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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

		LOUG Ca	lellual yea	r, or tax year beginning 07-01-2008	and ending 06-30-2009	9				
3 Che	eck ıf ap		Please	C Name of organization	-			D Employer ide	entification number	
	dress cha	•	use IRS	The Wright Institute				94-167486	55	
– _{Nar}	me chan	nge	label or print or	Doing Business As				E Telephone nu	umber	
_		-	type. See					(510)841-	9230	
_	tıal returi		Specific Instruc-	Number and street (or P O box if mail i 2728 Durant Avenue	s not delivered to street addre	ss) Room/	'suite	G Gross receip		
	mınatıor		tions.							
Am	nended r	eturn		City or town, state or country, and ZIP - Berkeley, CA 94704	+ 4					
App	plication	pending		berkeley, CA 34704						
		Ī	F Nan	ne and address of Principal Officer		H(a) I	s this	a group return	for	
				·			affiliat		⊤Yes ▼ No	
г Та	x-exem	pt status	▼ 501(c)	(3) ◄ (insert no)		, ,		affiliates include	,	
					,			o," attach a list o Exemption Nu	See instructions)	
W	eb site	e: ► www	/ wiedu			H(c)	Group	z emption Nu	iniber F	
/ T	. o o f o ra		₩ Comorat	on		l Vann	of For		State of legal domicile CA	
• тур	e or orga	anization	J♥ Corporat	ion trust association other F		L Year	or For	mation 1968 M	State of legal domicile. CA	
Pa	rt I	Sumn	nary							
	1	Briefly d	escribe th	e organization's mission or most sig	gnificant activities					
2		Graduat	e School o	f Psychology						
Ĭ										
Ē			_							
Governance	1			if the organization discontinued its						
	3	Number	of voting r	nembers of the governing body (Par	t VI, line 1a)			3 _	13	
Ø	4	Number	of indepen	dent voting members of the govern	ing body (Part VI, line 1b)		. 4 _	12	
Ĕ	5	Total nu	mber of en	nployees (Part V , line 2a)				5 _	227	
Activities &	6	Total nu	mber of vo	lunteers (estimate if necessary)				6 _		
ă.	7a	Total gr	oss unrela	ted busıness revenue from Part VII	I, line 12, column (C)			7a _	0	
	b	Net unre	lated busi	ness taxable income from Form 990			7b			
							Prio	r Year	Current Year	
	8	Contrib	outions and	grants (Part VIII, line 1h)				697,682	170,645	
를	9	Prograi	m service	revenue (Part VIII, line 2g)			5,926,628			
Revenu	10	Investi	ment incor	ne (Part VIII, column (A), lines 3, 4	4, and 7d)			153,084	111,241	
Ξ	11	Other	evenue (P	art VIII, column (A), lines 5, 6d, 8e	c, 9c, 10c, and 11e)				0	
	12	Total re	evenue—a	dd lines 8 through 11 (must equal P	art VIII, column (A), line	е				
		12)						6,777,394	6,962,002	
	13			ar amounts paid (Part IX, column (A					0	
	14	Benefit	c paid to o	r for members (Part IX, column (A)	. line 4)				^	
	1		s paid to d	Tior members (Fare 1x, coramin (x)	,				0	
Ø	15		•	ompensation, employee benefits (Pa	•	5 -		3 437 456		
3883 1388		10)	s, other co	ompensation, employee benefits (Pa	art IX, column (A), lines 5	5-		3,437,456	4,411,022	
) enses	16a	10) Profess	s, other co	ompensation, employee benefits (Pa	art IX, column (A), lines 5	5-		3,437,456		
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Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's missi Graduate School of Psychology	on			
2	Did the organization undertake the prior Form 990 or 990-EZ	· · · · · · · · ·	services during the year w	hich were not listed on	es 🔽 No
3	If "Yes," describe these new se Did the organization cease cor		nt changes in how it condi	ucts any program	_
	services?	es on Schedule O			'es No
4		inizations and 4947(a)(1) trusts are required to rep	rgest program services by expe ort the amount of grants and al	
4a	EDUCATIONAL PROGRAMS Establish degrees The Institute was founded	with the mission of educating (o integrating knowledge of soc	e is a fully-accredited graduate s Clinicians to Society- clinicians what issues with clinical psychology) (Revenue \$ school of psychology and offers both m hose practice will meet the needs of ti r, students learn to analyze and evalu- e currently enrolls 385 students	ne diverse communities of
4Ь	, , , ,) (Revenue \$ cal settings Students provide psycholo	140,184) ogical services to
4с	(Code) (Exp	penses \$	including grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O)			
	(Expenses \$	including grants	of\$) (Revenue \$)
4e	Total program service expens	es \$ 5,354,2	88 Must equal Part IX, Li	ne 25, column (B).	

Form **990** (2008)

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			, age e
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 60			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		No
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		No
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
_	required?	7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section $501(c)(7)$ organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governina	Body and	Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 13			
b	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		Νο
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		Νο
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο

Section B. Policies

		Yes	No
the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
ficers, directors or trustees, and key employees required to disclose annually interests that could give rise flicts?	12b		Νο
the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		No
the organization have a written whistleblower policy?	13		Νo
the organization have a written document retention and destruction policy?	14		Νo
e process for determining compensation of the following persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
rganızatıon's CEO, Executive Director, or top management official?	15a	Yes	
officers or key employees of the organization?	15b	Yes	
ibe the process in Schedule O			
e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		Νο
s," has the organization adopted a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the ization's exempt status with respect to such arrangements?			
e r ()	ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision ganization's CEO, Executive Director, or top management official?	ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision ganization's CEO, Executive Director, or top management official?	ndent persons, comparability data, and contemporaneous substantiation of the deliberation and decision ganization's CEO, Executive Director, or top management official?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 - own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Tricia O'Reilly 2728 Durant Avenue CA Berkeley, CA 94704 (510) 841-9230

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

				(tion that a			ıll			(E)		(F)	
	(A) Name and Title	(B) Average hours per week	Key employee Officei Institutional Trustee Individual Trustee or Director		Former Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima mount o compens from t ganizati relato organiza	fother ation he on and ed	
1b	Total								602.70	<u> </u>	+		51,619
	10(4)			•	•	•			692,792	<u> </u>			31,013
2	Total number of individuals (includin compensation from the organization	g those ın 1											31,019
2	Total number of individuals (includin	g those ın 1									<u> </u>	Yes	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former	g those in 1 ▶4 officer, direc	a) who	recei	ved e, k	more	e than	n \$1	00,000 in reportable or highest compens	le		Yes	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu	g those in 1 ▶4 officer, direc	a) who	recei ruste	e, k	more	e than	n \$1	or highest compens	sated employee	3	Yes	, , , , , , , , , , , , , , , , , , ,
	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 4 officer, direct le J for such	a) who	recei ruste <i>ual</i> .	e, k	ey e	mploy ation a	/ee,	or highest compens	sated employee	3	Yes	No
3 4	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	g those in 1 4 officer, direct le J for such the sum officer the	a) who ttor or t individu reporta nan \$15	ruste ual ble c	e, k	ey e	mploy ation a	ee, and	or highest compens other compensation lete Schedule J for su	sated employee in from the	3	Yes Yes	No
3	Total number of individuals (including compensation from the organization) Did the organization list any former on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed online 1a, is organization and related organization	g those in 1 officer, direct le J for such the sum of ns greater th enve or accre	a) who	ruste ual ble c	e, k omp 0? i	ey e ensa ensa f "Ye	mploy ation aes," cc	ree, and ompi	or highest compens other compensation lete Schedule J for su elated organization	sated employee in from the ich for services			No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, direct le J for such the sum of ms greater the the sum of ms greater the the sum of ms greater the the sum of	a) who	ruste ual ble c	e, k omp 0? i	ey e ensa ensa f "Ye	mploy ation aes," cc	ree, and ompi	or highest compens other compensation lete Schedule J for su elated organization	sated employee in from the ich for services	4		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who	ruste Jele composition of the c	e, k	ey e • eensa ff "Ye • • from	mploy ation aes," cc n any	and sompli	or highest compens or highest compens other compensation lete Schedule J for su other compensation	sated employee in from the ich for services	4		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste Jele composition of the c	e, k	ey e • eensa ff "Ye • • from	mploy ation aes," cc n any	and sompli	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services	4		No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste Jele composition of the c	e, k	ey e • eensa ff "Ye • • from	mploy ation aes," cc n any	and sompli	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services re than	4	Yes (C	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste Jele composition of the c	e, k	ey e • eensa ff "Ye • • from	mploy ation aes," cc n any	and sompli	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services re than	4	Yes (C	No No
3 4 5	Total number of individuals (includin compensation from the organization) Did the organization list any former on line 1a? If "Yes," complete Schedu For any individual listed online 1a, is organization and related organization individual	officer, directle J for such as the sum of t	a) who tor or t individu reporta nan \$15 ue comp Schedule	ruste Jele composition of the c	e, k	ey e • eensa ff "Ye • • from	mploy ation aes," cc n any	and sompli	or highest compens or highest compens other compensation lete Schedule J for su other companization other companization	sated employee in from the ich for services re than	4	Yes (C	No No

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a				
ants Ints	b	Membership dues				
Contributions, gifts, grants and other similar amounts	с	Fundraising events				
≢ੂ≅	d	Related organizations1d				
ξ <u>.</u>	e	Government grants (contributions) 1e 160	,745			
oution ther s	f	sımılar amounts not included above	,900			
	g	1f Noncash contributions included in				
a Co		lines 1a-1f \$				
_	h	Total (Add lines 1a-1f)	170,645			
		Business C	ode			
Ę	2a	Tuition and fees	6,532,168	6,532,168		
Program Service Revenue	b	Miscellaneous income	7,764	7,764		
	c	Clinic fees	140,184	140,184		
	d					
	e					
ogran	f	All other program service revenue				
<u>추</u> ——	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, intere				111,241
		other similar amounts)	•			111,241
	4	Income from investment of tax-exempt bond proceeds	· <u>•</u> 0			
	5	Royalties	0			
		(ı) Real (ıı) Persoi	nal			
	6a	Gross Rents				
	ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	. <u>.</u>			
	7a	(i) Securities (ii) O the Gross amount from sales of	r			
	ь	assets other than inventory Less cost or				
		other basis and sales expenses				
	c d	Sain or (loss) Net gain or (loss)	0			
	8a	Gross income from fundraising	•			
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18				
3e√		Attach Schedule G If total exceeds \$15,000 a				
<u>.</u>	ь	Less direct expenses b				
oth	с	Net income or (loss) from fundraising events	▶ 0			
	9a	Gross income from gaming activities. See part IV, line 19. Complete Schedule G if total exceeds \$15,000.				
	ь	Less direct expensesb				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	с	Net income or (loss) from sales of inventory .	.▶ 0			
		Miscellaneous Revenue Business C	ode			
	11a					
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	. \$			
	12	Total Payerus Add bree 45 2- 2 4 5 6 5	0 6,962,002	6,680,116		111,241
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d 8c, 9c, 10c, and 11e	, 0,302,002 ►	3,000,110		111,271

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) but are not required to complete columns (B), (C), and (D).									
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	479,500	194,440	285,060					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	3,274,952	2,892,218						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0							
9	Other employee benefits	364,895	271,830	93,065					
10	Payroll taxes	291,675	247,952	43,723					
11	Fees for services (non-employees)								
а	Management	0							
b	Legal	36,412		36,412					
c	Accounting	0							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	305,265	186,308	118,957					
12	Advertising and promotion	0							
13	Office expenses	254,028	160,119	93,909					
14	Information technology	53,435	47,155	6,280					
15	Royalties	0							
16	Occupancy	239,586	215,174	24,412					
17	Travel	86,943	71,965	14,978					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0							
19	Conferences, conventions and meetings	0							
20	Interest	37,213		37,213					
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	178,985		178,985					
23	Insurance	68,329	60,876	7,453					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	Student aids	347,459	347,459						
ь	Miscellaneous	196,456	193,768	2,688					
С	Library material/services	101,259	101,259						
d	Furniture and equipment	104,345	87,864	16,481					
e	Building maintenance	104,348	104,348						
	All other expenses	195,347	171,553	23,794					
25	Total functional expenses. Add lines 1 through 24f	6,720,432	5,354,288	1,366,144	(
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , ,						

Part X	Balance	Sheet
	Dalalice	SHEEL

					(A)		(E	-
	ـ ا				Beginning of year		End of	
	1	Cash—non-interest-bearing			194,192			145,525
	2	Savings and temporary cash investments			1,040,652			946,968
	3	Pledges and grants receivable, net			70.000	3		0
	4	Accounts receivable, net			76,609	4		109,871
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>	iployees or		5		0	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S			6		0	
	7	Notes and loans receivable, net		934,279	7		1,019,074	
	8	Inventories for sale or use			8		0	
2	9	Prepaid expenses and deferred charges			83,994	9		83,308
Assets	10a	Land, buildings, and equipment cost basis	المدا	5,000,695				
⋖		Land Committee C	10a	3,000,093				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10ь	1,887,551	3,193,536	10c		3,113,144
	11	Investments—publicly traded securities		•		11		0
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII of		5,264,214	12		5,073,429
	13	Investments—program-related See Part IV, line 11 Complete Part IV, lin			13		0	
	14	Intangible assets			14		0	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		254,242	15		243,188	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			11,041,718	16	1	0,734,507
	17	Accounts payable and accrued expenses .			472,822	17		513,230
	18	Grants payable			18			
	19	Deferred revenue		141,560	19		195,365	
	20	Tax-exempt bond liabilities		3,000,000	20		2,900,000	
Φ.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25			3,614,382	26		3,608,595
 Ф		Organizations that follow SFAS 117, check here ► 🔽 and complethrough 29, and lines 33 and 34.	ete line:	s 27				
3nc	27	Unrestricted net assets			6,045,289	27		5,796,675
Balance	28	Temporarily restricted net assets			536,908			482,461
<u>e</u>	29	Permanently restricted net assets			845,139			846,776
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	l comple	ete	<u> </u>			•
9	20	lines 30 through 34.				30		
Assets	30	Capital stock or trust principal, or current funds						
Š.	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other ful		7 407 200	32		7,125,912	
Ř	33	Total net assets or fund balances			7,427,336			
	34	Total liabilities and net assets/fund balances			11,041,718	34	1	0,734,507
Pa	rt XI	Financial Statements and Reporting						
	AT'						V	N-
	۸	ounting method used to prepare the Form 990					Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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DLN: 93493134027460

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

he W	rıght In	stitute							167406	-		
Da	rt I	Peacon	for Public C	harity Status (to be co	mpleted	by all or	aanizatio		-167486! Instruct			
				ation because it is (Please					moduce	.10113)		
1	_			nurches, or association of ch					(A)(i).			
2	,	•		tion 170(b)(1)(A)(ii). (Attac					X7(-7-			
3	,			e hospital service organizati		•	t ion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	,	•	•	zation operated in conjuncti			-				•	
	•		name, city, and	•		•			. , ,			
5	Г	•		or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unit desc	rıbed ın	
	·	_	· ·	(Complete Part II)								
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7		-		ally receives a substantial p						n the gene	ral publi	с
		_		(1)(A)(vi) (Complete Par			_			_		
8	Γ	A commun	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	굣	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	ership fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	less sectio	on 511 tax	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete li	(1) or sec nes 11e t	tıon 509(a hrough 11	a)(2) See	Section 5		.Check
е	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nizations (described	ın sectior	509(a)((1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		check this Since Augu following pe	ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>!</u>			ı
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	ow, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (11) al	oove?				11g(iii)	
h		Provide the	following inforr	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of
		orted		(described on lines 1 - 9	_	ation in		nızatıon		ation in	supp	oort?
(Organ	nızatıon		above or IRC section (See Instructions)		listed in		i) of your port?		rganized US?		
	(See Instructions)) your governing support? in the U.S.? document?											
					Yes	No	Yes	No	Yes	No		
					·			<u> </u>		<u> </u>		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check	<u>kea the box or</u>	i line 9 of Part	1.)				
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	121,423	107,239	111,180	697,682		170,645	1,208,169
	membership fees received (Do not	121,423	107,239	111,160	097,002		170,043	1,200,109
-	include any "unusual grants ") Gross receipts from admissions,							
2	merchandise sold or services performed,							
	or facilities furnished in any activity that	4,507,850	4,690,360	5,151,933	5,919,154		6,672,352	26,941,649
	is related to the organization's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under							0
	section 513							
4	Tax revenues levied for the							0
	organization's benefit and either paid to							U
_	or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to the							0
	organization without charge							· ·
6	Total Add lines 1-5	4,629,273	4,797,599	5,263,113	6,616,836		6,842,997	28,149,818
	A mounts included on lines 1, 2, and 3	, ,	, ,	, ,	, ,			· · ·
, a	received from disqualified persons							0
b	A mounts included on lines 2 and 3							
_	received from other than disqualified							
	persons that exceed the greater of 1% of							0
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
С	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							28,149,818
	line 6)							
	tal Support				T			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts from line 6	4,629,273	4,797,599	5,263,113	6,616,836		6,842,997	28,149,818
10a	Gross income from interest, dividends,							
	payments received on securities loans,	64,424	127,001	184,149	153,084		111,241	639,899
	rents, royalties and income from similar sources							
ь	Unrelated business taxable income (less						+	
D	section 511 taxes) from businesses							0
	acquired after 30 June, 1975							
c	Add lines 10a and 10b	64,424	127,001	184,149	153,084		111,241	639,899
11	Net income from unrelated business		·	·				· · · · · · · · · · · · · · · · · · ·
	activities not included in line 10b,							0
	whether or not the business is regularly							U
	carried on							
12	Other income Do not include gain or loss							
	from the sale of capital assets	60,477	10,878	43,888	7,474		7,764	130,481
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							28,920,198
14	12) First Five Years If the Form 990 is for the o	rganization's fir	st second third	fourth or fifth t	tay year as a 50	11(c)(1	3) organiza	ation.
14	check this box and stop here	rganization s in	st, second, tima	, iouitii, oi iiitii t	lax year as a sc	, 1 (c)(.	o) organiza	*tion, ▶□
	check this box and step here							-,
Со	mputation of Public Support Perce	entage						
15	Public Support Percentage for 2008 (line 8		ed by line 13 co	lumn (f))		15		97 340 %
16	Public Support Percentage for 2007 Sched	ule A . Part IV - A	. line 27a			16		98 000 %
	c. c		, = -, 9			10		90 000 %
<u></u>	mputation of Investment Income	Dercentage						
17	Investment Income Percentage for 2008 (II		f) divided by line	e 13 column (f))		17		2 210 0
	Investment Income Percentage for 2007:					17		2 210 %

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

19a 33 1/3% Tests - 2008. 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 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and ▶▽

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Employer identification number Name of the organization The Wright Institute 94-1674865 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Par	Organizations Maintaining Co	llections of Art,	Hist	<u>tori</u>	<u>cal Treasu</u>	ires, or Othe	r Similar A	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing that ar	e a sıgnıfıcant u	se of its collec	tion	
а	Public exhibition		d	Γ	Loan or exc	hange programs			
b	Scholarly research		e	Γ	Other				
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explain	how	/ the	y further the o	organization's ex	kempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	┌ Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					anızatıon answ	ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributions	or other assets	not	┌ Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table					<u> </u>		
							Aı	nount	
с	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					☐ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete							/-NE	. V Dl-
1-	Reginning of year balance	(a)Current Year 4,113,306	(D)	Prior	rear (c)	wo Years Back (d)	innee Years Back	(e)Four	Years back
1a L	Beginning of year balance	750,000							
b	Investment earnings or losses	-458,566							
c d	Grants or scholarships	130,300							
e	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
g	End of year balance	4,404,740							
2	Provide the estimated percentage of the yea	r end balance held as	1						
а	Board designated or quasi-endowment 🕨	100 000 %							
Ь	Permanent endowment 🕨								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion t	hata	are held and a	administered for	the		
	organization by							Ye	
	(i) unrelated organizations			•			3a	``	No
L	(ii) related organizations						3a		No
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	·					3	b	No_
	t VI Investments—Land, Buildings					art X line 10			
	tor investments rand, banding.	, and Equipmen			Cost or other	(b)Cost or other			
	Description of investment				s (investment)	basis (other)	(c) Depreciation	1 (d)	Book value
1a	Land					76,387	<u>I</u>	1	76,387
	Buildings					49,258	49,2	58	,
	Leasehold improvements					4,071,360	·		2,934,667
	Equipment					29,241		_	,,
	Other		-			774,449	<u> </u>		102,090
	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X. columi	n (B).	. line	10(c).)	,,,,,,,			3,113,144
	= =	,,	\-//		-1-7-7	· ·	Schedule		

	Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation -year market value
Financial d	derivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨	5,073,429		
Doet VIII	Investments Dresses Polated Co	a Form 000 Dart V Juna	12	
Part VII.	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	umn (b) should equal Form 990, Part X, col.(B) line	15.)		
	Other Liabilities. See Form 990, Part			·
	(a) Description of Liability	(b) A mount		
Federal In	come Taxes			
]	
			1	
			1	
-			1	
			1	
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 25)		1	
	· · · · · · · · · · · · · · · · · · ·	L	」	

Par	t XI Reconciliation of C	hange in Net Assets from Forı	m 990	0 to I	Financial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	6,962,002
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	6,720,432
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	241,570
4	Net unrealized gains (losses) o	n investments				4	-542,994
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lir	nes 4 - 8				9	-542,994
10	,	per financial statements Combine line	c 3 an	4 0		10	+
		evenue per Audited Financial			its With Revenue		
1		r support per audited financial stateme				. 1	6,499,008
2		t not on Form 990, Part VIII, line 12					, ,
а	Net unrealized gains on invest		. 1	2a	-542,994		
ь	Donated services and use of fa	acilities	.	2b	80,000		
c	Recoveries of prior year grants	5	.	2c	·		
d	Other (Describe in Part XIV)		†	2d			
e	Add lines 2a through 2d .					2e	-462,994
3	Subtract line 2e from line 1 .					3	6,962,002
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 1	4a			
b	Other (Describe in Part XIV)		.	4b			
c	Add lines 4a and 4b					4c	
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Par	t I, lını	e 12)		5	6,962,002
Part		xpenses per Audited Financia				s per	
1	Total expenses and losses per	r audited financial statements				1	6,800,432
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25					
а	Donated services and use of fa	acılıtıes		2a	80,000)	
b	Prior year adjustments			2b			
c	Losses reported on Form 990,	Part IX, line 25		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines 2a through 2d					2e	80,000
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	6,720,432
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b		1	
c	Add lines 4a and 4b					4c	
5	Total expenses Add lines 3 ar	nd 4c. (This should equal Form 990, Pa	rt I, lır	ne 18)	5	6,720,432
Par	t XIV Supplemental Inf	ormation				•	
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part XI				Part XI	V, lines 1b and 2b,
	Ident if ier	Return Reference			Explana	tion	
			1				

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DLN: 93493134027460

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

The Wright Institute

Department of the Treasury

Internal Revenue Service

Employer identification number

94-1674865

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		, , ,	1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organization organization organization organization organization check all the		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," of			7		Νo
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in					

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(R) Broakdown of	W-2 and/or 1099-MI	SC componention	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Peter Dwybad (1					15,606	261,820	
(ii)						
(ii							
(ii)						
(i)							
(ii)						
(ii							
(ii)						
(ii							
(ii)						
(ii							
(ii)						
(i)							
(ii)						
(i)							
(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	·	

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DLN: 93493134027460

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization
The Wright Institute

Employer identification number
94-1674865

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 14 Document	Subsequent to June 30, 2009, the Board adopted a document retention and destruction policy

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 13 Whistleblow er	Subsequent to June 30, 2009, the Board adopted a w histleblow er policy

Identifier	Return Reference	Explanation
	Form 990, Part VI, Line 12	Conflict of interest policy During fiscal year 2009 a conflict of interest policy was in place that required disclosure, at the earliest practicable time, of any potential conflict of interest. During fiscal year 2010, the policy was updated to require annual disclosure by all board members and key employees and to also require monitoring of this policy by management.

Identifier Return Reference		Explanation
Form 990, Part VI, Line 19	· · · · · · · · · · · · · · · · · · ·	Governing documents, financial statements, and conflict of interest policy are made available to the general public upon request

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation for the President and other officers is reviewed and approved annually by the Finance and Personnel Committee of the Board of Trustees Comparability data from Quatt Associates is used for the President's compensation. The deliberation is documented in minutes of the committee.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10		Prior to its filing, the Form 990 is reviewed by the President and Vice President, and it is provided to the Finance and Audit Committee of the Board of Directors

Additional Data

Software ID: Software Version:

EIN: 94-1674865

Name: The Wright Institute

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(5)	(F)	
(A) Name and Title	(B) A verage hours per week			compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and related organizations						
Valerie Higgins , Secretary	40 00			Χ				0	0	0	
Trıcıa O'Reılly , Treasurer/VPFın	40 00			Χ				118,013	0	7,222	
Susan A Ogdie JD , Trustee		X						0	0	0	
Steven Kanofsky PhD , Trustee		X						33,401	0	11,300	
Stephen Schaffran , Trustee		Х						0	0	0	
Shannon Dubach , Trustee		Х						0	0	0	
Revan Tranter , Vice Chair				Χ				0	0	0	
Regina Shields , Trustee		X						0	0	0	
Peter Dwybad , President	60 00			Х				246,214	0	15,606	
Myron Okada JD , Trustee		X						0	0	0	
Michael R Smith JD , Trustee		X						0	0	0	
Keith Wilson PhD , Trustee		X						0	0	0	
Judy DeVries , Trustee		X						0	0	0	
Gilbert Newman PhD , Associate Dean	32 00					Х		104,310	0	9,829	
Erica B Grubb JD , Trustee		Х						0	0	0	
Donald E Morris , Trustee		X						0	0	0	
Daniel Goldstine PhD , Chairman				Χ				0	0	0	
Charles Alexander PhD , Dean	32 00					Х		120,308	0	1,364	
Ann Howard , Secretary	40 00			Х	Х			70,546	0	6,298	