARE OF HUMAN PARTICIPANTS RECRUITED TO ENGAGE IN RESEARCH
ACTIVITIES OCCURRING IN TWCGME'S OR PARTNERING ORGANIZATIONS' CLINICAL
LEARNING ENVIRONMENTS AND/OR WITH TWCGME RESIDENTS, FELLOWS AND/OR
FACULTY. PHYSICIANS, EDUCATORS, RESEARCH EXPERTS AND COMMUNITY MEMBERS
SERVE ON THE IRB. ADDITIONALLY, TWCGME VALUES REGIONAL PARTNERSHIPS AND
SUPPORTS LOCAL NONPROFITS WITH FINANCIAL SPONSORSHIPS.

TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCCH. IN OPERATIONALIZING
THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE
AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN STAFF AND SERVICES,
FOR WHICH TWCCH PAYS TWCGME THROUGH INTRACOMPANY AND INTERCOMPANY
ALLOCATION METHODOLOGIES. THROUGH THESE LEASES, TWCCH LEASES MANAGEMENT
SERVICES AND BACK OFFICE SUPPORT SERVICES FROM TWCGME, INCLUDING, BUT
NOT LIMITED TO, HUMAN RESOURCES, MARKETING/COMMUNICATIONS, FINANCE,
GRANTS, LEGAL AND OTHER ADMINISTRATIVE SERVICES. LINE 2B ON THE
STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR THESE SUPPORT
SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCH. THE COSTS ASSOCIATED
WITH THIS REVENUE, IN ADDITION TO COSTS SUPPORTING TWCGME MANAGEMENT
AND GENERAL EXPENSES, ARE RECORDED AS MANAGEMENT AND GENERAL EXPENSES
ON TWCGME.

EXPENSES \$ 1,180,750. INCL GRANTS OF \$ 1,138,290. REVENUE \$ 2,107,868.

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IN NOVEMBER 2017, TWCGME AND ITS AFFILIATED ORGANIZATION, TWCCH, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ FT FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A DIRECTOR AND CHAIRMAN OF TWCGME UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCGME'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCGME'S AFFILIATED ORGANIZATIONS. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APROVED BY TWCGME'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL. ON JULY 25, 2019, THE LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH FEDERAL NEW MARKET TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC-LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQUARE FEET OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER OF 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

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TWCGME IS OPERATIONALLY AFFILIATED WITH TWCCH (EIN: 23-2772504). TO INCREASE ORGANIZATIONAL EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR W-2 REPORTING OF BOTH ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH DIRECTLY EMPLOYS ITS CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER. TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT DUPLICATION BASED ON LEASE AGREEMENTS BETWEEN THE ORGANIZATIONS. PER IRS INSTRUCTIONS, EMPLOYEES INCLUDED ON PART V, LINE 2A, ARE THOSE DEEMED TO BE THE FTE EQUIVALENT OF EMPLOYEES ALLOCATED TO TWCGME.

FORM 990, PART VI, SECTION A, LINE 6:

TWCGME IS A NONPROFIT MEMBERSHIP CORPORATION WITH TWO CLASSES OF MEMBERS. CLASS I MEMBERS ARE HEALTH SYSTEMS WITH WHICH THE CORPORATION HAS AN EXECUTED AFFILIATION AGREEMENT FOR RESIDENT OR FELLOW TRAINING AND WHICH HAS AN ACTIVE PRESENCE IN THE NORTHEAST PA REGION AS DETERMINED SOLELY BY TWCGME. CLASS II MEMBERS INCLUDE REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCCH FQHC-LOOK-ALIKE. OTHER CLASS II MEMBERS INCLUDE REPRESENTATIVES OF CONSUMERS/PATIENTS, REGIONAL EMPLOYERS, OSTEOPATHIC, ALLOPATHIC AND INTER-PROFESSIONAL (NON-PHYSICIAN) HEALTH CARE AND EDUCATIONAL STAKEHOLDERS, COMMUNITY LEADERS, COMMUNITY-GOVERNED NON-PROFIT SERVICE ORGANIZATIONS, AND OTHER PERSONS WHOM THE MEMBER BELIEVES WILL CONTRIBUTE VALUE TO THE BOARD OF DIRECTORS. IN 2019-2020, TWCGME WELCOMED TO THE BOARD THE EMPOWERED VOICE OF REPRESENTATIVE MEMBERS FROM ITS NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM'S PARTNERING FQHCS.

FORM 990, PART VI, SECTION A, LINE 7A:

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CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME SPONSORING
INSTITUTIONAL CONSORTIUM FOR AT LEAST TEN RESIDENT AND/OR FELLOW SLOTS
SHALL HAVE THE RIGHT TO APPOINT ONE CLASS II-A DIRECTOR TO TWCGME'S BOARD.

CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME SPONSORING
INSTITUTIONAL CONSORTIUM FOR AT LEAST TWENTY-FIVE RESIDENT AND/OR FELLOW
SLOTS SHALL HAVE THE RIGHT TO APPOINT TWO CLASS II-A DIRECTORS TO TWCGME'S
BOARD. NO CLASS I MEMBER SHALL APPOINT MORE THAN TWO VOTING DIRECTORS ON
TWCGME'S BOARD AT ANY GIVEN TIME, AND NO CLASS I MEMBER MAY APPOINT
DIRECTORS TO ANY CLASS OTHER THAN CLASS II-A.

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

TWCGME'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT WITH INPUT FROM
EXECUTIVES ACROSS ALL DEPARTMENTS, THEN IS REVIEWED BY AN OUTSIDE CPA FIRM
BEFORE BEING FINALIZED AND APPROVED BY THE PRESIDENT. THE FORM 990 IS THEN
DISTRIBUTED TO THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE OF THE BOARD FOR
REVIEW BEFORE BEING PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW.
UPON COMPLETION OF THIS REVIEW AND ANY NECESSARY REVISIONS, THE FORM 990 IS
SIGNED BY THE ORGANIZATION'S PRESIDENT AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS.
AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED AND
UPDATED BY THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE CORPORATION,
AND AS MORE FREQUENTLY AS NECESSARY SHOULD A CONFLICT OR POTENTIAL CONFLICT
ARISE DURING THE YEAR. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY
DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD.
EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING
REVIEW AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS'

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COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER. OFFICERS, KEY EMPLOYEES AND ALL STAFF OF THE ORGANIZATION ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS FREQUENTLY AS NECESSARY SHOULD A CONFLICT ARISE DURING THE FISCAL YEAR. COMPLIANCE OF STAFF WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH SUPPORT OF THE HUMAN RESOURCES DEPARTMENT.

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

15A: TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT BEFORE EACH CHIEF EXECUTIVE EMPLOYMENT CONTRACT IS NEGOTIATED BETWEEN TWCGME AND TWCCH TO PROVIDE A COMPREHENSIVE, OBJECTIVE COMPENSATION STUDY TO ENSURE THAT TWCGME'S PAYMENT TO TWCCH FOR CHIEF EXECUTIVE SERVICES REFLECTS FAIR MARKET VALUE. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE CHIEF EXECUTIVE'S PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER PAYMENT ADJUSTMENTS TO TWCCH FOR FUTURE SERVICES ARE APPROPRIATE AND, IF SO, FAIR MARKET VALUE BASED ON ALL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION.

15B: COMPENSATION OF OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE ORGANIZATION'S PRESIDENT AND HUMAN RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED TO PERFORM AN

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ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS PERIODICALLY (TYPICALLY EVERY THREE TO FIVE YEARS), WHICH IS PRESENTED TO THE CHIEF EXECUTIVE AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF THE BOARD OF DIRECTORS. MOREOVER, DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS AND KEY EMPLOYEES.

AS WITH THE SERVICES OF TWCGME'S CHIEF EXECUTIVE, TWCGME ALSO LEASES THE SERVICES OF TWCCH'S CHIEF MEDICAL OFFICER AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SENIOR VICE PRESIDENT OF CLINICAL EDUCATIONAL INTEGRATION. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCGME AND TWCCH ALSO INCLUDES THE SERVICES OF THIS EXECUTIVE IN ITS COMPENSATION STUDY ANALYSIS PERFORMED PERIODICALLY (TYPICALLY EVERY THREE TO FIVE YEARS).

FORM 990, PART VI, SECTION C, LINE 19:

TWCGME'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN SCRANTON, WITH COPIES PROVIDED UPON REQUEST. TWCGME'S FORMS 990 ARE AVAILABLE ONLINE AND ONSITE IN ACCORDANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

SUZANNE M. FLETCHER - 301 COUNTRYWOOD DRIVE, HANOVER TWP, PA 18706

BOJANA MILEKIC, MD, ASST. PROGRAM - 317 E. 73RD STREET, APT 2FW

Name of the organization	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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NEW YORK, NY 10021

MARIA EDWARDS - 930 MEADOWLARK DRIVE, MADISON TWP, PA 18444

JOSEPH FERRARIO - 530-2 SHERWOOD AVE, DUNMORE, PA 18512

SCOTT JENKINS - 30 KEITH STREET, HANOVER TWP, PA 18706

SISTER MARY ALICE JACQUINOT - 2010 ADAMS AVE, SCRANTON, PA 18509

CARLON PREATE - 715 GLENBURN ROAD, CLARK SUMMIT, PA 18411

FORM 990, PART VIII, LINE 2B

LINE 2B OF THE STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR SUPPORT SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCH, AN AFFILIATED ORGANIZATION, PURSUANT TO MEMORANDA OF UNDERSTANDING AND INTERCOMPANY LEASE AGREEMENTS. TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCCH. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN STAFF AND SERVICES, FOR WHICH TWCCH PAYS TWCGME THROUGH WELL-VALIDATED FTE-BASED INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASES, TWCCH LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING & COMMUNICATIONS, FINANCE, GRANTS, LEGAL AND OTHER ADMINISTRATIVE SERVICES. THE COSTS ASSOCIATED WITH THIS REVENUE, IN ADDITION TO COSTS SUPPORTING TWCGME MANAGEMENT AND GENERAL EXPENSES, ARE RECORDED AS MANAGEMENT AND GENERAL EXPENSES OF TWCGME.

SCHEDULE R
(Form 990)

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

2019

**Open to Public
Inspection**

Name of the organization **THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION** Employer identification number **23-2007832**

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE WRIGHT CENTER MEDICAL GROUP - 23-2772504 501 S. WASHINGTON AVENUE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
COMMUNITY HEALTH HUB - 27-3582779 501 S. WASHINGTON AVENUE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 10	N/A		X
THE WRIGHT CENTER ALLIANCE - 81-2982874 501 S. WASHINGTON AVENUE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 12A, I	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	X	
PATIENT ENGAGEMENT COUNCIL - 81-3053323 501 S. WASHINGTON AVENUE, SUITE 1000 SCRANTON, PA 18505	SEE PART VII	PENNSYLVANIA	501(C)(3)	LINE 7	SEE PART VII	X	

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

Schedule R (Form 990) 2019

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.

[illegible]

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

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

**THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
b Gift, grant, or capital contribution to related organization(s)
c Gift, grant, or capital contribution from related organization(s)
d Loans or loan guarantees to or for related organization(s)
e Loans or loan guarantees by related organization(s)
f Dividends from related organization(s)
g Sale of assets to related organization(s)
h Purchase of assets from related organization(s)
i Exchange of assets with related organization(s)
j Lease of facilities, equipment, or other assets to related organization(s)
k Lease of facilities, equipment, or other assets from related organization(s)
l Performance of services or membership or fundraising solicitations for related organization(s)
m Performance of services or membership or fundraising solicitations by related organization(s)
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
o Sharing of paid employees with related organization(s)
p Reimbursement paid to related organization(s) for expenses
q Reimbursement paid by related organization(s) for expenses
r Other transfer of cash or property to related organization(s)
s Other transfer of cash or property from related organization(s)
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

[illegible]

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS**NAME OF RELATED ORGANIZATION:**

THE WRIGHT CENTER MEDICAL GROUP

PRIMARY ACTIVITY:AN FQHC-LOOK-ALIKE PROVIDING SAFETY-NET, NONDISCRIMINATORY PRIMARY
HEALTH SERVICES AND RYAN WHITE/INFECTIOUS DISEASE SERVICES**NAME OF RELATED ORGANIZATION:**

COMMUNITY HEALTH HUB

PRIMARY ACTIVITY:PROMOTES THE HEALTH AND WELLNESS OF THE NORTHEAST PA COMMUNITY AND
ACCESS TO HIGH-QUALITY, NON-DISCRIMINATORY, COMPREHENSIVE PRIMARY
HEALTH SERVICES**NAME OF RELATED ORGANIZATION:**

THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY:CREATED TO ALIGN NON-PROFIT WRIGHT CENTER AFFILIATES WITH SHARED
PURPOSE IN OPTIMIZING MISSION DELIVERY ACHIEVEMENT. THE WRIGHT CENTER
ALLIANCE WAS CONTROLLED BY THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION DURING FY 2019-2020.**NAME OF RELATED ORGANIZATION:**

PATIENT ENGAGEMENT COUNCIL

PRIMARY ACTIVITY:WITH PARTICULAR FOCUS ON SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH,
PATIENT ENGAGEMENT COUNCIL PROMOTES PATIENT AND COMMUNITY ENGAGEMENT
AND EMPOWERMENT FOR MEANINGFUL CONTRIBUTIONS TO OWN AND OPTIMIZE

Part VII Supplemental Information

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

HEALTH. FROM JULY 2019 THROUGH JANUARY 2020, PATIENT ENGAGEMENT COUNCIL
WAS INITIALLY CONTROLLED BY THE WRIGHT CENTER ALLIANCE WHICH WAS A
SUPPORTING PARENT ORGANIZATION OF TWCGME. IN JANUARY OF 2020, THE
ALLIANCE TRANSFERRED ITS MEMBERSHIP INTEREST IN PATIENT ENGAGEMENT
COUNCIL TO TWCCH TO BETTER SUPPORT PATIENTS AND FAMILIES OF TWCCH AS
ITS FQHC-LOOK-ALIKE IDENTITY BLOSSOMED.