

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 2021

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

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

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

THE WRIGHT CENTER FOR GRADUATE MEDICAL

Taxpayer identification number

23-2007832

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	43473905.
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	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 4 6 4 2 2 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 5/16/2022

Part III Certification and Authentication

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

4 3 0 3 2 9 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/13/2022

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2020**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.**A** For the 2020 calendar year, or tax year beginning

07/01, 2020, and ending

06/30, 20 21

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**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

501 S. WASHINGTON AVENUE

1000

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

SCRANTON, PA 18505

F Name and address of principal officer: **LINDA THOMAS-HEMAK, MD**
501 S. WASHINGTON AVENUE, SCRANTON, PA 18505**D** Employer identification number

23-2007832

E Telephone number

(570) 343-2383

G Gross receipts \$ 43,812,763.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **THEWRIGHTCENTER.ORG****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1976 **M** State of legal domicile: PA**Part I Summary**1 Briefly describe the organization's mission or most significant activities: **THE MISSION OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IS TO IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITIES WE SERVE. SEE SCHEDULE O FOR MORE.**2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	21.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20.
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	380.
6	Total number of volunteers (estimate if necessary)	6	23.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,334,945.	23,651,071.
9	Program service revenue (Part VIII, line 2g)	14,787,588.	17,692,901.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,832.	608,892.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	408,676.	1,521,041.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	32,534,041.	43,473,905.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,213,884.	72,007.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,740,413.	24,628,097.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,046,693.	14,582,528.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,000,990.	39,282,632.
19	Revenue less expenses. Subtract line 18 from line 12	-466,949.	4,191,273.
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	28,577,387.	28,350,277.
21	Total liabilities (Part X, line 26)	20,838,821.	15,269,596.
22	Net assets or fund balances. Subtract line 21 from line 20	7,738,566.	13,080,681.

Part II Signature Block

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

Sign Here

Signature of officer

Date

5/16/2022

LINDA THOMAS-HEMAK, MD

PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KRYSTAL K CREACH

P01248198

Firm's name ▶ BKD, LLP

Firm's EIN ▶ 44-0160260

Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523

Phone no. 417-865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)JSA
0E1010 2.000

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

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

OMB No. 1545-0047

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Taxpayer identification number (TIN) 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S WASHINGTON AVENUE STE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► _____

Telephone No. ► _____ Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until 05/16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20____ or
 ► ☒ tax year beginning 07/01, 2020, and ending 06/30, 2021.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

SEE SCHEUDLE O.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 14,619,958. including grants of \$ 72,007.) (Revenue \$ 0.)

TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME)

FUNDING: A COMMUNITY-BASED, PHYSICIAN-LED, 501(C)(3) NONPROFIT

ORGANIZATION, TWCGME IS THE ANCHORING MEMBER OF A GRADUATE MEDICAL

EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) STRIVING TO ADDRESS OUR

NATION'S PRIMARY CARE PHYSICIAN SHORTAGE AND MIS-DISTRIBUTION, AND

RELATED HEALTH AND HEALTHCARE DISPARITIES. SEE SCHEDULE O FOR

ADDITIONAL INFORMATION.

4b (Code:) (Expenses \$ 12,288,232. including grants of \$) (Revenue \$ 12,895,642.)

CMS AND VA FUNDING FOR GRADUATE MEDICAL EDUCATION: AS A

COMMUNITY-BASED, PHYSICIAN-LED NONPROFIT ORGANIZATION STRIVING TO

ADDRESS OUR NATION'S PRIMARY CARE PHYSICIAN SHORTAGE AND RELATED

HEALTH AND HEALTHCARE DISPARITIES. SEE SCHEDULE O FOR ADDITIONAL

INFORMATION.

4c (Code:) (Expenses \$ 256,718. including grants of \$) (Revenue \$ 0.)

PRIMARY CARE TRAINING ENHANCEMENT GRANT: 2020-2021 WAS THE FIFTH

AND FINAL YEAR OF A FIVE-YEAR AWARD OF THE HRSA PRIMARY CARE

TRAINING ENHANCEMENT (PCTE) FOR WHICH TWCGME WAS THE PRIMARY

AWARDEE. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

(Expenses \$ 35,845. including grants of \$) (Revenue \$ 4,797,259.)

4e Total program service expenses **▶** 27,200,753.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	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? If "Yes," complete Schedule C, Part II.	4 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? If "Yes," complete Schedule C, Part III.	5	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? If "Yes," complete Schedule D, Part I.	6	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? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	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? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	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? If "Yes," complete Schedule D, Part VI.	11a 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? If "Yes," complete Schedule D, Part VII.	11b	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? If "Yes," complete Schedule D, Part VIII.	11c	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? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e 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)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If "Yes," complete Schedule F, Parts I and IV.	14b	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? If "Yes," complete Schedule F, Parts II and IV.	15	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? If "Yes," complete Schedule F, Parts III and IV.	16	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? If "Yes," complete Schedule G, Part I See instructions.	17	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? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21 X	

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>		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>	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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>		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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

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

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 380		
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

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**

	1a	21	1b	20	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		21				
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.		20				
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?						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?						X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?						X
6 Did the organization have members or stockholders?					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?					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?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					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.						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?		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? . . .		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

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 501 S. WASHINGTON AVENUE, SUITE 1000 SCRANTON, PA 1850 570-343-2383

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD PRESIDENT/PHYSICIAN/DIRECTOR	11.00 44.00	X		X				0.	825,226.	36,905.
(2) JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYS	11.00 44.00				X			0.	445,746.	37,082.
(3) JUMEE BAROOAH, MD DIO & PHYSICIAN	25.00 30.00				X			145,246.	192,535.	36,366.
(4) WILLIAM DEMPSEY, MD ASSOCIATE PROG DIRECTOR/PHYS	11.00 44.00					X		70,729.	250,765.	35,328.
(5) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR / PHYSICIAN	17.00 38.00				X			96,104.	224,243.	29,673.
(6) TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	19.00 36.00				X			113,519.	193,290.	36,379.
(7) ENRIQUE SAMONTE, MD ASSOCIATE PROG DIRECTOR/PHYS	11.00 44.00					X		65,793.	233,266.	27,811.
(8) TASNEEM KHAN, MD ASSOCIATE PROG DIRECTOR/PHYS	5.00 50.00					X		31,493.	283,433.	10,889.
(9) JENNIFER WALSH, ESQ CGO & SVP PUBLIC POLICY	55.00 0.				X			292,732.	0.	25,894.
(10) RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SRVS/PHYS	5.00 50.00				X			33,060.	242,438.	34,486.
(11) DEBORAH SPRING, MD ASSOCIATE PROG DIRECTOR/PHYS	5.00 50.00					X		32,713.	239,899.	32,352.
(12) JOHN JANOSKY CIO & VP OF INFORMATION TECH	14.00 41.00					X		62,998.	188,995.	32,259.
(13) RONALD DANIELS, CPA CFO	11.00 44.00			X				34,644.	138,575.	5,967.
(14) HAROLD BAILLIE, PHD CHAIRMAN	5.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES GAVIN VICE CHAIRMAN	5.00 1.00	X		X				0.	0.	0.
(16) ROBERT NAISMITH, PHD SECRETARY	5.00 0.	X		X				0.	0.	0.
(17) JOHN KEARNEY TREASURER	5.00 5.00	X		X				0.	0.	0.
(18) THOMAS BISIGNANI DIRECTOR	1.00 0.	X						0.	0.	0.
(19) RONALD BUKOWSKI DIRECTOR BEG 3/21	1.00 0.	X						0.	0.	0.
(20) PATRICK CONABOY, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(21) JUDY FEATHERSTONE, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(22) LAUREN HAZZOURI, PSYD DIRECTOR BEG 6/21	1.00 0.	X						0.	0.	0.
(23) VINCENT KEANE DIRECTOR	1.00 0.	X						0.	0.	0.
(24) GERTRUDE MCGOWAN, ESQ DIRECTOR BEG 3/21	1.00 0.	X						0.	0.	0.
(25) SHARON OBADIA, DO DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								979,031.	3,458,411.	381,391.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								979,031.	3,458,411.	381,391.

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 **12**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **15**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TERI OOMS ----- DIRECTOR BEG 3/21	1.00 0.	X						0.	0.	0.
(27) MICHAEL PAGLIA, MD, PHD ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(28) LIA RICHARDS-PALMITER, PHD ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(29) KIM PATTON ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(30) CAROL RUBEL ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(31) DOUGLAS SPEGMAN, MD ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(32) KEVIN SULLIVAN ----- DIRECTOR BEG 1/21	1.00 0.	X						0.	0.	0.
(33) DEBRA YOUNGFELT ----- DIRECTOR BEG 3/21	1.00 0.	X						0.	0.	0.
(34) GERARD GEOFFROY ----- DIRECTOR END 9/20	1.00 5.00	X						0.	0.	0.
(35) SR. MARY ALICE JACQUINOT ----- DIRECTOR END 9/20	1.00 0.	X						0.	0.	0.
(36) MARY MARRARA ----- DIRECTOR END 9/20	1.00 5.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	126,000.			
	e	Government grants (contributions) . .	1e	23,507,071.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	18,000.			
	g	Noncash contributions included in lines 1a-1f.	1g	\$			
	h	Total. Add lines 1a-1f		23,651,071.			
	Program Service Revenue				Business Code		
2a		RESIDENCY PROGRAM REV		611310	12,895,642.	12,895,642.	
b		SUPPORT SERVICE REVENUE		561000	4,614,341.	4,614,341.	
c		IRB AND RESEARCH FEES		611310	8,115.	8,115.	
d		OTHER REVENUE		611310	174,803.	174,803.	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f			17,692,901.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			99,059.		99,059.
	4	Income from investment of tax-exempt bond proceeds .			0.		
	5	Royalties			0.		
			(i) Real	(ii) Personal			
	6a	Gross rents	6a	997,782.			
	b	Less: rental expenses	6b	338,858.			
	c	Rental income or (loss)	6c	658,924.			
	d	Net rental income or (loss)			658,924.		658,924.
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				509,833.			
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c	509,833.			
	d	Net gain or (loss)			509,833.		509,833.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	0.			
	b	Less: direct expenses	8b	0.			
	c	Net income or (loss) from fundraising events.			0.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.				
b	Less: direct expenses	9b	0.				
c	Net income or (loss) from gaming activities.			0.			
10a	Gross sales of inventory, less returns and allowances	10a	0.				
b	Less: cost of goods sold	10b	0.				
c	Net income or (loss) from sales of inventory.			0.			
Miscellaneous Revenue				Business Code			
	11a	INCOME ON EQUITY INVESTEE		900099	862,117.		862,117.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			862,117.		
12	Total revenue. See instructions			43,473,905.	17,692,901.		2,129,933.

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	72,007.	72,007.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,186,592.	276,244.	910,348.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	19,229,874.	14,389,748.	4,840,126.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	537,444.	360,007.	177,437.	
9 Other employee benefits	1,972,531.	1,576,280.	396,251.	
10 Payroll taxes	1,701,656.	809,731.	891,925.	
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	1,019,677.	34,815.	984,862.	
c Accounting	34,454.		34,454.	
d Lobbying	90,360.		90,360.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	30,827.		30,827.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,841,316.	2,250,702.	590,614.	
12 Advertising and promotion	250,784.	10,597.	240,187.	
13 Office expenses	395,585.	25,247.	370,338.	
14 Information technology	363,595.	227,101.	136,494.	
15 Royalties	0.			
16 Occupancy	148,342.		148,342.	
17 Travel	19,656.	11,947.	7,709.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	323,241.	245,944.	77,297.	
20 Interest	262,183.		262,183.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,076,562.		1,076,562.	
23 Insurance	877,268.	820,207.	57,061.	
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 ENVIRONMENTS-THC	5,840,588.	5,840,588.		
b REPAIRS & MAINTENANCE	534,154.	4,401.	529,753.	
c DUES AND MEMBERSHIPS	225,092.	206,603.	18,489.	
d RECRUITMENT EXPENSE	163,865.	27,474.	136,391.	
e All other expenses	84,979.	11,110.	73,869.	
25 Total functional expenses. Add lines 1 through 24e	39,282,632.	27,200,753.	12,081,879.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck 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	0.	1	2,229,657.
	2 Savings and temporary cash investments.	2,399,962.	2	0.
	3 Pledges and grants receivable, net	84,228.	3	1,840,287.
	4 Accounts receivable, net.	882,654.	4	1,208,781.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	284,083.	9	620,640.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,382,937.		
	b Less: accumulated depreciation.	10b 1,847,301.		
	11 Investments - publicly traded securities.	7,591,969.	10c	6,535,636.
	12 Investments - other securities. See Part IV, line 11.	5,419,703.	11	9,076,475.
	13 Investments - program-related. See Part IV, line 11.	1,139,423.	12	0.
	14 Intangible assets	666,741.	13	403,698.
	15 Other assets. See Part IV, line 11	0.	14	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,108,624.	15	6,435,103.	
	28,577,387.	16	28,350,277.	
Liabilities	17 Accounts payable and accrued expenses.	8,672,753.	17	4,353,747.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	12,166,068.	23	8,571,456.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	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	0.	25	2,344,393.
	26 Total liabilities. Add lines 17 through 25.	20,838,821.	26	15,269,596.
	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		7,738,566.	27	13,080,681.
28 Net assets with donor restrictions.		0.	28	0.
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		7,738,566.	32	13,080,681.
33 Total liabilities and net assets/fund balances.		28,577,387.	33	28,350,277.

Form **990** (2020)

Part XI Reconciliation of Net AssetsCheck 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	43,473,905.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,282,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,191,273.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,738,566.
5	Net unrealized gains (losses) on investments	5	1,315,669.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-164,827.
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	13,080,681.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2020)

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

2020

**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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,730,219.	15,826,039.	16,798,105.	17,334,945.	23,651,071.	86,340,379.
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	13,617,127.	12,636,961.	13,415,299.	14,787,588.	17,692,901.	72,149,876.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	26,347,346.	28,463,000.	30,213,404.	32,122,533.	41,343,972.	158,490,255.
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.)						158,490,255.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	26,347,346.	28,463,000.	30,213,404.	32,122,533.	41,343,972.	158,490,255.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	101,098.	125,839.	149,433.	703,373.	1,096,841.	2,176,584.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	101,098.	125,839.	149,433.	703,373.	1,096,841.	2,176,584.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1.</u>				37,676.	862,117.	899,793.
13 Total support. (Add lines 9, 10c, 11, and 12.)	26,448,444.	28,588,839.	30,362,837.	32,863,582.	43,302,930.	161,566,632.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	98.10 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.13 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)).	17	1.35 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	.85 %

- 19a 33 1/3% support tests - 2020.** 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 - 2019.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
1		
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?		
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).		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER REVENUE				37,676.	862,117.	899,793.
TOTALS				<u>37,676.</u>	<u>862,117.</u>	<u>899,793.</u>

Schedule of Contributors

OMB No. 1545-0047

2020

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

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 foundation

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

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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	N/A	\$ 19,820,558.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 8,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 126,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 3,686,513.	Person <input checked="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.)

Employer identification number
23-2007832

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

Name of organization THE WRIGHT CENTER 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 information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

2020

**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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		90,360.													
c Total lobbying expenditures (add lines 1a and 1b)		90,360.													
d Other exempt purpose expenditures		27,200,753.													
e Total exempt purpose expenditures (add lines 1c and 1d)		27,291,113.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					3,000,000.
c Total lobbying expenditures			125,409.	90,360.	215,769.
d Grassroots nontaxable amount			250,000.	250,000.	500,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-A, LINE 1B

POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES:

TWCGME ENGAGES THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH AND PRIMARY CARE SERVICES AND WORKFORCE DEVELOPMENT RELATED POLICIES AND PROGRAMS, INCLUDING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION. TWCGME PAID COZEN \$57,056 FOR THESE SERVICES. IN ADDITION TO COZEN'S SERVICES, THREE PAID STAFF 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 2020-2021. IN ALL, TWCGME SPENT \$304 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES.

THE ORGANIZATION ALSO PAID \$33,000 TO THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS.

COZEN WAS ALSO ENGAGED BY TWCCH, A FQHC-LOOK-ALIKE AND TWCGME'S AFFILIATED ORGANIZATION, TO ADVOCATE FOR PUBLIC HEALTH AND PRIMARY CARE SERVICES AND WORKFORCE DEVELOPMENT RELATED POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS AND LOOK-ALIKES AND THE NATIONAL HEALTH SERVICE CORPS (NHSC) LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"). IN ADDITION TO COZEN'S SERVICES, THREE PAID STAFF MEMBERS HAD DIRECT

Part IV Supplemental Information (continued)

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 2020-2021. TWCCH PAID COZEN \$57,056 FOR THESE SERVICES, WHICH AMOUNTS ARE REFLECTED ON ITS OWN FORM 990. IN ALL, TWCCH SPENT \$422 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES, WHICH IS ALSO REPORTED ON ITS FORM 990.

TWCCH ALSO PAID \$1,250 TO PACHC (PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS).

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

2020

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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	▶ \$

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

Schedule D (Form 990) 2020

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:

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,010,550.	484,803.	3,515,747.
d Equipment		4,372,387.	1,352,498.	3,019,889.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,535,636.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	6,026,304.
(2) RESTRICTED CASH	208,799.
(3) INSURANCE RECEIVABLE	200,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,435,103.

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	LEGAL SETTLEMENT PAYABLE	225,000.
(3)	DEFERRED COMPENSATION	2,119,393.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		2,344,393.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	45,097,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,315,669.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,315,669.
3	Subtract line 2e from line 1	3	43,781,936.
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	30,827.
b	Other (Describe in Part XIII.)	4b	-338,858.
c	Add lines 4a and 4b	4c	-308,031.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	43,473,905.

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	39,590,663.
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	338,858.
e	Add lines 2a through 2d	2e	338,858.
3	Subtract line 2e from line 1	3	39,251,805.
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	30,827.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	30,827.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,282,632.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, 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 2021 AND 2020.

SCHEDULE D, PART XI, LINE 4B

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

\$ (338,858) RENTAL EXPENSES

SCHEDULE D, PART XII, LINE 2D

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

\$ 338,858 RENTAL EXPENSES

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

2020

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
(1) A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE 5850 E. STILL CIRCLE MESA, AZ 85206	43-0356250	501(C)(3)	66,007.				SEE NARRATIVES
(2) THE INSTITUTE FOR PUBLIC POLICY AND ECONOMI 85 S MAIN ST, STE 201	24-0795506	501(C)(3)	6,000.				SEE NARRATIVES
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2020

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

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

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

SCHEDULE I, PART I, LINE 2:

GRANT MONITORING:

THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPREHENSIVE COMPLIANCE PROGRAM. APPROPRIATE MONITORING IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. THE GRANTS DEPARTMENT HAS CREATED A VETTING MATRIX WHICH IS USED TO DETERMINE MISSION FIT, ACHIEVABILITY AND SUSTAINABILITY FOR ANY POTENTIAL OPPORTUNITY. STRATEGIC STAGE GATE ANALYSIS, PROJECT PLANNING AND MANAGEMENT ENSURES FEASIBILITY, READINESS, SUSTAINABILITY AND HIGH INTEGRITY STEWARDSHIP OF FUNDING.

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

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

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

TWCGME COMPLETES ALL REQUIRED GRANT-RELATED AUDITING AND ELECTS INTO
YEARLY OPTIONAL AUDITS BY EXTERNAL AUDITING ENTITIES TO ENSURE
COMPLIANCE, READINESS, AND AUTHENTICITY. THE GRANTS DEPARTMENT SPUN OFF A
PROJECT MANAGEMENT OFFICE IN APRIL 2021 WHICH FOCUSES ON SPONSORED
PROJECT MONITORING AND COMPLIANCE, UTILIZING SMARTSHEET PROJECT
MANAGEMENT SOFTWARE FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT
OUTCOMES AND SPEND-DOWN. TWCGME IS COMPLIANT WITH ALL FEDERAL, STATE,
COUNTY AND PRIVATE PHILANTHROPY REPORTING REQUIREMENTS FOR ALL GRANTS.
TWCGME AND TWCCH UTILIZES A NATIONALLY ESTABLISHED FUNDING MATRIX
CROSS-WALK FOR ALL COVID-19 PANDEMIC RELATED FUNDING THAT WAS DEVELOPED

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

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

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

BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL

RESPECTED ACCOUNTING FIRM.

SCHEDULE I, PART II, LINE 1, COLUMN H

A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA

(ATSU-SOMA) IS FOR THIS REPORTING PERIOD 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

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

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

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

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.

THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT:

SPONSORSHIP OF INDICATORS EVENT (REVIEW OF DATA RELEVANT TO THE NORTHEAST

PENNSYLVANIA REGION). MEMBERSHIP AS AN ACADEMIC PARTNER.

**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

2020

**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.

☐
☐
☐
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐
☐
☐
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

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.

☒
☒
☐

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☐
☒
☒

Written employment contract

Compensation survey or study

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

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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/DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	718,389.	60,000.	46,837.	22,800.	14,105.	862,131.	0.
2 RONALD DANIELS, CPA CFO	(i)	34,495.	0.	149.	0.	1,193.	35,837.	0.
	(ii)	137,981.	0.	594.	0.	4,774.	143,349.	0.
3 WILLIAM DEMPSEY, MD ASSOCIATE PROG DIRECTOR/PHYS	(i)	65,915.	0.	4,814.	5,016.	2,756.	78,501.	0.
	(ii)	233,698.	0.	17,067.	17,784.	9,772.	278,321.	0.
4 TASNEEM KHAN, MD ASSOCIATE PROG DIRECTOR/PHYS	(i)	30,013.	0.	1,480.	1,015.	74.	32,582.	0.
	(ii)	270,117.	0.	13,316.	9,138.	662.	293,233.	0.
5 DEBORAH SPRING, MD ASSOCIATE PROG DIRECTOR/PHYS	(i)	32,427.	0.	286.	2,621.	1,261.	36,595.	0.
	(ii)	237,803.	0.	2,096.	19,221.	9,249.	268,369.	0.
6 ENRIQUE SAMONTE, MD ASSOCIATE PROG DIRECTOR/PHYS	(i)	63,828.	0.	1,965.	4,993.	1,125.	71,911.	0.
	(ii)	226,299.	0.	6,967.	17,703.	3,990.	254,959.	0.
7 JOHN JANOSKY CIO & VP OF INFORMATION TECH	(i)	58,100.	0.	4,898.	4,720.	3,345.	71,063.	0.
	(ii)	174,301.	0.	14,694.	14,159.	10,035.	213,189.	0.
8 JUMEE BAROOAH, MD DIO & PHYSICIAN	(i)	134,438.	0.	10,808.	9,804.	5,834.	160,884.	0.
	(ii)	178,209.	0.	14,326.	12,996.	7,732.	213,263.	0.
9 JENNIFER WALSH, ESQ CGO & SVP PUBLIC POLICY	(i)	263,002.	0.	29,730.	20,981.	4,913.	318,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SRVS/PHYS	(i)	32,860.	0.	200.	2,506.	1,632.	37,198.	0.
	(ii)	240,978.	0.	1,460.	18,379.	11,969.	272,786.	0.
11 MAUREEN LITCHMAN, MD PROGRAM DIRECTOR / PHYSICIAN	(i)	89,540.	0.	6,564.	6,840.	2,062.	105,006.	0.
	(ii)	208,926.	0.	15,317.	15,960.	4,811.	245,014.	0.
12 TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	(i)	105,626.	0.	7,893.	8,436.	5,024.	126,979.	0.
	(ii)	179,851.	0.	13,439.	14,364.	8,555.	216,209.	0.
13 JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	417,608.	0.	28,138.	23,477.	13,605.	482,828.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2020

JSA

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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.

SCHEDULE J, PART I, LINE 3

PROCEDURES USED TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S

CEO/EXECUTIVE DIRECTOR:

TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT REGULARLY (TYPICALLY EVERY THREE TO FIVE YEARS) TO PROVIDE A COMPREHENSIVE, OBJECTIVE COMPENSATION STUDY TO ENSURE THAT TWCGME'S PAYMENT TO TWCCH FOR CHIEF EXECUTIVE SERVICES REFLECT FAIR MARKET VALUE. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE OF THE BOARD PERFORMS A DETAILED, REGULAR INTERVAL, COMPREHENSIVE PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE'S PERFORMANCE AND 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

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.

COMPENSATION DECISION.

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

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE
BONUS CONTINGENT UPON BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS
BY MANAGEMENT, AND AFFORDABILITY. THERE ARE SEVERAL THRESHOLD
REQUIREMENTS TO PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT
LIMITED TO SPECIFIED, ACTIVE PARTICIPATION IN TWCGME'S PLAN/DO/STUDY/ACT
(PDSA) QUALITY IMPROVEMENT PROGRAM, SAFE EVENT REPORTING AND ENGAGEMENT
IN COMMUNITY VOLUNTEER SERVICE EXPERIENCES. ONCE DETERMINED TO BE
AFFORDABLE, THE MERIT-BASED BONUS PAYMENT TO ELIGIBLE EMPLOYEES

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.

CORRELATES TO INDIVIDUAL JOB PERFORMANCE SCORES. EMPLOYEES IN A NEW
EMPLOYMENT PROBATIONARY STATUS OR THOSE WHO HAVE NOTIFIED TWCGME OF THEIR
RESIGNATIONS ARE INELIGIBLE FOR BONUSES. THE ELIGIBILITY OF THOSE ON A
PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT
SUPERVISOR. THE 2020-2021 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS
RANGING BETWEEN 0% AND 7% OF BASE SALARY. THE TOTAL BONUS POOL WAS
BUDGETED AT 5% OF PAYROLL.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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Department of the Treasury
Internal Revenue Service

▶ **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.**

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 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

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
(1) JOSEPH FERRARIO	FORMER BOARD MEMBER	3,975,190.	REFER TO NARRATIVE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

FORM 990, SCHEDULE L, LINE 28C

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 VOLUNTEER 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, ETHICALLY ASSESSED AND APPROVED 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.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

TWCGME SUBLEASES SPACE TO TWCCH AT 501 S. WASHINGTON AVENUE FOR FQHC-LOOK-ALIKE CLINICAL, ADMINISTRATIVE AND EDUCATIONAL 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. THIS AMOUNTED TO \$3,155,647. PAYMENTS TO WYOMING AVENUE DEVELOPMENT, LLC FOR THE LEASE AGREEMENT INCLUDING UTILITIES AND COMMON AREA MAINTENANCE FOR THE LEASED PROPERTY LOCATED AT 501 S. WASHINGTON AVENUE AMOUNTED TO \$519,543 DURING FISCAL YEAR 2021.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

ADDITIONALLY, TWCGME AND WYOMING AVENUE DEVELOPMENT, LLC WERE INVOLVED IN LITIGATION RELATING TO THE PROPERTY AT 501 S. WASHINGTON AVENUE WHICH WAS RESOLVED THROUGH SETTLEMENT IN THE AMOUNT OF \$300,000.

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.

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

OMB No. 1545-0047

2020

**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:

WE DO THIS THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE
SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS
PRIVILEGED TO SERVE. TWCGME IS A 501(C)(3) NONPROFIT CORPORATION AND
ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM
(GME-SNC) AS THE INDEPENDENT ACGME-ACCREDITED SPONSORING INSTITUTION OF
GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL
MEDICINE, FAMILY MEDICINE, PSYCHIATRY, GERIATRICS, CARDIOVASCULAR DISEASE
AND GASTROENTEROLOGY. THE CONSORTIUM ENGAGES ITS PRIMARY AFFILIATE FQHC
LOOK-ALIKE, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), AS WELL AS
FOUR PARTNERING NATIONAL FQHCS AS TEACHING HEALTH CENTERS AND ALSO
NUMEROUS COMMUNITY-BASED HOSPITAL SYSTEMS, AS WELL AS THE VETERAN AFFAIRS
HOSPITAL SYSTEM, IN THE CLINICAL TRAINING OF ITS RESIDENTS AND FELLOWS.
THE CONSORTIUM ALSO PROUDLY PARTNERS WITH AND HOSTS INTERPROFESSIONAL
STUDENTS FROM NUMEROUS ACADEMIC INSTITUTIONS OF HIGHER EDUCATION,
INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) AND A.T.
STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA). BOTH
GCSOM AND SOMA HAVE VOTING REPRESENTATION ON TWCGME'S GOVERNING BOARD, AS
DOES THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER.

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

TWCGME'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL"

Name of the organization	THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTHCARE DELIVERY SYSTEMS AND ITS WORKFORCE DEVELOPMENT. WITH INCLUSIVE ENGAGEMENT OF GME STAKEHOLDERS, THE CONSORTIUM ASPIRES TOWARD AN INCLUSIVE COLLECTIVE IMPACT FRAMEWORK TO EFFECTIVELY ADDRESS AMERICA'S PRIMARY CARE WORKFORCE SHORTAGE AND MIS-DISTRIBUTION AND RELATED HEALTH AND HEALTHCARE DISPARITIES. AS A GME CONSORTIUM, TWCGME INTEGRATES GME FEDERAL RESOURCES DIRECTLY FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) THCGME PROGRAM AND THE DEPARTMENT OF VETERAN AFFAIRS, AS WELL THROUGH AFFILIATION AGREEMENTS WITH CMS GME-FUNDED PARTNERING HOSPITALS. TWCGME PROUDLY BECAME A PIONEERING THCGME GRANTEE IN 2011 WHEN THE THCGME PROGRAM WAS LAUNCHED BY HRSA AS A RESULT OF THE ENACTMENT OF THE AFFORDABLE CARE ACT. SINCE THEN, THCGME PROGRAMS, INCLUDING TWCGME, HAVE BEEN DEVELOPING AND EXPANDING COMMUNITY-BASED CLINICAL LEARNING ENVIRONMENTS IN COMMUNITY HEALTH CENTERS (CHCS) ACROSS THE NATION TO TRAIN PRIMARY CARE RESIDENT PHYSICIANS IN HISTORICALLY MEDICALLY UNDERSERVED SETTINGS.

THE THCGME PROGRAM HAS BEEN AN EFFECTIVE TOOL IN ADDRESSING ONE OF THE MOST CRUCIAL ASPECTS OF THE PRIMARY CARE CLIFF: PRIMARY CARE ACCESS IN UNDERSERVED AREAS DUE TO A NATIONAL PRIMARY CARE PHYSICIAN SHORTAGE AND MIS-DISTRIBUTION. THE NATIONAL CENTER FOR HEALTH WORKFORCE ANALYSIS ESTIMATES THAT THE DEMAND FOR PRIMARY CARE PHYSICIANS WILL GROW BY 38,320 FULL-TIME EQUIVALENTS BETWEEN 2013 AND 2025, AND THAT BY 2025, THERE WILL BE A NATIONAL SHORTAGE OF 23,640 PRIMARY CARE PHYSICIANS. THE GME-SNC

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PHYSICIAN TRAINING MODEL DEVELOPED BY TWCGME IS DESIGNED TO MITIGATE THE HEALTH AND HEALTHCARE DISPARITIES RESULTING FROM THIS NATIONAL SHORTAGE WHILE INSPIRED BY AND STRIVING FOR THE QUINTUPLE AIM. ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM, THE QUINTUPLE AIM IS A FRAMEWORK TO OPTIMIZE HEALTHCARE SYSTEM PERFORMANCE BY IMPROVING POPULATION HEALTH, PROMOTING AFFORDABILITY, IMPROVING THE GLOBAL EXPERIENCE OF CARE, IMPROVING HEALTHCARE TEAM WELL-BEING, AND ENSURING EQUITY AND ENVIRONMENTAL SUSTAINABILITY.

TWCGME'S CURRENT SPONSORING INSTITUTIONAL AND PROGRAMMATIC PRIMARY CARE CURRICULA ARE ROOTED IN COMMUNITY-ORIENTED AND PUBLIC HEALTH NEEDS-RESPONSIVE PRIMARY CARE TRAINING FOR FAMILY MEDICINE, INTERNAL MEDICINE AND PSYCHIATRY RESIDENTS. RESIDENTS ARE, AS A RESULT, DEEPLY IMMERSED IN COMMUNITY-DRIVEN, RESPONSIVE SOLUTIONS TO THE ONGOING COVID-19 PANDEMIC, RELENTLESS OPIOID EPIDEMIC, CONTINUING BATTLES WITH HIV/AIDS AND HEPATITIS C, AND ESCALATING PUBLIC HEALTH CHALLENGES RELATED TO MENTAL HEALTH STRUGGLES, OBESITY, DIABETES, CARDIOVASCULAR DISEASE, CANCER, AND GAPS IN VACCINATIONS FOR PREVENTABLE ILLNESSES. THE COMMUNITY-BASED TRAINING AFFORDED WITHIN ESSENTIAL COMMUNITY PROVIDER NETWORKS LEVERAGES CROSS-INSTITUTIONAL LEARNING AND BROAD EXPOSURE TO INTERPROFESSIONAL TEAM-BASED CARE AND A VARIETY OF HEALTH INFORMATION TECHNOLOGY PLATFORMS. TWCGME'S PARTNERING CLINICAL LEARNING ENVIRONMENTS DEMONSTRATE AND ENGAGE ITS LEARNERS IN VALUE-DRIVEN WORKFLOW REDESIGN THAT PROMOTES PHYSICIAN-LED TEAMS, ENGAGED AND EMPOWERED PATIENTS AND FAMILIES, ROBUST REFERRAL NETWORKS OF COMMUNITY RESOURCES, AND BOTH MEANINGFUL USE AND CONNECTIVITY/INTEROPERABILITY OF HEALTH AND

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EDUCATIONAL INFORMATION TECHNOLOGY. TOP-LICENSE PRACTICE AT ALL LEVELS WITHIN THESE LEARNING ENVIRONMENTS EFFICIENTLY REDISTRIBUTES WORKFLOW SO THAT EVERY MEMBER OF THE PHYSICIAN-LED CARE TEAM, INCLUDING THE LEARNERS, ENGAGE IN PURPOSEFUL, MEANINGFUL PRACTICE AND ITERATIVE CONTINUOUS QUALITY IMPROVEMENT OF BOTH CARE DELIVERY AND EDUCATIONAL SYSTEMS. TWCGME'S GME-SNC IS A COMMUNITY HEALTH CENTER (CHC) FOCUSED EDUCATIONAL CONSORTIUM WITH HOSPITAL EXPERIENCES THAT EXPOSE TRAINEES TO INTERPROFESSIONAL EDUCATION IN A MULTIDISCIPLINARY ENVIRONMENT, BUILDING THEIR LONGITUDINAL AND TRANSITIONAL CARE SKILLS AND PREPARING THEM FOR MODERN CLINICAL PRACTICE. EVIDENCE DEMONSTRATES THAT PHYSICIANS WHO TRAINED AT CHCS ARE MORE LIKELY TO WORK IN A CHC OR OTHER UNDERSERVED SETTINGS. LIKE OTHER THCGME GRANTEES, TWCGME NOW HAS DEMONSTRABLE OUTCOMES OF TRAINING HIGHER THAN AVERAGE NUMBERS OF PRIMARY CARE PHYSICIANS WHO CHOOSE TO PRACTICE IN HISTORICALLY UNDERSERVED SETTINGS, INCLUDING FQHCS AND RURAL COMMUNITIES.

FORM 990, PART III, LINE 2

NEW PROGRAM SERVICES:

EFFECTIVE JULY 1, 2020, TWCGME OPERATIONALIZED AND LAUNCHED ITS ACGME-ACCREDITED GERIATRICS FELLOWSHIP. AS PART OF ITS EXPANSION OF THE SUCCESSFUL THCGME PROGRAM, HRSA ISSUED A NOTICE OF FUNDING OPPORTUNITY TO INVITE COMPETITIVE APPLICATIONS TO SECURE GME FUNDING FOR PRIMARY CARE RESIDENCY AND FELLOWSHIP PROGRAMS. AS A VESTED PARTNER IN THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S INITIATIVE TO BUILD AN "AGE FRIENDLY HEALTH SYSTEM," AS WELL AS UCLA'S HARTFORD FOUNDATION FUNDED ALZHEIMER'S AND DEMENTIA CARE PROGRAM NETWORK, TWCGME DEVELOPED AND LAUNCHED ITS

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GERIATRICS FELLOWSHIP TO ELEVATE THE AGE-RELATED WORKFORCE COMPETENCIES, NOT ONLY OF THE ENGAGED FELLOWS BUT ALSO OF OUR INCUMBENT AND FUTURE PRIMARY CARE WORKFORCE. TWCME APPLIED FOR AND WAS AWARDED 3 FTES OF FUNDING BY THE HRSA THCGME PROGRAM FOR ITS GERIATRICS FELLOWSHIP. THE CURRICULUM IS DESIGNED TO PROMOTE THE WORKFORCE'S SKILL SETS TO HELP PATIENTS AND THEIR FAMILIES, ESPECIALLY THE MOST VULNERABLE ELDERLY, STRUGGLING WITH AGE-RELATED CHALLENGES OF COMPLEX MEDICAL, BEHAVIORAL AND SOCIAL HEALTH NEEDS. THE LAUNCH OF THE GERIATRICS FELLOWSHIP SUPPORTED AFFILIATED ENTITY TWCCH'S COMPETITIVE SELECTION FOR PARTICIPATION IN A ROBERT WOOD JOHNSON FOUNDATION-SUPPORTED DESIGN SPRINT FACILITATED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) AND THE ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS (AAPCHO). THE INITIATIVE FOCUSED ON THE ROBERT WOOD JOHNSON FOUNDATION'S THEORY OF CHANGE ALIGNMENT FRAMEWORK FOR CROSS-SECTOR ORGANIZATIONS TO ALIGN AROUND A SHARED VISION AND TO ENGAGE IN A COLLECTIVE IMPACT INITIATIVE TO SOLVE COMPLEX SOCIAL PROBLEMS. TWCCH WAS SELECTED, AND INVITED TWCME, TELESPOND SENIOR DAY SERVICES, LACKAWANNA COUNTY AREA AGENCY ON AGING AND THE UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES TO COLLABORATE TO CO-CREATE A VISION FOR IMPROVED, SUSTAINABLE PROGRAMS FOR SENIORS AND THEIR CAREGIVERS AND ENHANCED COMMUNITY PARTNERSHIPS TO MAKE THIS VISION POSSIBLE. AS A RESULT, TWCME AND THESE PARTNERS ARE MAJOR PARTICIPATING STAKEHOLDERS IN THE EMERGING REGIONAL GERIATRICS CENTER OF EXCELLENCE IN NORTHEAST PENNSYLVANIA. TWCCH ALSO NOTABLY HIRED THE FIRST GRADUATE OF TWCME'S GERIATRICS FELLOWSHIP AS A FULL TIME PROVIDER OF HEALTH SERVICES, AND SHE IS PASSIONATELY ENGAGED IN

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GERIATRICS EDUCATION OF THE FELLOWS, RESIDENTS, STUDENTS, AND CLINICAL STAFF.

EFFECTIVE JULY 1, 2020, TWCME EXPANDED ITS PSYCHIATRY RESIDENCY PROGRAM BY 4 FTES AS A RESULT OF ANOTHER SUCCESSFUL COMPETITIVE GRANT APPLICATION TO HRSA FOR THCGME FUNDING. TWCME'S APPLICATION TO GROW ITS COMMUNITY-BASED PSYCHIATRY RESIDENCY PROGRAM IS A DIRECT RESPONSE TO THE CONTINUED INTENSIFICATION OF THE SHORTAGE OF PSYCHIATRISTS IN NORTHEAST PENNSYLVANIA, PARALYZING PATIENT ACCESS TO CRITICALLY NEEDED MENTAL AND BEHAVIORAL HEALTH SERVICES, AND ALSO TO THE ESCALATING MENTAL AND BEHAVIORAL HEALTH NEEDS RESULTING FROM THE COVID-19 PANDEMIC. IN ACADEMIC YEAR 2020, TWCME ALSO FORMALLY SUPPORTED TWCCH'S SUCCESSFUL ENGAGEMENT AS A CLINICAL LEARNING ENVIRONMENT FOR ADDICTION FELLOWS FROM GEISINGER'S HRSA-FUNDED ADDICTION FELLOWSHIP AND ALSO NYU LANGONE'S NATIONAL ADVANCED EDUCATION GENERAL DENTISTRY RESIDENCY PROGRAM ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION.

GIVEN THE ESSENTIAL COMMUNITY PROVIDER IDENTITY OF ITS NUMEROUS CONSORTIUM PARTNERS, TWCME'S RESIDENTS AND FELLOWS FOUND THEMSELVES IN THE INTENSELY TRAUMATIC EYE OF THE UNPRECEDENTED GLOBAL COVID-19 PANDEMIC AS PUBLIC SERVANTS. THEIR STRESS WAS UNPARALLELED AS NEW PHYSICIANS IN TRAINING WITHIN ESSENTIAL COMMUNITY PROVIDER ENVIRONMENTS THAT REMAINED OPEN AND OPERATIONAL THROUGH THE ENTIRE PANDEMIC TO DATE. NOTABLY, THE PRIMARY CARE RESIDENTS AND GERIATRICS FELLOWS PLAYED AN UNDENIABLY SIGNIFICANT ROLE IN AND MADE MANY MEANINGFUL CONTRIBUTIONS TO THE

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COVID-19 PANDEMIC RESPONSE IN THEIR RESPECTIVE COMMUNITIES. THEY COURAGEOUSLY SERVED IN BOTH AMBULATORY CLINICS AND COVID-19 SPECIFIC UNITS AND ALSO IN HOSPITAL-BASED SETTINGS, INCLUSIVE OF EMERGENCY ROOMS, GENERAL HOSPITAL FLOORS AND INTENSIVE CARE UNITS. THEY PASSIONATELY ENGAGED IN MULTIDIMENSIONAL SERVICE PROVISION INCLUSIVE OF PUBLIC HEALTH EDUCATION, PPE PROVISION, AS WELL AS COVID-19 TESTING, VACCINATION, AND TREATMENT INITIATIVES, INCLUSIVE OF MONOCLONAL ANTIBODY INFUSIONS. THEY ALSO VOLUNTEERED FOR MANY COMMUNITY SERVICE EVENTS INCLUDING FOOD DISTRIBUTION INITIATIVES, MOBILE UNIT DEPLOYMENT TO ELDERLY HIGH RISES TO DEPLOY RESOURCES, AND ALSO TWCCH'S ENGAGEMENT IN THE PA DEPARTMENT OF HEALTH'S EDUCATION AND CLINICAL COACHING PROGRAM TO OFFER SUPPORT TO NURSING HOMES AND LONG-TERM CARE FACILITIES.

FORM 990, PART III, LINE 2 CONTINUED

NEW PROGRAM SERVICES CONTINUED:

THE PRIMARY CARE RESIDENTS AND GERIATRIC FELLOWS WERE A CRUCIAL COMPONENT OF THE HEALTH WORKFORCE IN NORTHEAST PENNSYLVANIA SERVING IN TWCCH'S FQHC LOOK-ALIKE, A DESIGNATION ACHIEVED BY THAT CARE DELIVERY ORGANIZATION JUST PRIOR TO THE PANDEMIC IN 2019. COVID-19 VACCINES BECAME AVAILABLE TO TWCCH IN DECEMBER 2020. DURING THE FIRST THREE MONTHS OF THE VACCINE ROLL-OUT, TWCCH EXPERIENCED A MYRIAD OF UNIQUE CHALLENGES RELATED TO THE INTENTIONAL PUBLIC HEALTH-CENTERED STRATEGY TWCCH ADOPTED TO CONDUCT PRIMARY HEALTH VISITS ASSOCIATED WITH THE COVID-19 VACCINE, WHILE OTHER PROVIDERS ORGANIZED DRIVE BY VACCINE ONLY EVENTS. TWCCH'S STRATEGY AIMED TO ADDRESS WELL RECOGNIZED, UNDIAGNOSED, AND UNCONTROLLED CHRONIC MEDICAL

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CONDITIONS, STARTING WITH HYPERTENSION, AS WELL AS ESCALATING, PANDEMIC-RELATED PRIMARY HEALTH CARE GAPS PARTICULARLY RELATED TO PREVENTATIVE CARE NEEDS, MENTAL HEALTH CHALLENGES, SUBSTANCE ABUSE, AND INSUFFICIENT VACCINATIONS FOR PREVENTABLE ILLNESS. TWCCH TRANSPARENTLY COMMUNICATED ITS DEPLOYMENT OF A PUBLIC HEALTH ORIENTED PATIENT-CENTERED VISIT-BASED STRATEGY BOTH INTERNALLY AND EXTERNALLY, INCLUDING BUT NOT LIMITED TO FEDERAL, STATE AND COUNTY AGENCIES, INSURANCE COMPANIES, NUMEROUS PARTNERING COMMUNITY RESOURCE AGENCY STAKEHOLDERS, AND THE LOCAL MEDIA. IT WAS A LEADING STAKEHOLDER IN SEVERAL COMMUNITY TASK FORCE MEETINGS AND A RELATED LOCAL MEDIA OP-ED CALLING FOR A RISK STRATIFIED REGIONAL COMMUNITY-WIDE VACCINE DISTRIBUTION STRATEGY. TWCCH'S COMMITMENT TO THE STRATEGY WAS NOTABLY MADE WITH FULL AWARENESS AND FRANK DISCUSSIONS THAT THE MEDICAL NECESSITY OF VISITS WOULD POSSIBLY BE DENIED BY INSURANCE COMPANIES WITH WHICH TWCCH WAS NEGOTIATING. HOWEVER, A LOCAL MEDIA JOURNALIST PUBLISHED COMPLAINTS ABOUT TWCCH'S VISIT-BASED STRATEGY. IN LATE FEBRUARY 2021, MORE THAN TWO MONTHS AFTER TWCCH BEGAN ITS PUBLIC HEALTH-ORIENTED VISIT-BASED COVID-19 VACCINE DEPLOYMENT, THE CDC ISSUED NEW GENERAL GUIDANCE THAT CALLED THE PERMISSIBILITY OF TWCCH'S MANDATORY VISIT-BASED STRATEGY INTO QUESTION. DURING THIS SAME TIME FRAME, RESIDENT LEADERS OF ONE RESIDENCY PROGRAM EXPRESSED THEIR CONCERN ABOUT THE LACK OF EDUCATIONAL VALUE ENGAGING IN THE VISIT-BASED VACCINATION EFFORTS AND SUBSEQUENTLY OUTREACHED TO THE ACGME. UPON LEARNING OF THE NEWLY ISSUED CDC GUIDANCE, TWCCH LEADERSHIP IMMEDIATELY REACHED OUT TO THE PENNSYLVANIA DEPARTMENT OF HEALTH, HRSA AND THE CDC FOR CLARIFICATION AND DIRECTION. ADDITIONALLY, THE PRESIDENT & CEO, TOGETHER WITH THE CHAIR OF

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TWCCH BOARD OF DIRECTORS AND TWCCH COO, SHARED THESE CIRCUMSTANCES WITH TWCCH'S HRSA FQHC-LAL PROJECT OFFICER AND A DEPUTY DIRECTOR OF HRSA. BEFORE RECEIVING A SUBSTANTIVE RESPONSE FROM THE CDC, TWCCH INDEPENDENTLY ELECTED TO REMEDIATE THE CHAOTIC AND TRAUMATIC SITUATION, GIVEN THE STRESS OF THE PANDEMIC, TOXIC MEDIA DYNAMICS AND THE RESULTING CONFUSION IN THE LOCAL COMMUNITY, WHICH TWCCH BELIEVED WOULD IMPAIR ACHIEVEMENT OF HERD IMMUNITY. TWCCH, THEREFORE, COMMITTED PUBLICLY TO, AND HAS, RETURNED ALL PAYMENTS FROM PATIENTS RELATED TO SERVICES RECEIVED THAT WERE PRIMARILY PURSUED FOR THE PURPOSE OF GETTING VACCINATED. TWCCH ALSO RETURNED REVENUES AND ADJUSTED ALL RELATED CLAIMS SUBMITTED TO INSURANCE COMPANIES FOR SUCH VISITS. THESE MEASURES, AS WELL AS THE ADDITIONAL MEASURES OF HIRING A DIRECTOR OF HEALTH HUMANITIES AND A WELLNESS AND RESILIENCY SPECIALIST, WERE COMMUNICATED TO THE ACGME, WHICH THEN CONSIDERED THE MATTER CLOSED AS IT RELATES TO THE SPONSORING INSTITUTION. THE RESIDENT LEADERS WHO ORGANIZED THE OUTREACH TO THE ACGME HAVE SUCCESSFULLY GRADUATED AND MOVED ON TO SPECIALTY FELLOWSHIPS. TWCCH BELIEVES THAT ITS REMEDIATION PLAN OVERCORRECTED ANY POSSIBLE BILLING ISSUES RELATED TO ITS PUBLIC HEALTH-ORIENTED VISIT-BASED STRATEGY, AND CONTINUED, AT THE RECOMMENDATION OF THE CDC, TO PROMOTE AND ENCOURAGE A PUBLIC HEALTH-ORIENTED VISIT-BASED VACCINATION STRATEGY THROUGH IMPLEMENTATION OF A MORE PROACTIVE, METICULOUSLY DETAILED COVID-19 TESTING, TREATMENT AND VACCINATION INFORMED CONSENT PROCESSES AND PROCEDURES. TWCCH RESIDENTS CONTINUE TO BE AN INTEGRAL PART OF TWCCH'S ROBUST RESPONSE TO THE COVID-19 PANDEMIC, AND THEY PROUDLY SHARED IN THE AWARD OF FIVE HRSA COMMUNITY HEALTH QUALITY RECOGNITION BADGES THAT TWCCH

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RECEIVED FOR ITS PANDEMIC PERFORMANCE. BOTH TWCCH'S AND TWCGME'S INTENSE ORGANIZATIONAL LEARNING AND TRAUMA PROCESSING THROUGH THIS EXPERIENCE WAS FORCE-MULTIPLIED FOR EVERYONE WHO SERVED DURING THE INTENSE, UBIQUITOUS TRAUMA OF THE COVID-19 PANDEMIC. THE SUBSEQUENT ORGANIZATIONAL INVESTMENTS IN THE WELL-BEING OF TWCGME'S LEARNERS VIA THE HIRING OF THE AFOREMENTIONED POSITIONS WHO HAVE IMPLEMENTED WELLNESS-FOCUSED ACTIVITIES, ALONG WITH SEVERAL ORGANIZATION-WIDE INITIATIVES TO HEAL AND NURTURE TRUST AND ENHANCED COMMUNICATION, HAVE DEMONSTRATED TWCGME'S AND TWCCH'S LEGACY OF COMMUNITY-FOCUSED MISSION DELIVERY RESILIENCY, WHILE ALSO EMERGING ITS NEWLY ENHANCED RECOVERY-ORIENTED CULTURE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICES CONTINUED:

TWCGME IS AN INDEPENDENT, ACGME-ACCREDITED SPONSORING INSTITUTION OF RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY. TWCGME SPONSORS PUBLIC HEALTH-FOCUSED INTERNAL MEDICINE, FAMILY MEDICINE AND PSYCHIATRY RESIDENCY PROGRAMS REGIONALLY IN NORTHEAST PENNSYLVANIA AND ALSO SPONSORS A PIONEERING, UNIQUE AND GROUNDBREAKING ACGME-ACCREDITED NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM THAT SERVES COMMUNITIES IN WASHINGTON, D.C., OHIO, ARIZONA, AND WASHINGTON STATE THROUGH ITS PARTNERSHIPS WITH UNITY HEALTH CARE, HEALTHSOURCE OF OHIO, EL RIO HEALTH, AND HEALTHPOINT FQHCs RESPECTIVELY. TWCGME ALSO OFFERS MEDICAL FELLOWSHIPS IN CARDIOVASCULAR DISEASE, GASTROENTEROLOGY AND GERIATRICS IN NORTHEAST PENNSYLVANIA. TWCGME'S REGIONAL FAMILY MEDICINE RESIDENCY AND NATIONAL FAMILY MEDICINE RESIDENCY PROGRAMS, THE INTERNAL

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MEDICINE PROGRAM, PSYCHIATRY AND GERIATRICS ARE WHOLLY OR PARTIALLY FUNDED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) THROUGH THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM, WHICH FUNDS ONLY PRIMARY CARE MEDICAL AND DENTAL RESIDENCY PROGRAMS. THESE HRSA-FUNDED THCGME PROGRAMS OFFER AMPLE OPPORTUNITY FOR PHYSICIAN TRAINEES TO BE IMMERSSED IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND FQHC LOOK-ALIKES (FQHC-LALS) AS THEIR PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENTS. AS THE LARGEST HRSA-FUNDED THCGME-SNC IN THE U.S., THCGME PROUDLY ENGAGED EACH FQHC AND FQHC-LAL PARTNER WITH AN EMPOWERING VOICE ON OUR GOVERNING BOARD OF DIRECTORS. THCGME'S CLINICAL LEARNING ENVIRONMENT PARTNER SITES INCLUDE TWCCH'S CLINICAL LOCATIONS ACROSS NORTHEAST PENNSYLVANIA, HEALTHSOURCE OF OHIO IN NEW RICHMOND AND HILLSBORO, OH, EL RIO HEALTH IN TUCSON, AZ, HEALTHPOINT COMMUNITY HEALTH CENTER IN AUBURN, WA, AND UNITY HEALTH CARE IN WASHINGTON, D.C. THESE HEALTH CENTERS SHARE A PUBLIC HEALTH ORIENTED PARTNERSHIP WITH THE NACHC INSPIRED A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA, SUPPORTING ITS HOMETOWN SCHOLAR PIPELINE PROGRAM THAT STRIVES TO ENHANCE THE DIVERSITY OF THE PHYSICIAN WORKFORCE AND ITS CONGRUENCE WITH THE POPULATION SERVED BY RECRUITING FROM, RETAINING IN, THEREBY RESTORING COMMUNITIES.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE CONTINUED:

THCGME IS A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) AS THE INDEPENDENT ACGME-ACCREDITED SPONSORING INSTITUTION OF RESIDENCY AND

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FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY. IN NORTHEAST PENNSYLVANIA, TWCGME'S RESIDENT AND FELLOW PHYSICIAN LEARNERS TRAIN EXPERIENTIALLY IN FIVE REGIONAL HOSPITALS OPERATED BY COMMONWEALTH HEALTH, GEISINGER HEALTH SYSTEM, OR THE WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (WBVAMC). TWCGME'S INTERNAL MEDICINE, FAMILY MEDICINE, AND PSYCHIATRY RESIDENCY PROGRAMS ARE ALSO PARTIALLY FUNDED BY THE HRSA TEACHING HEALTH CENTER GME PROGRAM AS DESCRIBED IN LINE 4A ABOVE; TWCGME'S NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM AND GERIATRIC FELLOWSHIP PROGRAM ARE WHOLLY FUNDED BY HRSA'S TEACHING HEALTH CENTER GME PROGRAM AND RECEIVE NO RESOURCES FROM CMS GME AFFILIATES OR THE VA. NON-HRSA GME FUNDING IS PROVIDED TO TWCGME DIRECTLY BY THE WBVAMC AND CMS-FUNDED HOSPITALS VIA AFFILIATION AGREEMENTS. THE CONSORTIUM TRACKS AND REPORTS ROTATIONAL FTES BY PROGRAM ACROSS SPECIFIED FEDERAL COST CENTERS.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE CONTINUED:

TWCGME, IN PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AS SUB-AWARDEE, AUGMENTED TRAINING ACROSS THE PRIMARY CARE CONTINUUM BY INTEGRATING INTERPROFESSIONAL TEAM-BASED, PATIENT-CENTERED HEALTH PROFESSIONS EDUCATION WITHIN NATIONALLY DISTRIBUTED COMMUNITY HEALTH CENTER TRAINING SITES SEEKING TO IMPROVE ACCESS TO QUALITY HEALTHCARE FOR HIGHLY VULNERABLE AND HISTORICALLY UNDERSERVED POPULATIONS. THROUGH THIS PROJECT, TWCGME AND ATSU-SOMA CREATED ENHANCED PRIMARY CARE DIDACTICS, CONTEXTUAL CLINICAL LEARNING

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ACTIVITIES AND ASSESSMENTS, AND LEADERSHIP CONTENT TO PREPARE TRAINEES FOR PRACTICE IN EVOLVING HEALTHCARE SYSTEMS AND FUTURE CAREERS AS PUBLIC HEALTH CHAMPIONS AND SERVANT LEADERS FOR THEIR COMMUNITIES. TOGETHER, TWCGME AND ATSU-SOMA CREATED A MULTI-STATE COMMUNITY CARE TRAINING ALLIANCE THAT BRINGS TOGETHER LEADERSHIP FROM COMMUNITY HEALTH CENTERS, MEDICAL SCHOOLS AND GME SPONSORING INSTITUTIONS TO EXPLORE HOW TO BEST EVOLVE THE LONGITUDINAL MEDICAL EDUCATION CONTINUUM IN ORDER TO BETTER SERVE MEDICALLY UNDERSERVED COMMUNITIES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

TWCGME OPERATES AN INSTITUTIONAL REVIEW BOARD (IRB). THE MISSION OF THE TWCGME IRB IS TO PROTECT THE RIGHTS, WELFARE AND KNOWLEDGE-BASED EMPOWERMENT OF HUMAN PARTICIPANTS RECRUITED TO ENGAGE IN RESEARCH ACTIVITIES OCCURRING IN TWCGME CLINICAL LEARNING ENVIRONMENTS, PARTNERING ORGANIZATIONS' CLINICAL LEARNING ENVIRONMENTS AND/OR WITH TWCGME RESIDENTS, FELLOWS AND/OR FACULTY. PHYSICIANS, EDUCATORS, ACADEMIC AND CLINICAL RESEARCH EXPERTS AND COMMUNITY MEMBERS SERVE ON THE IRB (EXPENSES \$29,847; REVENUE \$8,115).

TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCC. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE AGREEMENTS WITH TWCC FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES, FOR WHICH TWCC PAYS TWCGME THROUGH INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASE AGREEMENTS, TWCC LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES FROM TWCGME INCLUDING, BUT NOT

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LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING & COMMUNICATIONS, FINANCE, GRANTS, GOVERNANCE SUPPORT, GOVERNMENTAL RELATIONS, 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.

FORM 990, PART V, LINE 2

COMMON PAYMASTER:

TWCGME IS 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 A SERIES OF AGREEMENTS BETWEEN THE ORGANIZATIONS. PER IRS INSTRUCTIONS, EMPLOYEES INCLUDED ON PART V, LINE 2A, ARE THOSE DEEMED TO BE THE FTE EQUIVALENT OF EMPLOYEES ALLOCATED TO TWCGME.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION MEMBERS:

YES, TWCGME IS A NONPROFIT MEMBERSHIP CORPORATION WITH TWO CLASSES OF MEMBERS. CLASS I MEMBERS ARE HEALTH SYSTEMS WITH WHICH THE CORPORATION

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HAS AN EXECUTED AFFILIATION AGREEMENT FOR RESIDENT AND/OR FELLOW TRAINING AND WHICH HAVE AN ACTIVE PRESENCE IN THE NORTHEAST PENNSYLVANIA REGION AS DETERMINED SOLELY BY TWCGME. CURRENTLY, GEISINGER HEALTH SYSTEM AND COMMONWEALTH HEALTH SYSTEMS ARE CLASS I MEMBERS. CLASS II MEMBERS CURRENTLY INCLUDE CLASS I DIRECTORS AND CLASS III DIRECTORS AS DEFINED IN TWCGME'S BYLAWS. CLASS II MEMBERS CURRENTLY INCLUDE REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCC, A HRSA-DESIGNATED 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 (UNITY HEALTH CARE, HEALTHSOURCE OF OHIO, HEALTHPOINT AND EL RIO HEALTH) AS WELL AS NORTHEAST PA AHEC AND A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE AS CLASS II MEMBERS.

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

MEMBER POWERS:

CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME SPONSORING INSTITUTIONAL CONSORTIUM FOR AT LEAST TEN RESIDENT AND/OR FELLOW FTES 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

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AND/OR FELLOW FTES 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

FORM 990 REVIEW:

TWCGME'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT WITH INPUT FROM THE CEO AND SENIOR EXECUTIVES ACROSS ALL DEPARTMENTS, AND IT IS THEN REVIEWED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. UPON COMPLETION OF THIS REVIEW AND ANY NECESSARY REVISIONS, THE FORM 990 IS FINALIZED AND SIGNED BY THE ORGANIZATION'S PRESIDENT & CEO AND FILED WITH THE IRS. TWCGME'S THREE MOST RECENTLY FILED 990S ARE AVAILABLE ON LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES AND REGULATIONS AND ALSO IN DOWNLOADABLE FORMAT ON OUR WEBSITE.

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

CONFLICT OF INTEREST POLICY:

A WRITTEN CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS AND IS REVIEWED AND UPDATED, IF NECESSARY OR APPROPRIATE, ANNUALLY. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED ANNUALLY BY THE DIRECTORS, OFFICERS AND ALL STAFF INCLUDING KEY EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OF POTENTIAL CONFLICT ARISE DURING THE YEAR, THE CONFLICT OF INTEREST DISCLOSURE FORM IS

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UPDATED AND REVIEWED. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD WITH OUTSIDE ETHICS CONSULTATION OBTAINED WHEN APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING REVIEW AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS' COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER. COMPLIANCE OF STAFF WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH SUPPORT OF THE HUMAN RESOURCES AND LEGAL DEPARTMENTS.

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

COMPENSATION DETERMINATION:

TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE OFFICER DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT REGULARLY (GENERALLY EVERY THREE TO FIVE YEARS) 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

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COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION.

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

COMPENSATION DETERMINATION:

COMPENSATION OF OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE ORGANIZATION'S PRESIDENT AND CHIEF EXECUTIVE OFFICER AND HUMAN RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED TO PERFORM AN ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS PERIODICALLY (USUALLY 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, ADDITIONAL DATA MAY BE CONSIDERED, SUCH AS INFORMATION 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).

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FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENT AVAILABILITY:

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 THREE MOST RECENTLY FILED 990S ARE AVAILABLE ON LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES AND REGULATIONS AND ALSO IN DOWNLOADABLE FORMAT ON OUR WEBSITE.

FORM 990, PART VIII, LINE 2B

STATEMENT OF REVENUE:

LINE 2B ON THE STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR SUPPORT SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCH, AN AFFILIATED ORGANIZATION, PURSUANT TO 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 ADMINISTRATIVE AND EXECUTIVE SERVICES, FOR WHICH TWCCH PAYS TWCGME THROUGH WELL-VALIDATED FTE-BASED INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASE AGREEMENTS, TWCCH LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES FROM TWCGME INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING & COMMUNICATIONS, FINANCE, GRANTS, GOVERNANCE SUPPORT, GOVERNMENTAL RELATIONS, 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

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GENERAL EXPENSES ON TWCGME.

ATTACHMENT 1990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WYOMING AVENUE DEVELOPMENT, LLC 321 SPRUCE STREET, SUITE 1100 - BANK TOW SCRANTON, PA 18503	CONSTRUCTION	3,155,647.
A.T. STILL UNIVERSITY OF HEALTH SCIENCES 800 W. JEFFERSON STREET KIRKSVILLE, MO 63501	PROFESSIONAL FEES	403,649.
SEAN BYRNE CONSTRUCTION 349 REAR N MAIN STREET DICKSON CITY, PA 18519	CONSTRUCTION	390,571.
BLANK ROME ONE LOGAN SQUARE, 130 NORTH 18TH STREET PHILADELPHIA, PA 19103-6998	PROFESSIONAL FEES	327,726.
EL RIO HEALTH COMMUNITY HEALTH CENTER 1230 S. CHERRYBELL STRAVENUE TUCSON, AZ 18573	PROFESSIONAL FEES	276,391.

**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

2020**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER MEDICAL GROUP 23-2772504 501 S. WASHINGTON AVENUE, 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(2) COMMUNITY HEALTH HUB 27-3582779 501 S. WASHINGTON AVENUE, 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		X
(3) THE WRIGHT CENTER ALLIANCE 81-2982874 501 S. WASHINGTON AVENUE, 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12AI	TWCGME	X	
(4) PATIENT ENGAGEMENT COUNCIL 81-3053323 501 S. WASHINGTON AVENUE, 1000 SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	X	
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

JSA

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

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

Schedule R (Form 990) 2020

Part VII Supplemental Information

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

SCHEDULE R, PART II

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY
HEALTH (TWCCH)

PRIMARY ACTIVITY: OPERATES AS AN FQHC LOOK-ALIKE ESSENTIAL COMMUNITY
PROVIDER PROVIDING SAFETY-NET, NONDISCRIMINATORY PRIMARY HEALTHCARE AND
RYAN WHITE/INFECTIOUS DISEASE SERVICES WITHOUT REGARD FOR INSURANCE
STATUS OR ABILITY TO PAY. TWCCH SERVES AS A TEACHING HEALTH CENTER,
AMBULATORY CLINICAL LEARNING ENVIRONMENT FOR TWCGME'S RESIDENT AND FELLOW
PHYSICIAN TRAINEES, AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER SCHOOL
OF MEDICINE AND A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN
ARIZONA (SOMA) AND INTERPROFESSIONAL HEALTHCARE LEARNERS FROM A MULTITUDE
OF ACADEMIC INSTITUTIONS.

NAME OF RELATED ORGANIZATION:

COMMUNITY HEALTH HUB

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

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY: CREATED AS SUPPORTING PARENT ORGANIZATION TO TWCGME AND
TO ALIGN NON-PROFIT WRIGHT CENTER-AFFILIATED ORGANIZATIONS WITH SHARED
PURPOSE IN OPTIMIZING SHARED PURPOSE AND MISSION DELIVERY ACHIEVEMENT.

Part VII **Supplemental Information**

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

NAME OF RELATED ORGANIZATION:

PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT & COMMUNITY
ENGAGEMENT

PRIMARY ACTIVITY: PROMOTES PATIENT AND COMMUNITY ENGAGEMENT AND
EMPOWERMENT FOR MEANINGFUL CONTRIBUTIONS TO OWN AND OPTIMIZE HEALTH,
PRIMARY HEALTHCARE DELIVERY, AND WORKFORCE DEVELOPMENT, WITH PARTICULAR
FOCUS ON THE IDENTIFICATION OF AND PROGRAMMATIC, SYSTEMATIZED RESPONSE TO
THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH NEEDS IN OUR COMMUNITY.

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 07/01, 2020, and ending 06/30, 2021

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

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

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

THE WRIGHT CENTER FOR GRADUATE MEDICAL

Taxpayer identification number

23-2007832

Name and title of officer or person subject to tax

LINDA THOMAS-HEMAK, MD, 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12). . . .	1b	
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c).	5b	
6a Form 990-T check here <input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4).	6b	0.
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1).	7b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BKD, LLP to enter my PIN 4 6 4 2 2 as my signature

ERO firm name

Enter five numbers, but
do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 5/10/2022

Part III Certification and Authentication

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

4 3 0 3 2 9 4 4 0 1 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/13/2022

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue ServiceFor calendar year 2020 or other tax year beginning 07/01, 2020, and ending 06/30, 2021▶ Go to **www.irs.gov/Form990T** for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION Number, street, and room or suite no. If a P.O. box, see instructions. C/O RONALD DANIELS, CFO 501 S. WASHINGTON AVENUE 1000 City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505	D Employer identification number 23-2007832 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year <u>28,350,277.</u>			G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> J Enter the number of attached Schedules A (Form 990-T) <u> </u> K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation <u> </u> L The books are in care of <u>RONALD DANIELS, CFO</u> Telephone number <u>570-343-2383</u>	

501 S. WASHINGTON AVENUE, SUITE 1000
SCRANTON PA 18505**Part I Total Unrelated Business Taxable Income**

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

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

Part III Tax and Payments

1 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).	1a	
b Other credits (see instructions).	1b	
c General business credit. Attach Form 3800 (see instructions).	1c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).	1d	
e Total credits. Add lines 1a through 1d.	1e	
2 Subtract line 1e from Part II, line 7.	2	
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.	4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	
6 a Payments: A 2019 overpayment credited to 2020	6a	
b 2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c Tax deposited with Form 8868.	6c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e Backup withholding (see instructions)	6e	
f Credit for small employer health insurance premiums (attach Form 8941)	6f	
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g	
7 Total payments. Add lines 6a through 6g	7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached.	8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	

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

	Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>Linda Thomas Hemak</u>		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>		
4 a Did the organization change its method of accounting? (see instructions)		
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	LINDA THOMAS-HEMAK, MD	5/16/2022	President/CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRYSTAL K CREACH				P01248198
	Firm's name BKD, LLP	Firm's EIN 44-0160260		Phone no. 417-865-8701	
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523					

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

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

OMB No. 1545-0047

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Taxpayer identification number (TIN) 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S WASHINGTON AVENUE STE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► _____

Telephone No. ► _____ Fax No. ► _____

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

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

1 I request an automatic 6-month extension of time until 05/16, 20 22, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 ____ or
 ► ☒ tax year beginning 07/01, 20 20, and ending 06/30, 20 21.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

SUPPLEMENTAL INFORMATION DETAIL

PART NUMBER: 1
LINE NUMBER:

EXPLANATION:

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

IRS Tax Determination

Internal Revenue Service

District
Director

RECEIVED

DEC 1 1978

SCRANTON-TEMPLE
RESIDENCY PROGRAM

Scranton - Temple Residency Program
802 Jefferson Avenue
Scranton, PA 18501

Department of the Treasury

P. O. Box 959
Scranton, PA 18501

Person to Contact:
E. O. Determination Section
Telephone Number:
(717) 342-3141
Refer Reply to:
EO:7212:RB
Date:

NOV 29 1978

Our Letter dated: November 16, 1976

Gentlemen:

This modifies our letter of the above date in which we stated that you would be treated as an organization which is not a private foundation until the expiration of your advance ruling period.

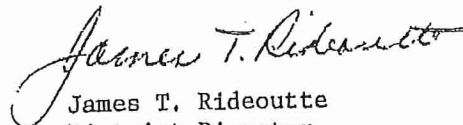
Your exempt status under section 501(c)(3) of the Code is still in effect.

Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Internal Revenue Code, because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, a grantor or a contributor may not rely on this determination if he was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your foundation status, you should keep it in your permanent records.

Sincerely yours,


James T. Rideoutte
District Director

wcme Name Change Filing

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

The Wright Center for Graduate Medical Education

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 628234

MYERS BRIER & KELLY LLP
425 SPRUCE ST STE 200, PO BOX 551
SCRANTON, PA 18501

570-342-6147 Line 1
Jun, 30, 2010 3:17PM

Entity #: 628234
Date Filed: 06/30/2010
Effective Date: 07/01/2010
Buell L. Merenda, Acting Secretary
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation
(15 Pa.C.S.)

☐ Business Corporation (§ 1915)
☒ Nonprofit Corporation (§ 5915)

Name Robert T. Kelly, Jr., Myers, Brier & Kelly, LLP		
Address 425 Spruce Street, Suite 200		
City Scranton	State PA	Zip Code 18503

Document will be returned to the
name and address you enter to
the left.

Commonwealth of Pennsylvania
ARTICLES OF AMENDMENT-NONPROFIT 6 Page(s)



T1018284028

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned,
desiring to amend its articles, hereby states that:

1. The name of the corporation is:
SCRANTON-TEMPLE RESIDENCY PROGRAM

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its
commercial registered office provider and the county of venue is (the Department is hereby authorized to
correct the following information to conform to the records of the Department):
(a) Number and Street City State Zip County
746 JEFFERSON AVENUE SCRANTON PENNSYLVANIA 18510 LACKAWANNA
(b) Name of Commercial Registered Office Provider County
c/o

3. The statute by or under which it was incorporated: **PA NONPROFIT CORPORATION LAW OF 1933**

4. The date of its incorporation: **2/17/1976**

5. Check, and if appropriate complete, one of the following:

☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
☒ The amendment shall be effective on **JULY 1, 2010** at **12:01 AM**
Date Hour

2010 JUN 30 PM 4: 00

RECEIVED TIME PA DEPT OF STATE
JUN, 30, 2010 3:55PM

DSCB:13-1913/5915-2

6. Check one of the following:

- ☐ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- ☒ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(e) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

- ☒ The amendment adopted by the corporation, set forth in full, is as follows:
The name of the corporation shall be changed to: The Wright Center for Graduate Medical Education

- ☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

- ☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

28th day of June
2010

The Wright Center for Graduate Medical Education

Name of Corporation

Ramona M. Bunge, D.O.

Signature

Chairman of the Board

Title

RECEIVED TIME JUN. 30. 3:55PM