

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section containing organization name (THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION), address (501 S. WASHINGTON AVENUE, SCRANTON, PA 18505), and financial information (Gross receipts \$41,042,837).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue breakdown, and expenses.

Part II Signature Block

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

Signature block containing the signature of Linda Thomas-Hemak, MD, dated 05/12/2023, as President.

Preparer information section for Krystal K Creach, Forvis, LLP, including firm name, address, and EIN.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

# 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](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	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) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

• 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 05/15, 2023, 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, 2021, and ending 06/30, 2022.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

[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

[ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 13,967,627. including grants of \$ ) (Revenue \$ )

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 \$ 10,727,218. including grants of \$ ) (Revenue \$ 12,500,510. )

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 \$ 142,362. including grants of \$ ) (Revenue \$ 6,385. )

INSTITUTIONAL REVIEW BOARD:

TWCGME OPERATES AN INSTITUTIONAL REVIEW BOARD (IRB). THE MISSION OF TWCGME'S IRB IS TO PROTECT THE RIGHTS, WELFARE AND KNOWLEDGE-BASED EMPOWERMENT OF HUMAN PARTICIPANTS RECRUITED TO ENGAGE IN RESEARCH ACTIVITIES OCCURRING IN TWCC 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.

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

(Expenses \$ 38,294. including grants of \$ 38,106. ) (Revenue \$ 5,069,854. )

4e Total program service expenses 24,875,501.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <span style="float:right">2a 408</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country <span style="float:right">▶ _____</span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <span style="float:right">7d</span> . . . . .		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <span style="float:right">10a</span>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <span style="float:right">10b</span>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <span style="float:right">11a</span>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <span style="float:right">11b</span>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <span style="float:right">12a</span>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <span style="float:right">12b</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <span style="float:right">13a</span> <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . <span style="float:right">13b</span>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <span style="float:right">13c</span>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <span style="float:right">14a</span>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . . <span style="float:right">14b</span>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <span style="float:right">15</span> If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. <span style="float:right">16</span>		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . <span style="float:right">17</span> If "Yes," complete Form 6069.		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed PA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, STE 1000 SCRANTON, PA 18505 570-343-2383

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD PRESIDENT & CEO	15.00 40.00	X		X				187,001.	561,002.	39,016.
(2) JIGNESH SHETH, MD SVP CLINICAL OPERATIONS/PHYSIC	15.00 40.00				X			123,017.	369,052.	39,016.
(3) WILLIAM DEMPSEY, MD ASSOCIATE PROGRAM DIRECTOR/PHY	5.00 50.00					X		32,694.	294,246.	36,531.
(4) JUMEE BAROOAH, MD DIO AND PHYSICIAN/ NON VOTING	25.00 30.00				X			136,453.	180,880.	39,003.
(5) ENRIQUE SAMONTE, MD PROGRAM DIRECTOR/PHYSICIAN	5.00 50.00				X			33,457.	270,698.	36,213.
(6) TIMOTHY BURKE, DO PROGRAM DIRECTOR/PHYSICIAN	20.00 35.00				X			107,450.	182,955.	36,757.
(7) MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	15.00 40.00				X			88,022.	205,386.	29,171.
(8) RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	5.00 50.00				X			33,178.	243,307.	35,631.
(9) JENNIFER WALSH, ESQ CGO & SVP PUBLIC POLICY	55.00 NONE				X			284,938.	NONE	25,902.
(10) RONALD DANIELS, CPA CFO	55.00 NONE			X				267,404.	NONE	27,027.
(11) DOUGLAS KLAMP, MD ASSOCIATE PROGRAM DIRECTOR/PHY	5.00 50.00					X		30,862.	226,323.	34,863.
(12) MARIA ALEXIES SAMONTE, MD ASSOCIATE PROGRAM DIRECTOR/PHY	5.00 50.00					X		31,425.	254,256.	5,546.
(13) DEBORAH SPRING, MD ASSOCIATE PROGRAM DIRECTOR/PHY	5.00 50.00					X		30,731.	225,359.	31,583.
(14) VINOD SHARMA, MD ASSOCIATE PROGRAM DIRECTOR/PHY	5.00 50.00					X		28,730.	232,450.	21,285.



**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 ) MEAGHAN RUDDY, PHD CHIEF R&D OFFICER & SVP ACADEM	40.00 15.00				X			147,919.	49,306.	25,386.
( 16 ) HAROLD BAILLIE, PHD CHAIRMAN	5.00 NONE	X		X				NONE	NONE	NONE
( 17 ) JAMES GAVIN VICE CHAIR	5.00 1.00	X		X				NONE	NONE	NONE
( 18 ) JOHN KEARNEY TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
( 19 ) CAROL RUBEL DIRECTOR; SECRETARY BEG 12/21	5.00 1.00	X		X				NONE	NONE	NONE
( 20 ) LIA RICHARDS-PALMITER, PHD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 21 ) MICHAEL PAGLIA, MD, PHD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 22 ) JUDY FEATHERSTONE, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 23 ) KIM PATTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 24 ) DOUGLAS SPEGMAN, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
( 25 ) THOMAS BISIGNANI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b>								1,563,281.	3,295,220.	462,930.
<b>c Total from continuation sheets to Part VII, Section A</b>								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b>								1,563,281.	3,295,220.	462,930.

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 **▶** 15

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

**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 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 ) SHARON OBADIA, DO DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 27 ) PATRICK CONABOY, MD DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 28 ) KEVIN SULLIVAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 29 ) RONALD BUKOWSKI DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 30 ) TERI OOMS DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 31 ) DEBRA YOUNGFELT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 32 ) GERTRUDE MCGOWAN, ESQ DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
( 33 ) ELENI O'DONOVAN, MD DIRECTOR BEG 06/22	1.00 NONE	X					NONE	NONE	NONE	
( 34 ) ROBERT NAISMITH, PHD SECRETARY END 12/21	5.00 NONE	X		X			NONE	NONE	NONE	
( 35 ) VINCENT KEANE DIRECTOR END 03/22	1.00 NONE	X					NONE	NONE	NONE	
( 36 ) LAUREN HAZZOURI, PSYD DIRECTOR END 03/22	1.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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 ▶

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		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? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such person . . . . .		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
SEE SCHEDULE O		

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 ▶ 8

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>							
	<b>b</b>	Membership dues . . . . .	<b>1b</b>							
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>							
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	126,000.						
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	19,722,852.						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	2,000.						
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶			19,850,852.					
	<b>Program Service Revenue</b>	<b>2a</b>	RESIDENCY PROGRAM REV	Business Code	611310	12,500,510.	12,500,510.			
<b>b</b>		SUPPORT SERVICE REVENUE		561000	4,893,338.	4,893,338.				
<b>c</b>		IRB AND RESEARCH FEES		611310	6,385.	6,385.				
<b>d</b>		OTHER REVENUE		611310	176,516.	176,516.				
<b>e</b>										
<b>f</b>		All other program service revenue . . . . .								
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . . ▶			17,576,749.					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶			130,465.		130,465.			
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶			NONE					
	<b>5</b>	Royalties . . . . . ▶			NONE					
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal					
						1,000,747.				
						341,823.				
						658,924.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . . ▶				658,924.				
	<b>7a</b>	Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other					
						1,257,880.				
						1,095,000.				
						162,880.				
	<b>d</b>	Net gain or (loss) . . . . . ▶				162,880.				
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		NONE					
				<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>		NONE		
				<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶			NONE		
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>		NONE					
<b>b</b>				Less: direct expenses . . . . .	<b>9b</b>		NONE			
<b>c</b>				Net income or (loss) from gaming activities . . . . . ▶			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		NONE						
			<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		NONE			
			<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶			NONE			
<b>Miscellaneous Revenue</b>	<b>11a</b>	INCOME ON EQUITY INVESTEE	Business Code	900099	1,226,144.		1,226,144.			
	<b>b</b>									
	<b>c</b>									
	<b>d</b>	All other revenue . . . . .								
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶				1,226,144.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶				39,606,014.	17,576,749.	2,178,413.			

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	38,106.	38,106.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,652,372.	505,974.	1,146,398.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
7 Other salaries and wages . . . . .	20,016,929.	14,127,212.	5,889,717.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	782,674.	316,781.	465,893.	
9 Other employee benefits . . . . .	2,308,920.	1,603,410.	705,510.	
10 Payroll taxes . . . . .	1,589,881.	803,653.	786,228.	
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	251,214.	21,090.	230,124.	
c Accounting . . . . .	147,427.		147,427.	
d Lobbying . . . . .	79,484.		79,484.	
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	36,898.		36,898.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	2,560,983.	1,834,307.	726,676.	
12 Advertising and promotion . . . . .	127,341.	10,520.	116,821.	
13 Office expenses . . . . .	280,254.	16,071.	264,183.	NONE
14 Information technology. . . . .	449,957.	83,271.	366,686.	
15 Royalties. . . . .	NONE			
16 Occupancy . . . . .	129,071.	206.	128,865.	
17 Travel . . . . .	137,204.	84,797.	52,407.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	537,921.	355,811.	182,110.	
20 Interest . . . . .	165,207.		165,207.	
21 Payments to affiliates. . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	1,070,995.		1,070,995.	
23 Insurance . . . . .	900,564.	871,917.	28,647.	
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 . . . . .	3,990,594.	3,990,594.		
b REPAIRS AND MAINTENANCE . . . . .	538,145.	1,927.	536,218.	
c DUES AND MEMBERSHIPS . . . . .	220,184.	133,808.	86,376.	
d RECRUITMENT EXPENSE . . . . .	177,248.	69,125.	108,123.	
e All other expenses . . . . .	76,333.	6,921.	69,412.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	38,265,906.	24,875,501.	13,390,405.	NONE
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,229,657.	<b>1</b>	4,613,370.
	<b>2</b> Savings and temporary cash investments . . . . .	NONE	<b>2</b>	NONE
	<b>3</b> Pledges and grants receivable, net . . . . .	1,840,287.	<b>3</b>	244,912.
	<b>4</b> Accounts receivable, net . . . . .	1,208,781.	<b>4</b>	2,084,048.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	NONE
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	620,640.	<b>9</b>	212,345.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 8,389,458.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,847,140.		
	<b>11</b> Investments - publicly traded securities . . . . .	6,535,636.	<b>10c</b>	5,542,318.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	9,076,475.	<b>11</b>	8,404,682.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	NONE	<b>12</b>	NONE
	<b>14</b> Intangible assets . . . . .	403,698.	<b>13</b>	363,144.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	6,435,103.	<b>15</b>	6,291,317.	
	28,350,277.	<b>16</b>	27,756,136.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,353,747.	<b>17</b>	3,748,466.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,571,456.	<b>23</b>	8,620,644.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	2,344,393.	<b>25</b>	2,071,542.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	15,269,596.	<b>26</b>	14,440,652.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	13,080,681.	<b>27</b>	13,315,484.
	<b>28</b> Net assets with donor restrictions . . . . .	NONE	<b>28</b>	NONE
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	13,080,681.	<b>32</b>	13,315,484.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	28,350,277.	<b>33</b>	27,756,136.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	39,606,014.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	38,265,906.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,340,108.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,080,681.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,105,305.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	13,315,484.

**Part XII Financial Statements and Reporting**

Check 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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15,826,039.	16,798,105.	17,334,945.	23,651,071.	19,850,852.	93,461,012.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	12,636,961.	13,415,299.	14,787,588.	17,692,901.	17,576,749.	76,109,498.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						NONE
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>6 Total.</b> Add lines 1 through 5. . . . .	28,463,000.	30,213,404.	32,122,533.	41,343,972.	37,427,601.	169,570,510.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						NONE
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						NONE
<b>c</b> Add lines 7a and 7b. . . . .						NONE
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						169,570,510.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6. . . . .	28,463,000.	30,213,404.	32,122,533.	41,343,972.	37,427,601.	169,570,510.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	125,839.	149,433.	703,373.	1,096,841.	1,131,212.	3,206,698.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						NONE
<b>c</b> Add lines 10a and 10b . . . . .	125,839.	149,433.	703,373.	1,096,841.	1,131,212.	3,206,698.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						NONE
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .			37,676.	862,117.	1,226,144.	2,125,937.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	28,588,839.	30,362,837.	32,863,582.	43,302,930.	39,784,957.	174,903,145.

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

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	96.95%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	98.10%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	1.83%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	1.35%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016 . . . . .			
b	From 2017 . . . . .			
c	From 2018 . . . . .			
d	From 2019 . . . . .			
e	From 2020 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017 . . . .			
b	Excess from 2018 . . . .			
c	Excess from 2019 . . . .			
d	Excess from 2020 . . . .			
e	Excess from 2021 . . . .			

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER REVENUE			37,676.	862,117.	1,226,144.	2,125,937.
TOTALS			37,676.	862,117.	1,226,144.	2,125,937.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization (THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION) and Employer identification number (23-2007832)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] 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...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization <b>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION</b>	<b>Employer identification number</b> 23-2007832
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 19,707,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 15,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

Department of the Treasury  
Internal Revenue Service

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 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) 2021

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		79,484.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		79,484.													
<b>d</b> Other exempt purpose expenditures . . . . .		24,875,501.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		24,954,985.													
<b>f</b> 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
<b>c</b> Total lobbying expenditures		125,409.	90,360.	79,484.	295,253.
<b>d</b> Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
<b>f</b> Grassroots lobbying expenditures					

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...

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

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

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."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 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). 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures. See instructions.

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

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**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 \$45,000 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 FEDERALLY-FUNDED PRIMARY CARE WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PRIMARY CARE WORKFORCE AND PUBLIC HEALTH PROGRAMS AND RELATED LEGISLATION. DUE TO COVID-19, THERE WAS LIMITED IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2021-2022. IN ALL, TWCGME SPENT \$1,484 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES.

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 2021-2022. TWCCH PAID COZEN \$45,000 FOR THESE SERVICES, WHICH AMOUNTS ARE REFLECTED ON ITS OWN FORM 990. IN ALL, TWCCH SPENT \$823 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES, WHICH IS ALSO REPORTED ON ITS FORM 990.

TWCGME ALSO PAID \$33,000 IN DUES TO THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS, A TAX EXEMPT ORGANIZATION THAT CONDUCTS SIGNIFICANT LOBBYING AND ADVOCACY ACTIVITIES IN RELATION TO THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2-7 Conservation contribution details, 8-9 Monitoring and reporting requirements.

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.

Form with 2 main sections: 1a-1b Reporting on collections, 2 Reporting on financial gain from collections.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (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	6,138,518.
(2) RESTRICTED CASH	152,799.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	6,291,317.

**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) DEFERRED COMPENSATION	2,071,542.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	2,071,542.

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.

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c.

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 SUPPLEMENTAL PAGE

**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 2022 AND 2021.

SCHEDULE D, PART XI, LINE 4B

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

\$ (341,823) RENTAL EXPENSES

SCHEDULE D, PART XII, LINE 2D

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

\$ 341,823 RENTAL EXPENSES

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number  
**23-2007832**

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

- 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
- 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
<b>(1)</b> THE INSTITUTE FOR PUBLIC POLICY AND ECONOMI 85 S MAIN ST STE 201, WILKES-BARRE PA 18701	24-0795506	501(C)(3)	6,000.				SEE NARRATIVES
<b>(2)</b> UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES 615 JEFFERSON AVE SCRANTON, PA 18501	24-0824164	501(C)(3)	10,000.				SEE NARRATIVES
<b>(3)</b> A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE 5850 E. STILL CIRCLE MESA, AZ 85206	43-0356250	501(C)(3)	22,106.				SEE NARRATIVES
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

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

**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) 2021

**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 THAT IS USED TO DETERMINE MISSION FIT, ACHIEVABILITY, AND SUSTAINABILITY FOR ANY POTENTIAL OPPORTUNITY. STRATEGIC STAGE- GATE ANALYSES, PROJECT PLANNING AND MANAGEMENT ENSURES

**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.

FEASIBILITY, READINESS, SUSTAINABILITY, AND HIGH-INTEGRITY STEWARDSHIP OF PUBLIC AND PRIVATE FUNDING. TWCGME COMPLETES ALL REQUIRED GRANT-RELATED AUDITING AND EVEN ELECTS TO ENGAGE IN A YEARLY OPTIONAL SINGLE AUDIT EQUIVALENT FOR ITS THCGME PROGRAM, DESPITE FEDERAL PROGRAMMATIC EXEMPTION, TO ENSURE THE HIGHEST COMPLIANCE AND STEWARDSHIP AUTHENTICITY. THE GRANTS DEPARTMENT SPUN OFF A PROJECT MANAGEMENT OFFICE IN APRIL OF 2021 TO FOCUS ON SPONSORED PROJECT MONITORING AND COMPLIANCE, UTILIZING SMARTSHEET PROJECT MANAGEMENT SOFTWARE FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT OUTCOMES AND EXPENSE TRACKING. TWCGME IS COMPLIANT WITH ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPY

**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.

REPORTING REQUIREMENTS FOR ALL GRANTS. FOR ALL COVID-19 PANDEMIC-RELATED FUNDING, TWCCH AND TWCGME UTILIZE A NATIONALLY ESTABLISHED FUNDING MATRIX CROSS-WALK THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL-RESPECTED NATIONAL ACCOUNTING FIRM.

SCHEDULE I, PART II, LINE 1, COLUMN H



**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.

A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE:

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 AND ENHANCEMENT (PCTE) GRANT PROJECT TITLED

"SERVING, TEACHING AND LEARNING WHERE THE NEED IS GREATEST" WHEREBY

ATSU-SOMA WORKS WITH TWCGME LEADERS TO: 1) PREPARE PATIENT-CENTERED

MEDICAL HOME CHAMPIONS FOR CARE TEAMS FOCUSED ON PROFESSIONALISM,

LEADERSHIP, AND PRACTICE; 2) IMPLEMENT A COMMUNITY HEALTH CENTER MODEL

FOR HEALTH CARE DELIVERY SCIENCE TRAINING; 3) EXPLORE FEASIBILITY OF

**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.

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:  
AS AN ACADEMIC PARTNER MEMBER OF THE INSTITUTE FOR PUBLIC POLICY AND  
ECONOMIC DEVELOPMENT, TWCGME IS PROUDLY THE PRIMARY SPONSOR OF ITS ANNUAL  
INDICATORS EVENT, DEDICATED TO REVIEWING AND ILLUMINATING DASHBOARD  
METRICS AND TRENDS OF THE HEALTH AND WELFARE OF THE NORTHEAST  
PENNSYLVANIA REGION.

**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.

UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES:

TWCGME MADE A DONATION TO THE UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES, A MISSION-ALIGNED COMMUNITY-BASED ORGANIZATION THAT SUPPORTS OUR PATIENTS, FAMILIES AND THE COMMUNITIES WE SERVE IN ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH BY FIGHTING FOR THE EDUCATION, FINANCIAL STABILITY AND HEALTH OF EVERY PERSON.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

**EDUCATION**

**23-2007832**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**  **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7**

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. **8**  **9**

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK, MD PRESIDENT & CEO	(i)	182,014.	NONE	4,987.	5,800.	3,954.	196,755.	NONE
	(ii)	546,041.	NONE	14,961.	17,400.	11,862.	590,264.	NONE
2 RONALD DANIELS, CPA CFO	(i)	247,052.	NONE	20,352.	13,877.	13,150.	294,431.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 WILLIAM DEMPSEY, MD ASSOCIATE PROGRAM DIRECTOR/PHY	(i)	29,916.	580.	2,198.	2,320.	1,333.	36,347.	NONE
	(ii)	269,251.	5,216.	19,779.	20,880.	11,998.	327,124.	NONE
4 MARIA ALEXIES SAMONTE, ASSOCIATE PROGRAM DIRECTOR/PHY	(i)	30,443.	NONE	982.	465.	145.	32,035.	NONE
	(ii)	246,307.	NONE	7,949.	3,765.	1,171.	259,192.	NONE
5 VINOD SHARMA, MD ASSOCIATE PROGRAM DIRECTOR/PHY	(i)	28,177.	NONE	553.	905.	1,436.	31,071.	NONE
	(ii)	227,972.	NONE	4,478.	7,325.	11,619.	251,394.	NONE
6 DOUGLAS KLAMP, MD ASSOCIATE PROGRAM DIRECTOR/PHY	(i)	30,358.	350.	154.	2,358.	1,826.	35,046.	NONE
	(ii)	222,626.	2,564.	1,133.	17,292.	13,387.	257,002.	NONE
7 DEBORAH SPRING, MD ASSOCIATE PROGRAM DIRECTOR/PHY	(i)	29,871.	563.	297.	2,439.	1,351.	34,521.	NONE
	(ii)	219,051.	4,129.	2,179.	17,883.	9,910.	253,152.	NONE
8 JUMEE BAROOAH, MD DIO AND PHYSICIAN/ NON VOTING	(i)	122,902.	5,040.	8,511.	9,976.	6,795.	153,224.	NONE
	(ii)	162,918.	6,680.	11,282.	13,224.	9,008.	203,112.	NONE
9 ENRIQUE SAMONTE, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	30,312.	908.	2,237.	2,439.	1,545.	37,441.	NONE
	(ii)	245,254.	7,343.	18,101.	19,731.	12,498.	302,927.	NONE
10 MAUREEN LITCHMAN, MD PROGRAM DIRECTOR/PHYSICIAN	(i)	80,091.	1,338.	6,593.	6,496.	2,255.	96,773.	NONE
	(ii)	186,879.	3,123.	15,384.	15,158.	5,262.	225,806.	NONE
11 TIMOTHY BURKE, DO PROGRAM DIRECTOR/PHYSICIAN	(i)	97,144.	2,983.	7,323.	7,955.	5,645.	121,050.	NONE
	(ii)	165,407.	5,079.	12,469.	13,545.	9,612.	206,112.	NONE
12 JENNIFER WALSH, ESQ CGO & SVP PUBLIC POLICY	(i)	254,739.	10,250.	19,949.	20,531.	5,371.	310,840.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
13 RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	(i)	32,237.	918.	23.	2,448.	1,828.	37,454.	NONE
	(ii)	236,403.	6,732.	172.	17,952.	13,403.	274,662.	NONE
14 MEAGHAN RUDDY, PHD CHIEF R&D OFFICER & SVP ACADEM	(i)	128,852.	4,305.	14,762.	10,582.	8,458.	166,959.	NONE
	(ii)	42,950.	1,435.	4,921.	3,527.	2,819.	55,652.	NONE
15 JIGNESH SHETH, MD SVP CLINICAL OPERATIONS/PHYSIC	(i)	113,993.	4,100.	4,924.	5,800.	3,954.	132,771.	NONE
	(ii)	341,981.	12,300.	14,771.	17,400.	11,862.	398,314.	NONE
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 PRESIDENT & 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 PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, FAIR MARKET VALUE BASED ON ALL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE

**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.

CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60  
DAYS OF THE DECISION.

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO  
EXECUTIVE EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND  
ALL STAFF, 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 EXECUTIVE MANAGEMENT RECOMMENDATION, BOARD  
APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT, AND  
AFFORDABILITY. THERE ARE SEVERAL THRESHOLD REQUIREMENTS FOR  
PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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 PERFORMANCE BONUS PAYMENT TO ELIGIBLE EMPLOYEES 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 MERIT-BASED PERFORMANCE BONUSES. THE ELIGIBILITY OF THOSE ON A PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT SUPERVISOR. THE 2021-2022 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. ADDITIONALLY, TWCGME MAY, FROM TIME TO TIME, AWARD BONUSES TO ELIGIBLE EMPLOYEES TO ACKNOWLEDGE ORGANIZATIONAL STAFF ENGAGEMENT IN RESPONSE TO SPECIAL CIRCUMSTANCES, AND TO PROMOTE RETENTION.



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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, GASTROENTEROLOGY AND PHYSICAL MEDICINE & REHABILITATION. THE CONSORTIUM ENGAGES ITS PRIMARY AFFILIATED FQHC LOOK-ALIKE, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC), AS WELL AS FOUR PARTNERING NATIONAL FQHCS AS TEACHING HEALTH CENTERS AND ALSO THEIR NUMEROUS COMMUNITY-BASED HOSPITAL SYSTEMS, AS WELL AS THE WILKES-BARRE, PA VETERAN AFFAIRS MEDICAL CENTER, IN THE CLINICAL TRAINING OF ITS RESIDENTS AND FELLOWS. THE GME-SNC AS AN INSTITUTION 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). ALL PARTNERING FQHCS, ENGAGED HOSPITAL SPONSORS OF GME PROGRAMS, AND BOTH GEISINGER 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:

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

**Supplemental Information to Form 990 or 990-EZ**

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Form 990 or 990-EZ or to provide any additional information.

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TWCGME'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" 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 THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. WITH INCLUSIVE ENGAGEMENT OF GME STAKEHOLDERS, OUR GME-SNC ASPIRES TOWARD AN INCLUSIVE COLLECTIVE IMPACT FRAMEWORK TO EFFECTIVELY ADDRESS AMERICA'S PRIMARY CARE WORKFORCE SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH AND HEALTHCARE DELIVERY 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, AND MOST RECENTLY, A CMS GME-FUNDED INPATIENT REHABILITATION FACILITY (IRF) AS WELL. TWCGME PROUDLY BECAME A PIONEERING HRSA 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 OUR NATION TO TRAIN COMMUNITY-MINDED PRIMARY CARE RESIDENT PHYSICIANS IN HISTORICALLY MARGINALIZED POPULATIONS AND 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 HEALTH SERVICES ACCESS IN UNDERSERVED AREAS DUE TO A NATIONAL PRIMARY CARE PHYSICIAN

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

**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.

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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.

TWCGME'S GME-SNC MODEL IS DESIGNED TO MITIGATE THE HEALTH AND HEALTHCARE ACCESS DISPARITIES RESULTING FROM THIS GROWING NATIONAL SHORTAGE WHILE STRIVING TO ACCELERATE AND SPREAD INSPIRATION 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 HEALTH EQUITY, CLINICIAN WELL-BEING, AND THE PURSUIT OF BETTER HEALTHCARE, IMPROVED HEALTH OUTCOMES, AND LOWER COSTS.

TWCGME'S CURRENT SPONSORING INSTITUTIONAL AND PROGRAMMATIC PRIMARY HEALTH SERVICES CURRICULA ARE ROOTED IN COMMUNITY-ORIENTED AND PUBLIC HEALTH NEEDS-RESPONSIVE, WHOLE PERSON PRIMARY CARE TRAINING FOR FAMILY MEDICINE, INTERNAL MEDICINE, AND PSYCHIATRY RESIDENTS AS WELL AS FUTURE SPECIALTY PHYSICIANS. DURING FISCAL YEAR 2021-2022, RESIDENTS WERE, AS A RESULT, DEEPLY IMMERSSED 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 CHILDHOOD AND ADULT VACCINATIONS FOR PREVENTABLE ILLNESSES. OUR COMMUNITY-BASED TRAINING MODEL WITHIN ESSENTIAL COMMUNITY PROVIDER NETWORKS LEVERAGES CROSS-INSTITUTIONAL COLLABORATIVE LEARNING AND BROAD EXPOSURE TO INTERPROFESSIONAL TEAM-BASED CARE AS WELL AS A

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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VARIETY OF HEALTH INFORMATION TECHNOLOGY PLATFORMS FOR BOTH CARE DELIVERY AND INSTITUTIONAL OUTCOMES REPORTING. TWCGME'S PARTNERING CLINICAL LEARNING ENVIRONMENTS DEMONSTRATE AND ENGAGE ITS LEARNERS IN VALUE-DRIVEN WORKFLOW REDESIGN THAT PROMOTES PATIENT-CENTERED MEDICAL HOME PHYSICIAN-LED CARE TEAMS, ENGAGED AND EMPOWERED PATIENTS AND FAMILIES, ROBUST REFERRAL NETWORKS OF COMMUNITY RESOURCE AGENCIES, AND BOTH MEANINGFUL USE AND CONNECTIVITY/INTEROPERABILITY OF HEALTH AND EDUCATION INFORMATION TECHNOLOGY PLATFORMS. MISSION-DRIVEN, TOP-LICENSE FACULTY PRACTICE AND ROLE-MODELING WITHIN THESE INCLUSIVE, SAFETY-NET LEARNING ENVIRONMENTS EFFICIENTLY OPTIMIZES WORKFLOW REDISTRIBUTION SO THAT EVERY TEAM MEMBER, INCLUDING FRONT-LINE STAFF AND LEARNERS, ENGAGE IN PURPOSEFUL, MEANINGFUL PRACTICE WHILE CONTRIBUTING TO ITERATIVE CONTINUOUS QUALITY IMPROVEMENT OF BOTH CARE DELIVERY AND EDUCATIONAL SYSTEMS.

TWCGME'S GME-SNC IS A COMMUNITY HEALTH CENTER (CHC) FOCUSED EDUCATIONAL CONSORTIUM DEEPLY INVESTED IN COMMUNITY-CENTERED HOSPITAL EXPERIENCES THAT EXPOSE TRAINEES TO A SEAMLESS, CROSS-INSTITUTIONAL, INTERPROFESSIONAL MULTIDISCIPLINARY ENVIRONMENT THAT EXERCISES AND NURTURES THEIR LONGITUDINAL AND TRANSITIONAL CARE SKILLS, 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, A FINDING VALIDATED BY TWCGME'S HISTORICAL GRADUATE PRACTICE PATTERN OUTCOMES, SHOWING A HIGHER-THAN-NATIONAL-AVERAGE NUMBERS OF PRIMARY CARE PHYSICIANS SELECTING CAREERS IN HISTORICALLY UNDERSERVED

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SETTINGS, INCLUDING FQHCs AND RURAL COMMUNITIES.

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NEW PROGRAM SERVICES:

TWCGME IS PROUD TO SHARE TESTIMONY OF ITS MISSION DELIVERY WITH SECURED EMPLOYMENT COMMITMENTS OF THREE FAMILY MEDICINE RESIDENTS TO BECOME FACULTY ATTENDING WHO WILL PROVIDE COMPREHENSIVE PRIMARY HEALTH SERVICES DELIVERY AT TWCCCH WHILE TEACHING TWCGME'S FAMILY MEDICINE RESIDENT PHYSICIANS. ADDING THESE GRADUATES TO OUR PROVIDER CARE TEAMS AS TEACHERS OF THE NEXT GENERATION OF FAMILY MEDICINE PHYSICIANS AND INTERPROFESSIONAL CARE TEAMS IS TRULY A TESTAMENT THAT OUR PHYSICIAN WORKFORCE PIPELINE IS DELIVERING CRUCIAL WORKFORCE DEVELOPMENT OUTCOMES, HELPING TO CLOSE THE GAP IN THE SHORTAGE OF PRIMARY CARE PHYSICIANS IN NORTHEASTERN PENNSYLVANIA. SIMILAR EMPLOYMENT OF OUR GRADUATES BY PARTNERING FQHCs IN FOUR STATES PARTICIPATING IN OUR NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM VALIDATES OUR NATIONAL IMPACT ON PRIMARY CARE WORKFORCE DEVELOPMENT AS WELL.

TWCGME, IN COLLABORATION WITH ALLIED SERVICES INTEGRATED HEALTH SYSTEM, PROUDLY LAUNCHED ITS LONG-AWAITED NEWEST RESIDENCY PROGRAM IN PHYSICAL MEDICINE & REHABILITATION (PM&R). THIS PROGRAM WILL TRAIN RESIDENT PHYSICIANS TO DIAGNOSE, MANAGE AND TREAT CONDITIONS OF THE BONES, MUSCLES, JOINTS, AND CENTRAL AND PERIPHERAL NERVOUS SYSTEMS TO GUIDE REHABILITATIVE MANAGEMENT PLANS TO HELP PATIENTS RECOVER THEIR FUNCTIONAL WELL-BEING. OVER THE COURSE OF THE 4-YEAR TRAINING PROGRAM, WE EXPECT 5 RESIDENTS PER YEAR, FOR A FULL COMPLEMENT OF 20 PM&R RESIDENTS IN

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ACADEMIC YEAR 2025-2026. OUR ROBUST GME-SNC CONSORTIUM NOW INCLUDES ALLIED SERVICES AND THE JOHN HEINZ INSTITUTE FOR REHABILITATION MEDICINE, NORTHEAST REHABILITATION ASSOCIATES AND EXPANDED CLINICAL LEARNING ENVIRONMENTS AT TWCCH AND REGIONAL HOSPITAL OF SCRANTON, AS WELL AS OTHER CLINICAL LEARNING ENVIRONMENT PARTNERS TO PROMOTE THE RENEWAL OF THE PHYSIATRIST WORKFORCE IN NORTHEASTERN PENNSYLVANIA.

DURING FISCAL YEAR 2021-2022, TWCME TRAINED MORE THAN 220 RESIDENT AND FELLOW PHYSICIANS IN MULTIPLE DISCIPLINES. TWCME EXPANDED ITS ACGME-ACCREDITED GERIATRICS FELLOWSHIP BY 3 ADDITIONAL FULL-TIME EQUIVALENTS (FTES) AS A RESULT OF A SUCCESSFUL COMPETITIVE GRANT APPLICATION TO THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) THROUGH THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM (THC GME PROGRAM). THE IMPORTANCE OF DEVELOPING AN AGE FRIENDLY HEALTH SYSTEM AND QUALIFIED, COMPASSIONATE GERIATRICIANS HAS NEVER BEEN SO URGENT: PENNSYLVANIA RANKS 9TH OUT OF THE 50 STATES FOR THE PERCENTAGE OF THE STATE POPULATION 65 AND OLDER, AND LACKAWANNA AND LUZERNE COUNTIES HAVE A SIGNIFICANTLY HIGHER NUMBERS OF PERSONS 65 YEARS AND OVER COMPARED TO STATE AND NATIONAL AVERAGES. THE DEVELOPMENT OF GERIATRICS COMPETENCIES SUPPORTS THE SHIFT INTO AGE-FRIENDLY HEALTH SERVICES BY HELPING PRIMARY CARE DOCTORS ALIGN WITH WHAT MATTERS TO OLDER ADULTS. DESPITE THE EXPECTED NATIONAL SHORTAGE OF NEARLY 30,000 FULL-TIME GERIATRICIANS BY 2025, THERE ARE NATIONAL RECRUITMENT CHALLENGES IN GERIATRICS: IN THE 2022 NRMP MATCH, THERE WERE 411 GERIATRIC MEDICINE FELLOWSHIPS SLOTS AVAILABLE, AND JUST 210 (51%) OF THESE FELLOWSHIPS WERE

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FILLED. TWCGME UNFORTUNATELY EXPERIENCED RECRUITMENT CHALLENGES DESPITE IDENTIFYING QUALIFIED AND INTERESTED CANDIDATES DUE TO LICENSING BARRIERS WITH THE PENNSYLVANIA BOARD OF MEDICINE RELATED TO OUTDATED REGULATORY REQUIREMENTS. NEVERTHELESS, TWCGME CONTINUES TO ADVOCATE WITH BOTH THE STATE LICENSING AND ACCREDITING AGENCIES TO INCREASE THE APPLICANT POOL BY REMOVING THESE BARRIERS GIVEN THE CRUCIAL NEED FOR GERIATRIC SERVICE PROVIDERS IN OUR COUNTRY. NOTABLY, TWCC, THE 8TH HEALTHCARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S JOHN A. HARTFORD FOUNDATION FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL, CONTINUED TO OFFER ADC SERVICES FOR THE REGIONAL COMMUNITY AND IMPLEMENTED THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN ALL OF ITS PRIMARY HEALTH SERVICES SITES FOR SENIORS, THEREBY ENRICHING THE GERIATRIC-SENSITIVE PREPARATION OF ALL WORKFORCE TRAINING AT TWCGME.

EFFECTIVE JULY 1, 2021, RESPONSIVE TO THE NEEDS OF OUR REGIONAL AND NATIONAL COMMUNITIES, TWCGME ALSO EXPANDED ITS PSYCHIATRY RESIDENCY PROGRAM BY 3 ADDITIONAL FTES (FROM 22 TO 25 FTES) AS A RESULT OF ANOTHER SUCCESSFUL COMPETITIVE GRANT APPLICATION TO HRSA FOR THCGME FUNDING. TWCGME'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. IN FISCAL YEAR 2021-2022, TWCGME ALSO FORMALLY SUPPORTED TWCC'S SUCCESSFUL ENGAGEMENT AS A CLINICAL LEARNING ENVIRONMENT FOR ADDICTION FELLOWS FROM

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GEISINGER'S HRSA-FUNDED ADDICTION FELLOWSHIP GME PROGRAM.

TWCGME'S GASTROENTEROLOGY CONSORTIUM WITH COMMONWEALTH HEALTH EXPANDED  
ITS FELLOWSHIP FROM 3 TO 4 FTES TO MEET THE INCREASING NEED FOR GI  
WORKFORCE IN NORTHEAST PENNSYLVANIA.

AS A RECIPIENT OF A HRSA FIVE-YEAR DENTAL RESIDENCY AND CARE DELIVERY  
PLANNING GRANT, TWCGME FORMALLY SUPPORTED TWCC AS A CLINICAL LEARNING  
ENVIRONMENT AND COLLABORATING PARTNER IN NYU LANGONE'S HRSA-FUNDED  
ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM IN  
FISCAL YEAR 2021-2022. TWO DENTAL RESIDENTS TRAINED IN PUBLIC HEALTH  
DENTAL ENVIRONMENTS DURING THE FISCAL YEAR, AND TWCC WELCOMED TWO  
ADDITIONAL TRAINEES FOR FISCAL YEAR 2022-2023. THE AEGD PROGRAM IS FULLY  
ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA) OF THE  
AMERICAN DENTAL ASSOCIATION (ADA), AND ADVANCES A RESIDENT'S SKILLS IN  
PUBLIC HEALTH-ORIENTED GENERAL DENTISTRY. DENTAL RESIDENTS ARE GUIDED AND  
MENTORED ON-SITE BY FACULTY MEMBERS WHILE DELIVERING ORAL HEALTH SERVICES  
AND PERFORMING PROCEDURES ON ETHNICALLY-DIVERSE VULNERABLE POPULATIONS,  
INCLUDING THE POPULATION SERVED BY TWCC'S OPIATE AND STIMULANT USE  
DISORDER CENTER OF EXCELLENCE AND RYAN WHITE SERVICE LINES. IT IS NYU  
LANGONE'S GOAL THAT, UPON SUCCESSFUL COMPLETION OF THE PROGRAM, RESIDENTS  
GRADUATE AS HIGHLY SKILLED AND CONFIDENT PUBLIC HEALTH DENTAL  
PRACTITIONERS, EQUIPPED TO SERVE THE MOST VULNERABLE POPULATIONS AND MEET  
THE CHALLENGES OF THE COMPLEX WORLD OF MODERN DENTISTRY.

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NEW PROGRAM SERVICES CONTINUED:

TWCGME FORMALLY SUPPORTED TWCCCH'S CLINICAL TRAINING PARTNERSHIP WITH A.T.

STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE (SOMA), WHICH GREW TO

HOST 31 OSTEOPATHIC MEDICAL STUDENTS COMPLETING THEIR MEDICAL SCHOOL

TRAINING IN SCRANTON, PENNSYLVANIA. OF THOSE, TWO WERE HOMETOWN SCHOLARS

RECRUITED THROUGH THEIR ENGAGEMENT WITH TWCCCH AND/OR TWCGME, WITH ANOTHER

STUDENT IN THE PIPELINE, PROMOTING THE DEVELOPMENT AND RETENTION OF OUR

REGIONAL PHYSICIAN WORKFORCE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY

ALIGNED WITH OUR WORKFORCE PIPELINE DEVELOPMENT MISSION, AND WE WILL

CONTINUE TO ENCOURAGE QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE

MEDICAL FIELD AND OTHER HEALTH PROFESSIONS. OUR PARTNERSHIP WITH THE

NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (AHEC) FOSTERS AND

MULTIPLIES OUR COMMITMENT TO TRAIN THE FUTURE INTERPROFESSIONAL

HEALTHCARE WORKFORCE. ADDITIONALLY, TWCGME FORMALLY SUPPORTED TWCCCH'S

LAUNCH OF A NEW PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF HEALTH

SCIENCES, THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC),

AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST IN CALIFORNIA AS A

CLINICAL TRAINING SITE FOR A NEW PHYSICIAN'S ASSISTANT (PA) PROGRAM.

TWCCCH IS BLESSED TO BE CURRENTLY TRAINING EIGHT AMAZING PA STUDENTS WHO

RELOCATED TO OUR REGION. WE LOOK FORWARD TO RECRUITING LOCAL STUDENTS

INTO THIS PIPELINE PROGRAM TO RETAIN OUR TALENT FOR THE BENEFIT OF THE

PATIENTS, FAMILIES AND COMMUNITIES WE SERVE.

TWCGME HAS BEEN ACTIVELY EXPLORING THE FEASIBILITY OF REPLICATING OUR

PIONEERING ACGME-ACCREDITED NATIONAL FAMILY MEDICINE RESIDENCY (NFMR)

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FRAMEWORK WITH OTHER FQHC PARTNERS. TWCGME WAS THE RECIPIENT OF A HRSA TEACHING HEALTH CENTER GME PLANNING AND DEVELOPMENT GRANT (THCGME PD) WITH A PARTNER IN NEW YORK. TWCGME WAS ALSO THE PRIMARY GRANTEE OF A HRSA RURAL RESIDENCY PLANNING AND DEVELOPMENT GRANT (RRPD) WITH A RURAL HOSPITAL AND AFFILIATED FQHC PARTNER IN NORTHEAST PENNSYLVANIA. AS A THCGME PD GRANTEE, WE HAVE BEEN ACTIVELY PARTICIPATING IN HRSA-LEAD TECHNICAL ASSISTANCE WEBINARS FOR THCGME PD GRANTEES AND HAVE BEEN REGARDED BY PARTICIPANTS AS A SUBJECT MATTER EXPERT REGARDING TEACHING HEALTH CENTER PROGRAMS AND PARTICULARLY THE CONSORTIUM MODEL.

DURING THE 2021-2022 FISCAL YEAR, TWCGME WAS COMMUNICATING WITH VARIOUS FEDERAL AGENCIES VOCALLY ADVOCATING FOR THE NEED TO INVEST AT THE FEDERAL LEVEL IN A SHARED MENTAL MODEL OF THE COMMUNITY BENEFIT IMPACT OF THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM. CAPTURING THE LOCAL, REGIONAL AND NATIONAL TANGIBLE BENEFITS OF THE THCGME PROGRAM WOULD SIGNIFICANTLY INCREASE THE LIKELIHOOD OF DELIBERATE, PERMANENT FEDERAL FUNDING FOR A PROVEN PROGRAM WITH UNDENIABLY POWERFUL AND COMPELLING OUTCOMES TO SOLVE AMERICA'S PRIMARY CARE SHORTAGE, MIS-DISTRIBUTION, AND RELATED HEALTH AND HEALTH CARE ACCESS DISPARITIES. INVESTING IN THIS WORK TO ARTICULATE OUTCOMES-DEMONSTRATION WOULD VALIDATE AN "ACHIEVABLE BY ALL" OPPORTUNITY, INSPIRING INCREASED CONFIDENCE LEVELS TO ESTABLISH NEW THCGME PROGRAMS AND FQHC-BASED GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUMS ACROSS OUR NATION.

TWCGME IS FULLY COMMITTED TO EVOLVING THE WAY WE WORK TO PROMOTE AN

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INCREASED AWARENESS OF THE IMPORTANCE OF JUSTICE, EQUITY, DIVERSITY AND INCLUSION (JEDI) IN HEALTH PROFESSIONS TRAINING. WITH THE CREATION OF A VICE PRESIDENT OF DIVERSITY, EQUITY AND INCLUSION (DEI) PHYSICIAN LEADERSHIP POSITION, WE LAUNCHED IN-PERSON AND VIRTUAL MONTHLY DEI ACTIVITIES ACROSS OUR SPONSORING INSTITUTION, AND IMPLEMENTED A DEI BLOG ON OUR WEBSITE WITH MONTHLY TOPICS PROMOTING AWARENESS AND A SHARED UNDERSTANDING OF DEI ISSUES. THERE IS ALSO A DEI WORKGROUP IN PLACE TO PLAN AND CHAMPION VARIOUS INITIATIVES, BOTH FOR STAFF, RESIDENTS AND FELLOWS AS WELL AS FOR COLLABORATIVE WORK WITH PATIENTS, FAMILIES AND LIKE-MINDED COMMUNITY PARTNERS. ADDITIONALLY, TWCGME AND TWCCH, TOGETHER WITH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION COUNCIL (AHEC), WERE SELECTED IN A COMPETITIVE APPLICATION TO PARTICIPATE IN A ROBERT WOOD JOHNSON FOUNDATION DESIGN SPRINT ACTIVITY FACILITATED BY NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC) AND THE ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS (AAPCHO). DESIGN SPRINTS ARE FOCUSED ON BUILDING CROSS-SECTOR PARTNERSHIPS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, AND TWCGME'S FOCUS IN THAT PROJECT WAS THE DEVELOPMENT OF A SHARED MODEL FOR INTEGRATING JEDI INTO THE INSTITUTION'S PHYSICIAN AND INTERPROFESSIONAL HEALTH EDUCATION CURRICULA AS A SYSTEMATIC METHOD TO COMBAT STRUCTURAL BIAS IN HEALTHCARE. TWCGME HAS BEEN AUGMENTING THE DEVELOPMENT AND INTEGRATION OF A DEI CURRICULUM ACROSS ALL RESIDENCY AND FELLOWSHIP PROGRAMS BY PROMOTING THE DEVELOPMENT AND SHARING TRAINING MATERIALS ACROSS INCUMBENT CARE TEAMS AND EMPLOYEES THROUGH OUR LEARNING MANAGEMENT SYSTEM. TWCGME HAS RELEASED AN ENTERPRISE-WIDE DEI SURVEY TO HELP GATHER BASELINE AND FUTURE DATA TO

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INFORM OUR DEI WORKFORCE DEVELOPMENT STRATEGIES MOVING FORWARD.

DURING FISCAL YEAR 2021-2022, TWCGME'S ACGME-ACCREDITED RESIDENCY AND FELLOWSHIP PROGRAMS (INTERNAL MEDICINE, PSYCHIATRY, NATIONAL FAMILY MEDICINE, GERIATRICS, GASTROENTEROLOGY AND CARDIOLOGY) BOASTED CONTINUING ACCREDITATION STATUS, AND PM&R, IN ITS FIRST YEAR AS A NEW PROGRAM, ENJOYED INITIAL ACCREDITATION. REGIONAL FAMILY MEDICINE AND THE SPONSORING INSTITUTION WERE BOTH HUMBLY PLACED ON PROBATIONARY ACCREDITATION. DURING FISCAL YEAR 2021-2022, THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM WAS IN THE MIDST OF A RESPONSIVE PROGRAM DIRECTOR TRANSITION AND ACTIVE REMEDIATION STRATEGY TO IMPROVE HISTORICALLY CHALLENGED ACGME RESIDENT SATISFACTION SURVEYS, WHICH YIELDED SIGNIFICANT IMPROVEMENT ON SUBSEQUENT INTERNAL CLIMATE SURVEYS AND THE ACGME SURVEY ITSELF. CONFIRMING THE LEGITIMACY OF THE INITIAL POSITIVE INTERNAL FEEDBACK REGARDING THE REMEDIATION STRATEGY, THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM RESIDENT SATISFACTION SURVEY SCORES JUMPED FROM 36% TO AN IMPRESSIVE 84% ON THE FORMAL ACGME SURVEY, A TRIBUTE TO THE WORK OF THE PROGRAM AND SPONSORING INSTITUTION LEADERSHIP THAT CONTRIBUTED TO THE ELEVATION OF THE PROGRAM FROM PROBATIONARY ACCREDITATION STATUS TO CONTINUED ACCREDITATION WITH WARNING IN EARLY FEBRUARY 2023 WITH NOTABLE RESOLUTION OF ALL CITATIONS.

IN JANUARY 2022, TWCGME'S SPONSORING INSTITUTION WAS PLACED ON PROBATIONARY ACCREDITATION STATUS BY THE INSTITUTIONAL REVIEW COMMITTEE (IRC) OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION,

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ALTHOUGH TWCGME WAS ALREADY IN THE PROCESS OF ADDRESSING DIPPING RESIDENT SURVEY TRENDS IN ITS INTERNAL MEDICINE RESIDENCY PROGRAM, WHICH TRIGGERED AN EARLY AND UNANTICIPATED SITE VISIT DURING THE ONGOING COVID-19 HEALTH PANDEMIC. GIVEN THE ESSENTIAL COMMUNITY PROVIDER IDENTITY OF ITS NUMEROUS GME-SNC PARTNERS, TWCGME'S FACULTY ATTENDINGS ALONG WITH RESIDENTS AND FELLOWS FOUND THEMSELVES IN THE INTENSELY TRAUMATIC EYE OF THE UNPRECEDENTED GLOBAL COVID-19 PANDEMIC AS PUBLIC SERVANTS. AMONGST ALL WHO SERVED IN THE TRENCHES, LEARNER STRESS WAS PARTICULARLY UNPARALLELED AS EARLY CAREER PHYSICIANS IN TRAINING SOMEWHAT RELUCTANTLY BUT COURAGEOUSLY IMMersed WITHIN OUR ESSENTIAL COMMUNITY PROVIDER ENVIRONMENTS THAT REMAINED FULLY OPEN AND OPERATIONAL THROUGH THE ENTIRE PANDEMIC - OFTEN SERVING AS THE ONLY POINT OF ACCESS TO CARE FOR ENTIRE COMMUNITIES. THIS STRESS WAS AMPLIFIED WHEN AN ANONYMOUS COMPLAINT BY SOMEONE WITHIN OUR INTERNAL MEDICINE RESIDENCY PROGRAM WAS ALSO SHARED ANONYMOUSLY WITH A LOCAL NEWSPAPER, CONTRIBUTING TO A MEDIA CRISIS RELATED TO OUR SUBOPTIMALLY UNDERSTOOD, PUBLIC HEALTH ORIENTED VISIT-BASED COVID-19 VACCINE STRATEGY. TWCGME WELCOMED NUMEROUS OPPORTUNITIES AFFORDED BY THESE EVENTS TO BETTER ENGAGE OUR PHYSICIAN LEARNERS IN MISSION-FOCUSED, FRANK DIALOGUE AND MEANINGFUL CONTRIBUTIONS TO RESPONSIVE QUALITY IMPROVEMENT INITIATIVES ACROSS OUR INSTITUTION. IMPROVING INTERNAL CLIMATE AND ACGME RESIDENT AND FELLOW SURVEY RESPONSES VALIDATES THEIR ENGAGEMENT.

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NEW PROGRAM SERVICES CONTINUED:

ALTHOUGH TWCGME WAS NOT THE ONLY SPONSORING INSTITUTION TO BE PLACED ON

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PROBATIONARY ACCREDITATION STATUS DURING THE COVID-19 PANDEMIC, WE WELCOMED THE DECISION WITHOUT APPEAL, DEMONSTRATING OUR CORE VALUE OF STRIVING FOR EXCELLENCE, AND WE HAVE WORKED DILIGENTLY TO FORMULATE A COMPREHENSIVE CORRECTIVE ACTION PLAN THAT DEMONSTRATES ABSOLUTE COMPLIANCE WITH ACGME'S HIGHEST ACCREDITATION STANDARDS. OUR COLLABORATIVE APPROACH TO RESTORE FULL SPONSORING INSTITUTIONAL ACCREDITATION HAS BEEN AN INCREDIBLE JOURNEY, FILLED WITH MANY VALUABLE LEARNING EXPERIENCES THAT HAVE EMPOWERED OUR COLLECTIVE RECOVERY THROUGH THE TRAUMA OF TIRELESSLY SERVING AS AN ESSENTIAL COMMUNITY PROVIDER THROUGHOUT THE PANDEMIC. TWCGME'S RESPONSE TO THE ACGME'S DECISION HAS LED TO IMPROVED INSTITUTIONAL AND PROGRAMMATIC PROCESSES, POLICIES, REPORTING AND MUCH MORE AS WE REINVIGORATE OUR COMMITMENT TO EDUCATIONAL AND CLINICAL EXCELLENCE. FOR EXAMPLE, CONCERNED ABOUT THE RISING INFLATIONARY COSTS OF LIVING, RESIDENTS REQUESTED SALARY INCREASES WHICH WE WERE PRIVILEGED TO BE ABLE TO IMPLEMENT. TWCGME WAS ALSO ABLE TO ADVOCATE SUCCESSFULLY WITH OUR INSURANCE CARRIERS FOR IMMEDIATE ACTIVATION OF FULL RESIDENTS'/FELLOWS' HEALTH AND DISABILITY INSURANCE BENEFITS AS OF THE FIRST DAY OF EMPLOYMENT RATHER THAN WAITING UNTIL THE FIRST DAY OF THE FOLLOWING MONTH. RESIDENTS AND FELLOWS HAVE ALSO BEEN MORE INTENTIONALLY AND PROACTIVELY ENGAGED IN PROBLEM-SOLVING IMPLEMENTATION AND MANAGEMENT OF BOTH CLINICAL AND EDUCATIONAL SYSTEMATIC IMPROVEMENT INITIATIVES. ADDITIONALLY, TWCGME CREATED POSITIONS FOR A WELLNESS AND RESILIENCY SPECIALIST (WRS) TO ACT AS AN OMBUDSMAN WITH RESIDENTS AND FELLOWS, AS WELL AS A DIRECTOR OF ARTISTIC SERVICES TO ENGAGE THEM IN RECOVERY-ORIENTED THERAPEUTIC PROJECTS SUCH AS

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PROFESSIONAL IDENTITY EXPLORATION THROUGH MASKING AND MURALING.

CONSISTENT WITH ACGME GUIDANCE, TWCGME IMPLEMENTED A MORE FORMAL SPECIAL REVIEW PROCESS COMMITTEE (SRPC) AS APPROVED BY THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) OF THE GOVERNING BOARD. THE SPRC HAS ILLUMINATED AND IGNITED NUMEROUS OPPORTUNITIES TO ENHANCE EFFECTIVE, CASCADING COMMUNICATION BETWEEN GOVERNANCE, INSTITUTIONAL AND PROGRAMMATIC LEADERSHIP, AS WELL AS FACULTY, AND TRAINEES ACROSS ALL PROGRAMS OF THE SPONSORING INSTITUTION. THE IMPLEMENTATION OF NEW INITIATIVES SUCH AS A MONTHLY FACULTY AND PROGRAM LEADERSHIP DEVELOPMENT SERIES, ADDING TWO ADDITIONAL INTERNAL REPORTING MECHANISMS FOR TRAINEES TO THE DESIGNATED INSTITUTIONAL OFFICIAL (DIO), AND MONTHLY RESIDENT AND FELLOW TOWN HALL MEETINGS WHERE RESIDENTS AND FELLOWS FROM ALL PROGRAMS ARE FREE TO ATTEND AND VOICE THEIR CONCERNS TO INSTITUTIONAL LEADERSHIP IN A SOLUTION-FOCUSED FRAMEWORK TO PROMOTE COLLABORATION AND PROFESSIONAL PROBLEM-SOLVING.

ALL CHIEF AND RESIDENT LEADER JOB DESCRIPTIONS HAVE BEEN UPDATED AND FINALIZED TO REFLECT THE IMPORTANCE OF THEIR ROLE IN LEADING PUBLIC HEALTH INITIATIVES AS PUBLICLY-FUNDED TRAINEES. RESIDENT AND FELLOW TRAINING PROGRAMS ARE THE ONLY PRE-PROFESSIONAL TRAINING PROGRAMS THAT ARE FUNDED BY FEDERAL TAX-PAYER DOLLARS. EDUCATION ABOUT THE FUNDAMENTAL IDENTITY OF ESSENTIAL COMMUNITY PROVIDERS SUCH AS TEACHING HEALTH CENTER GME-SNCS AND THEIR IMPORTANCE IN SERVING VULNERABLE AND MARGINALIZED POPULATIONS IS CRITICAL TO HONORING THE ROLE OF RESIDENT/FELLOW

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PHYSICIANS AS PUBLIC HEALTH AGENTS. TWCGME ALSO IMPLEMENTED CHIEF AND  
RESIDENT LEADER POSITIONS TO SERVE ON THE BOARD OF DIRECTORS FOR THE  
WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE), THEREBY  
LINKING THE ORGANIZATION'S CRITICALLY-NEEDED, RESPONSIVE SOCIAL AND  
ECONOMIC DETERMINANTS OF HEALTH WORK TO TWCGME'S RESIDENT LEADERS IN  
TRAINING TO DEVELOP THEIR PERSPECTIVE AND COMMITMENT TO REMAIN COMMUNITY  
HEALTH NEEDS-RESPONSIVE IN THEIR CAREERS.

IN RESPONSE TO THE ABOVE CHALLENGES IN THE WAKE OF THE COVID-19 PANDEMIC  
AND ITS CONTINUING NEGATIVE IMPACT ON AND BURN-OUT OF PHYSICIANS AND  
HEALTHCARE PROVIDER TEAMS, DURING FISCAL YEAR 2021-2022, TWCGME CONTINUED  
ITS WORK TO PROGRESS SANCTUARY MODEL CERTIFICATION TO BECOME A  
TRAUMA-INFORMED EMPLOYER. THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL  
AND ORGANIZATIONAL CHANGE WHICH, AT ITS CORE, PROMOTES SAFETY AND  
RECOVERY FROM ADVERSITY THROUGH THE ACTIVE CREATION OF A TRAUMA-INFORMED  
COMMUNITY. A RECOGNITION THAT TRAUMA IS PERVASIVE IN THE EXPERIENCE OF  
HUMAN BEINGS FORMS THE BASIS FOR THE SANCTUARY MODEL'S FOCUS, NOT ONLY  
FOR THE PEOPLE WHO SEEK TREATMENT BUT EQUALLY FOR THE PEOPLE AND SYSTEMS  
WHO PROVIDE THAT TREATMENT. "CREATING 'SANCTUARY' IN AN ORGANIZATION IS  
NOT A TEXTBOOK OR MANUALIZED PROTOCOL, BUT AN ORGANIC PROCESS THAT  
HAPPENS OVER THE COURSE OF TIME TO MOVE AN ORGANIZATION TOWARD CREATING A  
TRAUMA-INFORMED CULTURE. A TRAUMA-INFORMED ORGANIZATION IS ONE THAT  
RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS  
OF TRAUMA AND ORGANIZES SYSTEM-WIDE INTERVENTIONS AIMED AT MITIGATING THE  
NEGATIVE EFFECTS OF ADVERSITY AND STRESS THAT ARE MANIFESTED IN THE



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CLIENTS SERVED AND THE ORGANIZATION ITSELF." THE TRAUMA IMPOSED BY THE GLOBAL HEALTH PANDEMIC COMPOUNDED THE PRE-EXISTING, TOO OFTEN UNADDRESSED, VICARIOUS AND EXPERIENTIAL TRAUMA OF THE SUBOPTIMALLY PREPARED AND UNDER-RESOURCED PRIMARY HEALTHCARE WORKFORCE THAT IS RELATED TO THE HEALTH AND WELFARE CHALLENGES OF THE PATIENTS, FAMILIES AND COMMUNITIES THEY SERVE, FORCE-MULTIPLIED BY NON-ENABLING BUREAUCRACIES AND INADEQUACIES OF THE HISTORICAL HEALTHCARE DELIVERY SYSTEM TO RESPONSIVELY AND EFFECTIVELY ADDRESS THEM. IT IS OUR MORAL AND ETHICAL RESPONSIBILITY TO ADDRESS THIS ONGOING , NOW EXACERBATED TRAUMA THROUGH RELENTLESS PROMOTION OF WELLNESS AND RESILIENCY, AND PROVISION OF A SAFE SPACE FOR OUR FACULTY, PROVIDER TEAMS, STAFF, AND LEARNERS TO MEANINGFULLY PROCESS THIS AS WELL AS OTHER TRAUMATIC EXPERIENCES THEY HAVE ENDURED.

**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, PHYSICAL MEDICINE & REHABILITATION, 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 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNERSHIPS WITH UNITY HEALTH CARE, HEALTHSOURCE OF

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OHIO, EL RIO HEALTH, AND HEALTHPOINT RESPECTIVELY. TWCGME ALSO OFFERS FELLOWSHIPS IN CARDIOVASCULAR DISEASE, GASTROENTEROLOGY AND GERIATRICS IN NORTHEAST PENNSYLVANIA. TWCGME'S REGIONAL FAMILY MEDICINE RESIDENCY AND NATIONAL FAMILY MEDICINE RESIDENCY PROGRAMS, THE INTERNAL 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 IMMERSED IN 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., TWCGME PROUDLY ENGAGED EACH FQHC AND FQHC-LAL PARTNER WITH AN EMPOWERING VOICE ON OUR GOVERNING BOARD OF DIRECTORS. TWCGME'S CLINICAL LEARNING ENVIRONMENT TRAINING SITES INCLUDE THE ESSENTIAL COMMUNITY PROVIDER BASE AND ENRICHED COMMUNITY RESOURCE NETWORKS OF TWCC'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**

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PROGRAM SERVICE CONTINUED:

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 RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, PHYSICAL MEDICINE & REHABILITATION, GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY. IN NORTHEAST PENNSYLVANIA, TWCGME'S RESIDENT AND FELLOW PHYSICIAN LEARNERS TRAIN EXPERIENTIALLY IN FIVE REGIONAL HOSPITALS OPERATED BY EITHER COMMONWEALTH HEALTH SYSTEMS OR GEISINGER HEALTH SYSTEM, AS WELL AS AT THE WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (VA). TWCGME'S INTERNAL MEDICINE, REGIONAL 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 VA AND CMS-FUNDED HOSPITALS VIA AFFILIATION AGREEMENTS. TWCGME'S GME-SNC METICULOUSLY TRACKS AND REPORTS ROTATIONAL FTES BY PROGRAM ACROSS SPECIFIED FEDERAL GME FUNDING COST CENTERS.

**FORM 990, PART III, LINE 4D**

OTHER PROGRAM SERVICES:

TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCC. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE AGREEMENTS WITH TWCC FOR CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES, FOR WHICH

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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. 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'S FINANCIAL STATEMENTS.

**FORM 990, PART IV, LINE 28**

BUSINESS TRANSACTIONS:

IN NOVEMBER 2017, TWCCH AND ITS AFFILIATED ORGANIZATION, TWCGME, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ. FT. FLAGSHIP CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA, AN ECONOMICALLY DISTRESSED CITY. JOSEPH FERRARIO WAS A VOLUNTEER DIRECTOR ON THE BOARD OF DIRECTORS OF TWCCH AS WELL AS TWCGME UNTIL JULY 12, 2019, WHEN HE RESIGNED FROM TWCCH'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCCH'S AFFILIATED ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO TWCGME. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APPROVED BY THE BOARD OF DIRECTORS OF TWCCH AND TWCGME PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST

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POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING AND MANAGING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL, WITH ALL GUIDANCE BEING FOLLOWED. ON JULY 25, 2019, THE 15 YEAR LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCCH AT 501 S. WASHINGTON AVENUE FOR FQHC LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQ. FT. 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.

**FORM 990, PART V, LINE 2**

COMMON PAYMASTER:

TWCGME IS AFFILIATED WITH TWCCCH (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 TWCCCH 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

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EMPLOYEES ALLOCATED TO TWCGME.

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

ORGANIZATION MEMBERS:

DURING FISCAL YEAR 2021-2022, TWCGME WAS A NONPROFIT MEMBERSHIP CORPORATION WITH TWO CLASSES OF MEMBERS. CLASS I MEMBERS WERE HEALTH SYSTEMS WITH WHICH THE CORPORATION 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. DURING FISCAL YEAR 2021-2022, GEISINGER HEALTH SYSTEM AND COMMONWEALTH HEALTH SYSTEMS WERE CLASS I MEMBERS. CLASS II MEMBERS INCLUDED CLASS I DIRECTORS AND CLASS III DIRECTORS AS DEFINED IN TWCGME'S BYLAWS. CLASS II MEMBERS INCLUDED THE PRESIDENT AND CEO OF TWCGME, AND REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCC, A HRSA-DESIGNATED FQHC LOOK-ALIKE. OTHER CLASS II MEMBERS INCLUDED 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 BELIEVED WILL CONTRIBUTE VALUE TO THE BOARD OF DIRECTORS. NOTABLY, DIRECTORS INCLUDE LEADERSHIP OF THE NORTHEAST PENNSYLVANIA AHEC, TWCGME'S FOUR PARTNERING FQHCS OF OUR NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM, AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA.

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

MEMBER POWERS:

CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATED TWCGME FOR AT LEAST

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TEN RESIDENT AND/OR FELLOW FTES HAD THE RIGHT TO APPOINT ONE CLASS II-A DIRECTOR TO TWCGME'S BOARD. CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATED TWCGME FOR AT LEAST TWENTY-FIVE RESIDENT AND/OR FELLOW FTES HAD THE RIGHT TO APPOINT TWO CLASS II-A DIRECTORS TO TWCGME'S BOARD.

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

FORM 990 REVIEW:

TWCGME'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND ENTERPRISE INTEGRITY DEPARTMENT WITH INPUT FROM THE PRESIDENT & CEO, AND IS THEN REVIEWED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND THEN 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 TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY MAY BE REVIEWED IN EVERY LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

**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 INTEREST OR POTENTIAL CONFLICT ARISE DURING THE YEAR, THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED AND REVIEWED. POTENTIAL CONFLICTS OF

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DIRECTORS, IF ANY, ARE FULLY DISCLOSED, VETTED BY INTERNAL COUNSEL AND 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 THE 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 THE 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 (TWCCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF PRESIDENT & CHIEF EXECUTIVE OFFICER OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE OFFICER DIRECTLY. NONETHELESS, TWCGME AND TWCCCH 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 TWCCCH FOR PRESIDENT & CHIEF EXECUTIVE OFFICER SERVICES REFLECTS FAIR MARKET VALUE. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE ANNUALLY PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE CHIEF EXECUTIVE'S PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER BASE CHANGES OR MERIT BONUS PAYMENT ADJUSTMENTS TO TWCCCH FOR FUTURE PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, FAIR MARKET VALUE BASED ON ALL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Employer identification number

23-2007832

CONTEMPORANEOUSLY DOCUMENTED IN THE 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 & CHIEF EXECUTIVE OFFICER AND HUMAN  
RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS  
ENGAGED BY HUMAN RESOURCES 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 TWCGME'S AND TWCCH'S BOARDS 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 AND COMPENSATION RANGES FOR VARIOUS  
POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO  
EXECUTIVES 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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2021**

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Employer identification number

23-2007832

EVERY THREE TO FIVE YEARS).

**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 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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2021**

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Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

THE WRIGHT CENTER FOR GRADUATE MEDICAL

23-2007832

GENERAL EXPENSES, ARE RECORDED AS MANAGEMENT AND GENERAL EXPENSES ON  
TWCME'S FINANCIAL STATEMENTS.

Name of the organization

Employer identification number

**THE WRIGHT CENTER FOR GRADUATE MEDICAL**

**23-2007832**

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE NARRATIVE	38,106.	38,294.	5,069,854.
TOTALS	38,106.	38,294.	5,069,854.

Name of the organization

Employer identification number

THE WRIGHT CENTER FOR GRADUATE MEDICAL

23-2007832

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
A.T. STILL UNIVERSITY OF HEALTH SCIENCES 800 W. JEFFERSON STREET KIRKSVILLE, MO 63501	PROFESSIONAL FEES	339,642.
UNITY HEALTH CARE, INC. 1100 NEW JERSEY AVENUE, SE, SUITE 500 WASHINGTON, DC 20003	PROFESSIONAL FEES	268,891.
HEALTH SOURCE OF OHIO 424 WARDS CORNER ROAD, SUITE 200 LOVELAND, OH 45140	PROFESSIONAL FEES	260,706.
BLANK ROME LLP ONE LOGAN SQUARE, 130 NORTH 18TH STREET PHILADELPHIA, PA 19103	PROFESSIONAL FEES	233,165.
PAYLOCITY CORPORATION 1400 AMERICAN LANE SCHAUMBURG, IL 60173	PROFESSIONAL FEES	210,151.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL

Employer identification number

23-2007832

EDUCATION

**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) 2021

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

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

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

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

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

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

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

**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 WELFARE OF OUR COMMUNITIES AND  
OUR NATION. HOWEVER, EFFECTIVE JULY 23, 2021, COMMUNITY HEALTH HUB  
AMENDED ITS BYLAWS, WHICH TRANSFERRED CONTROL OF THE COMMUNITY HEALTH HUB  
BOARD OF DIRECTORS TO THE AMERICAN ASSOCIATION OF TEACHING HEALTH  
CENTERS. AS OF THAT DATE, COMMUNITY HEALTH HUB WAS NO LONGER A RELATED  
ORGANIZATION TO TWCGME.

## NAME OF RELATED ORGANIZATION:

**Part VII Supplemental Information**

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

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THE WRIGHT CENTER ALLIANCE

PRIMARY ACTIVITY: CREATED AS SUPPORTING PARENT ORGANIZATION TO TWCGME AND TO ALIGN NON-PROFIT WRIGHT CENTER-AFFILIATED ORGANIZATIONS IN OPTIMIZING THE COMMUNITY BENEFIT IMPACT OF SHARED MISSION DELIVERY ACHIEVEMENT.

NAME OF RELATED ORGANIZATION:

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

PRIMARY ACTIVITY: EMPOWERS PATIENTS, EMPLOYEES, LEARNERS, AND MEMBERS OF THE LARGER COMMUNITY TO MAKE MEANINGFUL CONTRIBUTIONS TO THE DELIVERY, ENHANCEMENT AND TRANSFORMATION OF HEALTH CARE SERVICES AND INTER-PROFESSIONAL WORKFORCE DEVELOPMENT AND IMPROVES THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES AND EFFORTS DIRECTED TOWARD THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH.

**IRS e-file Signature Authorization for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer THE WRIGHT CENTER FOR GRADUATE MEDICAL EIN or SSN 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**

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

1a Form 990 check here . . . . .	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	<u>39606014.</u>
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	
6a Form 990-T check here . . . . .	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS, LLP ERO firm name to enter my PIN 46422 as my signature Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ Linda Thomas-Hemak Date ▶ 05/12/2023

**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.

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 ▶ [Signature] Date ▶ 05-11-2023

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

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

**2021**

For calendar year 2021 or other tax year beginning 07/01, 2021, and ending 06/30, 2022

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE WRIGHT CENTER FOR GRADUATE MEDICAL</b>	<b>D Employer identification number</b> 23-2007832
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) 220(e) <input type="checkbox"/> 408A 530(a) <input type="checkbox"/> 529(a) 529A	<b>Print or Type</b>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>501 S. WASHINGTON AVENUE, STE 1000</b>	<b>E Group exemption number</b> (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>SCRANTON, PA 18505</b>	
		<b>C</b> Book value of all assets at end of year . . . . . ▶ <b>27756136.</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> 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			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) . . . . . ▶			
<b>K</b> 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 ▶			
<b>L</b> The books are in care of ▶ <b>RONALD DANIELS, CFO</b> Telephone number ▶ <b>570-343-2383</b> <b>501 S. WASHINGTON AVENUE, STE 1000</b> <b>SCRANTON, PA 18505</b>			

**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	
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 <b>Trusts.</b> Section 199A deduction. See instructions. . . . .	9	
10 <b>Total deductions.</b> Add lines 8 and 9 . . . . .	10	
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero. . . . .	11	NONE

**Part II Tax Computation**

1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	1	NONE
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions . . . . . ▶	3	
4 Other tax amounts. See instructions . . . . .	4	
5 Alternative minimum tax (trusts only). . . . .	5	
6 <b>Tax on noncompliant facility income.</b> See instructions . . . . .	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	7	NONE

For Paperwork Reduction Act Notice, see instructions.

# 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](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

<b>Type or print</b>	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) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	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
Form 990-T (corporation)	07		

• 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 05/15, 2023, 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, 2021, and ending 06/30, 2022.

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$	NONE
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$	NONE
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$	NONE

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

**Part III Tax and Payments**

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	NONE
3	Other amounts due. 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	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	5	
6 a	Payments: A 2020 overpayment credited to 2021 . . . . .	6a	
b	2021 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 <input type="checkbox"/> . . . . .	6g	
7	Total payments. Add lines 6a through 6g . . . . .	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . . <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	9	NONE
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 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

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

1	At any time during the 2021 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 <input type="checkbox"/>	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> \$ _____		
4	Enter available pre-2018 NOL carryovers here <input type="checkbox"/> \$ _____ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
6 a	Did the organization change its method of accounting? (see instructions) . . . . .		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V. . . . .		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

SUPPLEMENTAL INFORMATION ATTACHED

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

**Sign Here**  LINDA THOMAS-HEMAK, MD *LTH* | 05/12/2023 |  PRESIDENT

Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRYSTAL K CREACH				P01248198
	Firm's name <input type="checkbox"/> FORVIS, LLP	Firm's EIN <input type="checkbox"/> 44-0160260		Phone no. 417-865-8701	
	Firm's address <input type="checkbox"/> 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 6				

SUPPLEMENTAL INFORMATION

=====

PART NUMBER: 1  
LINE NUMBER: 1

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 e-file Signature Authorization  
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer THE WRIGHT CENTER FOR GRADUATE MEDICAL EIN or SSN 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**

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

1a Form 990 check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
2a Form 990-EZ check here . . . . .	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	_____
3a Form 1120-POL check here . . . . .	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b	_____
4a Form 990-PF check here . . . . .	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	4b	_____
5a Form 8868 check here . . . . .	<input type="checkbox"/>	b Balance due (Form 8868, line 3c) . . . . .	5b	_____
6a Form 990-T check here . . . . .	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) . . . . .	6b	<u>NONE</u>
7a Form 4720 check here . . . . .	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) . . . . .	7b	_____
8a Form 5227 check here . . . . .	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) . . . . .	8b	_____
9a Form 5330 check here . . . . .	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) . . . . .	9b	_____
10a Form 8038-CP check here . . . . .	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	10b	_____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize FORVIS, LLP to enter my PIN 46422 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Linda Thomas-Hemak Date 5/12/2023

**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.

43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 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 Kristal Acosta Date 05-11-2023

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

# **IRS Tax Determination**

Internal Revenue Service

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.

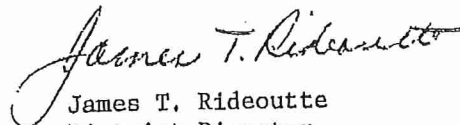
Your exempt status under section 501(c)(3) of the Code is still in effect.

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

wceme 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

04: Entity #: 628234  
Date Filed: 06/30/2010  
Effective Date: 07/01/2010  
Basil 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)



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: <b>SCRANTON-TEMPLE RESIDENCY PROGRAM</b>
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 <b>746 JEFFERSON AVENUE SCRANTON PENNSYLVANIA 18510 LACKAWANNA</b> (b) Name of Commercial Registered Office Provider County e/o
3. The statute by or under which it was incorporated: <b>PA NONPROFIT CORPORATION LAW OF 1933</b>
4. The date of its incorporation: <b>2/17/1976</b>
5. Check, and if appropriate complete, one of the following: <input type="checkbox"/> The amendment shall be effective upon filing these Articles of Amendment in the Department of State. <input checked="" type="checkbox"/> The amendment shall be effective on <b>JULY 1, 2010</b> at <b>12:01 AM</b> Date Hour

2010 JUN 30 PM 4: 00

RECEIVED TIME PA DEPT OF STATE  
JUN, 30, 9:55PM

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

*Ronald M. Bunge*

Signature

Chairman of the Board

Title

RECEIVED TIME JUN. 30. 3:55PM