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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
501 S WASHINGTON AVENUE SUITE 100
City or town, state or province, country, and ZIP or foreign postal code
SCRANTON, PA 18505

D Employer identification number
23-2007832
E Telephone number
(570) 343-2383
G Gross receipts \$ 35,322,333

F Name and address of principal officer:
DR LINDA THOMAS-HEMAK
501 S WASHINGTON AVENUE SUITE 1000
SCRANTON, PA 18505

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ THEWRIGHTCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1976

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO TRAIN COMPETENT, COMPASSIONATE PHYSICIANS TO IMPROVE ACCESS TO CARE AND POPULATION HEALTH.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 346

6 Total number of volunteers (estimate if necessary) 6 20

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 16,798,105 17,334,945

9 Program service revenue (Part VIII, line 2g) 13,415,299 14,787,588

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,470,564 2,832

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 408,676

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 31,683,968 32,534,041

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 124,492 1,213,884

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,923,097 20,740,413

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 9,084,186 11,046,693

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 28,131,775 33,000,990

19 Revenue less expenses. Subtract line 18 from line 12 3,552,193 -466,949

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 11,569,537 28,577,387

21 Total liabilities (Part X, line 26) 3,397,364 20,838,821

22 Net assets or fund balances. Subtract line 21 from line 20 8,172,173 7,738,566

Part II Signature Block

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

Sign Here

Signature of officer
DR LINDA THOMAS-HEMAK PRESIDENT
Type or print name and title

2021-05-17
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00760402

Firm's name ▶ BAKER TILLY US LLP Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 Phone no. (717) 740-4863

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 13,230,050 including grants of \$) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 10,547,016 including grants of \$) (Revenue \$ 12,679,720)

See Additional Data

4c (Code:) (Expenses \$ 253,032 including grants of \$ 75,594) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 1,180,750 including grants of \$ 1,138,290) (Revenue \$ 2,107,868)

TO FACILITATE THE CONSTRUCTION OF A NEW, STATE-OF-THE-ART CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PA, TWCGME MADE A GRANT TO A RELATED ENTITY, THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH) FOR \$1,128,290. RESPONDING TO GOVERNOR TOM WOLF'S CALL-TO-ACTION FOR PENNSYLVANIA, IN DECEMBER 2019, TWCGME AND ITS AFFILIATED ENTITY, TWCCCH OPENED A ONE-OF-A-KIND, FULLY-INTEGRATED PRIMARY AND PREVENTATIVE FQHC-LOOK-ALIKE HEALTH CENTER THAT OFFERS MENTAL AND BEHAVIORAL HEALTH, WOMEN'S AND FAMILY HEALTH, ADDICTION AND RECOVERY SERVICES, DENTAL AND INTEGRATED RYAN WHITE HIV/AIDS PROGRAMS WITH IMMERSED PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE DEVELOPMENT. THIS FACILITY IS LOCATED IN A SEVERELY DISTRESSED CENSUS TRACT (NO. 42069102500) AND FOOD DESERT ON THE OUTSKIRTS OF DOWNTOWN SCRANTON, PA. HAVING CREATED MORE THAN 125 NEW JOBS, THIS PROJECT IS ONLY THE MOST RECENT EFFORT BY TWCGME THAT IS RESPONSIVE TO GOVERNOR WOLF'S ACTION PLAN FOR PENNSYLVANIA, ANSWERING THE CALL TO "IMPROVE HEALTH CARE ACCESS AND OPTIONS," "FIGHT THE HEROIN AND OPIOID EPIDEMIC, AND TO "GROW JOBS AND SUPPORT WORKERS." THIS PROJECT WAS FUNDED BY MULTIPLE SOURCES, INCLUSIVE OF BUT NOT LIMITED TO A FEDERAL NEW MARKETS TAX CREDIT ALLOCATION, A COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL GRANT, FUNDING FROM MULTIPLE PRIVATE FOUNDATIONS AND ORGANIZATIONAL INVESTMENTS. AS AN EDUCATIONAL INSTITUTION, TWCGME ALSO OPERATES AN INSTITUTIONAL REVIEW BOARD (IRB). THE MISSION OF TWCGME IRB IS TO PROTECT THE RIGHTS AND WELFARE OF HUMAN PARTICIPANTS RECRUITED TO ENGAGE IN RESEARCH ACTIVITIES OCCURRING IN TWCGME'S OR PARTNERING ORGANIZATIONS' CLINICAL LEARNING ENVIRONMENTS AND/OR WITH TWCGME RESIDENTS, FELLOWS AND/OR FACULTY. PHYSICIANS, EDUCATORS, RESEARCH EXPERTS AND COMMUNITY MEMBERS SERVE ON THE IRB. ADDITIONALLY, TWCGME VALUES REGIONAL PARTNERSHIPS AND SUPPORTS LOCAL NONPROFITS WITH FINANCIAL SPONSORSHIPS. TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCCCH. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE AGREEMENTS WITH TWCCCH FOR THE PROVISION OF CERTAIN STAFF AND SERVICES, FOR WHICH TWCCCH PAYS TWCGME THROUGH INTRACOMPANY AND INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASES, TWCCCH LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES FROM TWCGME, INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, MARKETING/COMMUNICATIONS, FINANCE, GRANTS, LEGAL AND OTHER ADMINISTRATIVE SERVICES. LINE 2B ON THE STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR THESE SUPPORT SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCCH. 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.

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

(Expenses \$ 1,180,750 including grants of \$ 1,138,290) (Revenue \$ 2,107,868)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	81
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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 governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶RONALD DANIELS CFO 501 S WASHINGTON AVENUE SUITE 1000 SCRANTON, PA 18505 (570) 343-2383

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

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,244,894	2,839,746	532,085

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4 Yes	
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>	5	No

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 7

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☒			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns		1a										
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d	73,500									
	e Government grants (contributions)		1e	17,245,445									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	16,000									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		17,334,945										
Program Service Revenue			Business Code										
	2a RESIDENCY PROGRAM REV		611310	12,679,720		12,679,720							
	b SUPPORT SERVICE REVENUE		561000	2,098,163		2,098,163							
	c IRB AND RESEARCH FEES		611310	9,705		9,705							
	d												
	e												
	f All other program service revenue.												
g Total. Add lines 2a-2f.		14,787,588											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			142,379						142,379			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	560,994									
	b Less: rental expenses		6b	189,994									
	c Rental income or (loss)		6c	371,000									
	d Net rental income or (loss)				371,000				371,000				
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	2,458,751									
	b Less: cost or other basis and sales expenses		7b	2,598,298									
	c Gain or (loss)		7c	-139,547									
	d Net gain or (loss)				-139,547				-139,547				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances		10a										
b Less: cost of goods sold		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue		Business Code											
11a REIMBURSEMENTS		900099		20,437				20,437					
b MISCELLANEOUS REVENUE		900099		4,914				4,914					
c RESEARCH & EDUCATIONAL STUDIES		900099		4,428				4,428					
d All other revenue				7,897				7,897					
e Total. Add lines 11a-11d				37,676									
12 Total revenue. See instructions				32,534,041		14,787,588		0		411,508			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,213,884	1,213,884		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,300,606	860,939	439,667	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,974,248	13,099,460	2,874,788	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	477,616	318,896	158,720	
9 Other employee benefits	1,835,660	1,465,115	370,545	
10 Payroll taxes	1,152,283	824,259	328,024	
11 Fees for services (non-employees):				
a Management				
b Legal	60,333	53,508	6,825	
c Accounting	47,760		47,760	
d Lobbying	125,409		125,409	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,545		26,545	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,550,080	1,757,504	792,576	
12 Advertising and promotion	194,321	40,215	154,106	
13 Office expenses	512,413	19,845	492,568	
14 Information technology	258,480	165,926	92,554	
15 Royalties				
16 Occupancy	231,307	7,739	223,568	
17 Travel	76,773	42,329	34,444	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	404,998	313,538	91,460	
20 Interest	193,286		193,286	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	688,208	14,183	674,025	
23 Insurance	662,515	649,023	13,492	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a LEARNING ENVIRONMTS-THC	3,989,133	3,989,133		
b REPAIRS & MAINTENANCE	396,396	2,071	394,325	
c DUES AND MEMBERSHIPS	331,850	249,692	82,158	
d RECRUITMENT EXPENSE	267,656	120,658	146,998	
e All other expenses	29,230	2,931	26,299	
25 Total functional expenses. Add lines 1 through 24e	33,000,990	25,210,848	7,790,142	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		1,206,238	2	2,399,962	
	3	Pledges and grants receivable, net		143,227	3	84,228	
	4	Accounts receivable, net		1,613,747	4	882,654	
	5	Loans and other 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			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		363,153	9	284,083	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	8,974,447			
	b	Less: accumulated depreciation	10b	1,382,478	113,443	10c	7,591,969
	11	Investments—publicly traded securities		5,410,082	11	5,419,703	
	12	Investments—other securities. See Part IV, line 11		903,007	12	1,139,423	
	13	Investments—program-related. See Part IV, line 11		0	13	666,741	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,816,640	15	10,108,624	
16	Total assets. Add lines 1 through 15 (must equal line 34)		11,569,537	16	28,577,387		
Liabilities	17	Accounts payable and accrued expenses		3,387,936	17	8,672,753	
	18	Grants payable			18		
	19	Deferred revenue		9,428	19	0	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		0	23	12,166,068	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25		3,397,364	26	20,838,821	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		8,172,173	27	7,738,566	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		8,172,173	32	7,738,566		
33	Total liabilities and net assets/fund balances		11,569,537	33	28,577,387		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,534,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,000,990
3	Revenue less expenses. Subtract line 2 from line 1	3	-466,949
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,172,173
5	Net unrealized gains (losses) on investments	5	33,342
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,738,566

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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	Yes	
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 in Schedule O.	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?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 23-2007832
Name: THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Form 990 (2019)

Form 990, Part III, Line 4a:

TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) FUNDING:AS A COMMUNITY-BASED, PHYSICIAN-LED NON-PROFIT ORGANIZATION STRIVING TO ADDRESS OUR NATION'S PRIMARY CARE PHYSICIAN SHORTAGE, MISDISTRIBUTION AND RELATED HEALTH AND HEALTHCARE DISPARITIES, TWCGME IS THE ACGME-ACCREDITED GRADUATE MEDICAL EDUCATION SPONSORING INSTITUTIONAL CONSORTIUM OFFERING SPECIALTY-SPECIFIC PRIMARY CARE RESIDENCIES. TWCGME'S PASSIONATE PURPOSE IS TO CREATE FUTURE WORKFORCE FOR TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PATIENTS, FAMILIES AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH. IN DOING SO, TWCGME OFFERS REGIONAL INTERNAL MEDICINE AND FAMILY MEDICINE PRIMARY CARE RESIDENCY PROGRAMS AS WELL AS A NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM, ALL PARTIALLY AND THE LATTER WHOLLY FUNDED BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). THESE RESIDENCY PROGRAMS UNIQUELY OFFER AMPLE OPPORTUNITY FOR TRAINEES TO BE IMMERSSED AND TRAINED IN FEDERALLY QUALIFIED HEALTH CENTERS AND LOOK-ALIKE COMMUNITY-BASED CLINICAL LEARNING VENUES ACROSS THE NATION. AS THE LARGEST HRSA-FUNDED TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (THC GME-SNC) IN AMERICA, TWCGME PROUDLY ENGAGES EACH FQHC AND FQHC-LOOK-ALIKE PARTNER WITH EMPOWERING VOICE ON ITS GOVERNING BOARD. TWCGME'S CLINICAL LEARNING ENVIRONMENT PARTNER SITES INCLUDE THE WRIGHT CENTER FOR COMMUNITY HEALTH'S PRIMARY HEALTH LOCATIONS ACROSS NORTHEAST PENNSYLVANIA AND NATIONAL PARTNER SITES INCLUDING HEALTHSOURCE OF OHIO, EL RIO HEALTH IN ARIZONA, UNITY HEALTH CARE IN WASHINGTON, D.C., AND HEALTHPOINT IN WASHINGTON.

Form 990, Part III, Line 4b:

CMS AND VA FUNDING FOR GRADUATE MEDICAL EDUCATION: TWCGME IS A NORTHEAST PENNSYLVANIA-BASED COMMUNITY-BASED GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) OFFERING REGIONAL TRAINING PROGRAMS FOR INTERNAL MEDICINE, FAMILY MEDICINE AND PSYCHIATRY RESIDENCY PROGRAMS, AS WELL AS CARDIOLOGY AND GASTROENTEROLOGY FELLOWSHIPS THROUGH AFFILIATIONS WITH THE WRIGHT CENTER MEDICAL GROUP D/B/A THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), CMS-FUNDED HOSPITALS AND THE VETERANS AFFAIRS MEDICAL CENTER (VAMC). TWCGME CONSORTIUM'S INTERNAL MEDICINE AND FAMILY MEDICINE RESIDENCY PROGRAMS ARE ALSO PARTIALLY FUNDED BY HRSA'S TEACHING HEALTH CENTER PROGRAM DESCRIBED IN 4A ABOVE. FELLOWS ARE TRAINED IN PROGRAMS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). GME FUNDING IS PROVIDED TO THE CONSORTIUM DIRECTLY BY THE VAMC (FUNDED BY THE DEPT. OF VETERANS AFFAIRS) AND BY THE HOSPITALS (FUNDED BY CMS) TO TWCGME WHICH EMPLOYS AND SUPPORTS THE DIRECT EXPENSES OF THE RESIDENTS, FELLOWS AND FACULTY.

Form 990, Part III, Line 4c:

2019-2020 WAS THE FOURTH YEAR OF A FIVE-YEAR AWARD TO TWCGME THROUGH THE HRSA PRIMARY CARE TRAINING ENHANCEMENT (PCTE) PROGRAM. TWCGME, IN PARTNERSHIP WITH THE A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AS SUB-AWARDEE, IS AUGMENTING TRAINING ACROSS THE PRIMARY CARE CONTINUUM BY INTEGRATING AUTHENTIC, TEAM-BASED, PATIENT-CENTERED HEALTH PROFESSIONS EDUCATION WITHIN NATIONALLY-DISTRIBUTED COMMUNITY HEALTH CENTER (CHC) TRAINING SITES SEEKING TO IMPROVE ACCESS TO QUALITY HEALTHCARE FOR HIGHLY VULNERABLE AND UNDERSERVED POPULATIONS. THROUGH THIS PROJECT, TWCGME AND ATSU-SOMA ARE CREATING ENHANCED PRIMARY CARE DIDACTICS, CONTEXTUAL CLINICAL LEARNING ACTIVITIES/ASSESSMENTS, AND LEADERSHIP COURSES TO PREPARE TRAINEES FOR PRACTICE IN EVOLVING HEALTH CARE SYSTEMS. TOGETHER, TWCGME AND ATSU-SOMA CREATED A MULTI-STATE COMMUNITY CARE TRAINING ALLIANCE THAT BRINGS TOGETHER LEADERSHIP FROM COMMUNITY HEALTH CENTERS AND MEDICAL SCHOOLS TO EXPLORE HOW TO BEST EVOLVE THE MEDICAL EDUCATION CONTINUUM TO BETTER SERVE MEDICALLY UNDERSERVED COMMUNITIES.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LINDA THOMAS-HEMAK MD PRESIDENT/PHYSICIAN	28.00 27.00	X		X				0	745,211	51,350
JIGNESH SHETH MD DIR TO 12/19,SVP CLINICAL OPS/PHYS	0.00 55.00	X		X				0	414,985	51,350
WILLIAM DEMPSEY MD MEDICAL DIRECTOR/PHYSICIAN	36.00 19.00				X			198,142	106,692	53,100
JUMEE BAROOAH MD DIO/ NON VOTING DIRECTOR	7.00 48.00				X			33,444	245,252	48,498
JENNIFER WALSH ESQ SVP GENERAL COUNSEL	55.00 0.00				X			269,594	0	39,950
TIMOTHY BURKE DO PROGRAM DIRECTOR FOR AOA/PHYSICIAN	27.50 27.50				X			129,248	129,248	49,024
RAJIV BANSAL MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50				X			131,870	131,870	30,818
ENRIQUE SAMONTE MD ASST. PROGRAM DIR/PHYSICIAN	10.00 45.00					X		32,642	239,377	7,851
MAUREEN LITCHMAN MD PROGRAM DIRECTOR/PHYSICIAN	27.50 27.50				X			124,467	124,467	24,206
SUZANNE M FLETCHER SVP FINANCE - RESIGNED MAY 2020	27.50 27.50			X				112,138	112,138	42,574

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DEBORAH SPRING MD ASST. PROGRAM DIR FOR FM/PHYSICIAN	6.60 48.40					X		27,919	204,734	28,647
BOJANA MILEKIC MD ASST PROGRAM DIR FOR IM/PHYSICIAN TO 6/20	8.25 46.75					X		35,743	202,539	19,534
MARIA EDWARDS VP STRATEGIC INITIATIVES TO 3/20	22.00 33.00					X		67,092	100,638	42,817
JOHN JANOSKY VP INFORMATION TECHNOLOGY	27.50 27.50					X		82,595	82,595	42,366
JOSEPH FERRARIO CHAIRMAN - RESIGNED 7/12/19	5.00 1.00	X		X				0	0	0
HARROLD BAILLIE PHD CHAIRMAN	5.00 0.00	X		X				0	0	0
JAMES GAVIN VICE CHAIRMAN	5.00 1.00	X		X				0	0	0
JOHN KEARNEY TREASURER	5.00 5.00	X		X				0	0	0
ROBERT NAISMITH PHD SECRETARY	5.00 0.00	X		X				0	0	0
GERARD GEOFFROY DIRECTOR - RESIGNED 9/20	1.00 5.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
THOMAS BISIGNANI DIRECTOR	1.00 0.00	X						0	0	0
CAROL RUBEL DIRECTOR	1.00 0.00	X						0	0	0
SHARON OBADIA DO DIRECTOR	1.00 0.00	X						0	0	0
PATRICK CONABOY MD DIRECTOR	1.00 0.00	X						0	0	0
RONALD DANIELS CFO - APRIL 2020	11.00 44.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number
23-2007832

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						
Schedule A (Form 990 or 990-EZ) 2019							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,737,249	12,730,219	15,826,039	16,798,105	17,334,945	73,426,557
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,582,150	13,617,127	12,636,961	13,415,299	14,787,588	68,039,125
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	24,319,399	26,347,346	28,463,000	30,213,404	32,122,533	141,465,682
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						141,465,682

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	24,319,399	26,347,346	28,463,000	30,213,404	32,122,533	141,465,682
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	131,327	101,098	125,839	149,433	703,373	1,211,070
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	131,327	101,098	125,839	149,433	703,373	1,211,070
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					37,676	37,676
13 Total support. (Add lines 9, 10c, 11, and 12.)	24,450,726	26,448,444	28,588,839	30,362,837	32,863,582	142,714,428
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.130 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.540 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.850 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.460 %

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2019 AMOUNT: \$ 4,914. REIMBURSEMENTS - 2019 AMOUNT: \$ 20,437. RESEARCH EDUCATIONAL STUDIES - 2019 AMOUNT: \$ 4,428. REBATE PROGRAM - 2019 AMOUNT: \$ 2,905. STATE OF M D BOARD INC - 2019 AMOUNT: \$ 2,575. EMPLOYEE COLLECTIONS - 2019 AMOUNT: \$ 2,417.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	125,409													
c Total lobbying expenditures (add lines 1a and 1b)	125,409													
d Other exempt purpose expenditures	32,875,581													
e Total exempt purpose expenditures (add lines 1c and 1d)	33,000,990													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-A, LINE 1B	TWCGME ENGAGED THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) ON APRIL 23, 2019, TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH POLICY AND PROGRAMS, INCLUDING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION. TWCGME PAID COZEN \$102,248 FOR THESE SERVICES IN FY 2019-2020. IN ADDITION TO COZEN'S SERVICES, TWO PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR THE FEDERALLY-FUNDED THC GME PROGRAM. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING THE THC GME PROGRAM. DUE TO COVID-19, THERE WAS NO IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2019-2020. COZEN WAS ALSO ENGAGED BY TWCC, A FQHC-LOOK-ALIKE AND TWCGME'S AFFILIATED ORGANIZATION, TO ADVOCATE FOR LEGISLATION SUPPORTING THE FUNDING OF FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), FQHC-LOOK-ALIKES AND THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM (COLLECTIVELY, "PUBLIC HEALTH PROGRAMS"). TWCC PAID COZEN \$67,500 FOR THESE SERVICES IN FY 2019-2020, WHICH AMOUNTS ARE REFLECTED ON ITS OWN FORM 990.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number
23-2007832

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

(a)

Donor advised funds

(b)

Funds and other accounts

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

2a

2b

2c

2d

Held at the End of the Year

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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 are a 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 programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted 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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

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

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	32,730,832
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,342
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-26,545
e	Add lines 2a through 2d	2e	6,797
3	Subtract line 2e from line 1	3	32,724,035
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-189,994
c	Add lines 4a and 4b	4c	-189,994
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	32,534,041

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

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

1	Total expenses and losses per audited financial statements	1	33,164,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	189,994
e	Add lines 2a through 2d	2e	189,994
3	Subtract line 2e from line 1	3	32,974,445
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	26,545
c	Add lines 4a and 4b	4c	26,545
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	33,000,990

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-2007832
Name: THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2020 AND 2019.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES -26,545.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -189,994.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 189,994.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES 26,545.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-2007832

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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.

Return Reference	Explanation
PART I, LINE 2:	THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH ITS COMPLIANCE PROGRAM. APPROPRIATE MONITORING IS IN PLACE TO TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT.
PART II, LINE 1, COLUMN (H)	NAME OF ORGANIZATION OR GOVERNMENT: A.T. STILL SCHOOL OF OSTEOPATHIC MEDICINE (H) PURPOSE OF GRANT OR ASSISTANCE: A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) IS A SUBAWARD RECIPIENT FROM TWCGME FOR A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING ENHANCEMENT (PCTE) GRANT PROJECT TITLED "SERVING, TEACHING AND LEARNING WHERE THE NEED IS GREATEST," WHEREBY ATSU-SOMA WORKS WITH TWCGME LEADERS TO 1) PREPARE PATIENT-CENTERED MEDICAL HOME CHAMPIONS FOR CARE TEAMS FOCUSED ON PROFESSIONALISM, LEADERSHIP AND PRACTICE; 2) IMPLEMENT A COMMUNITY HEALTH CENTER MODEL FOR HEALTH CARE DELIVERY SCIENCE TRAINING; 3) EXPLORE FEASIBILITY OF EXTENDING THE ENHANCED NATIONAL FAMILY MEDICINE RESIDENCY TO NEW LOCATIONS; AND 4) EVALUATE AND DISSEMINATE PROJECT OUTCOMES. NAME OF ORGANIZATION OR GOVERNMENT: MARYWOOD UNIVERSITY (H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF COMMUNITY LEADERSHIP CELEBRATION NAME OF ORGANIZATION OR GOVERNMENT: LACKAWANNA PRO BONO, INC. (H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP FOR FUNDRAISING GALA TO SUPPORT LEGAL SERVICES TO LOW- AND NO-INCOME INDIVIDUALS IN NEED NAME OF ORGANIZATION OR GOVERNMENT: THE WRIGHT CENTER MEDICAL GROUP (H) PURPOSE OF GRANT OR ASSISTANCE: TO FACILITATE THE CONSTRUCTION OF A NEW, STATE-OF-THE-ART CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PA. TWCGME MADE A GRANT TO TWCCH FOR \$1,128,290. RESPONDING TO GOVERNOR TOM WOLF'S CALL-TO-ACTION FOR PENNSYLVANIA, IN DECEMBER 2019, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND ITS AFFILIATED ENTITY, THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) OPENED A ONE-OF-A-KIND, FULLY-INTEGRATED PRIMARY AND PREVENTIVE FQHC-LOOK-ALIKE HEALTH CENTER THAT OFFERS MENTAL AND BEHAVIORAL HEALTH, WOMEN'S AND FAMILY HEALTH, ADDICTION AND RECOVERY SERVICES, DENTAL AND INTEGRATED RYAN WHITE HIV/AIDS PROGRAMS WITH IMMERSSED PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE DEVELOPMENT. THIS FACILITY IS LOCATED IN A SEVERELY DISTRESSED CENSUS TRACT (NO. 42069102500) AND FOOD DESERT ON THE OUTSKIRTS OF DOWNTOWN SCRANTON, PA. HAVING CREATED MORE THAN 125 NEW JOBS, THIS PROJECT IS ONLY THE MOST RECENT EFFORT BY TWCGME THAT IS RESPONSIVE TO GOVERNOR WOLF'S ACTION PLAN FOR PENNSYLVANIA, ANSWERING THE CALL TO "IMPROVE HEALTH CARE ACCESS AND OPTIONS," "FIGHT THE HEROIN AND OPIOID EPIDEMIC, AND TO "GROW JOBS AND SUPPORT WORKERS." THIS PROJECT WAS FUNDED BY MULTIPLE SOURCES, INCLUSIVE OF BUT NOT LIMITED TO A FEDERAL NEW MARKETS TAX CREDIT ALLOCATION, A COMMONWEALTH OF PENNSYLVANIA REDEVELOPMENT ASSISTANCE CAPITAL GRANT, FUNDING FROM MULTIPLE PRIVATE FOUNDATIONS AND ORGANIZATIONAL INVESTMENTS.

Additional Data

Software ID:
Software Version:
EIN: 23-2007832
Name: THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
AT STILL SCHOOL OF OSTEOPATHIC MEDICINE 5850 E STILL CIRCLE MESA, AZ 85206	43-0356250	501(C)(3)	75,594				SEE PART IV
MARYWOOD UNIVERSITY 2300 ADAMS AVE SCRANTON, PA 18509	24-0795453	501(C)(3)	5,000				SPONSORSHIP OF COMMUNITY LEADERSHIP CELEBRATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(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 non-cash assistance	(h) Purpose of grant or assistance
LACKAWANNA PRO BONO INC 233 PENN AVE SCRANTON, PA 18503	23-2887494	501(C)(3)	5,000				SEE PART IV
THE WRIGHT CENTER MEDICAL GROUP 501 S WASHINGTON AVENUE SCRANTON, PA 18505	23-2772504	501(C)(3)	1,128,290				SEE PART IV

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION		Employer identification number 23-2007832

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

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 are not 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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT BEFORE EACH EMPLOYMENT CONTRACT IS NEGOTIATED TO PROVIDE A COMPREHENSIVE, OBJECTIVE COMPENSATION STUDY TO ENSURE THAT TWCGME'S PAYMENT TO TWCCH REFLECTS FAIR MARKET VALUE FOR THE CHIEF EXECUTIVE'S SERVICES. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE TOP EXECUTIVE'S PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER PAYMENT ADJUSTMENTS TO TWCCH FOR FUTURE SERVICES ARE APPROPRIATE. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION. COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVE EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND ALL STAFF, IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE AND HUMAN RESOURCES DEPARTMENT, WHO RELY ON A PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR (TYPICALLY EVERY THREE TO FIVE YEARS).
PART I, LINE 4B	TWCGME IS OPERATIONALLY AFFILIATED WITH TWCCH. TO INCREASE ORGANIZATIONAL EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR W-2 REPORTING OF BOTH ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH DIRECTLY EMPLOYS ITS CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER. TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT DUPLICATION BASED ON LEASE AGREEMENTS BETWEEN THE ORGANIZATIONS. TWCGME AND TWCCH ESTABLISHED A NONGOVERNMENTAL TAX EXEMPT ENTITY NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE CHIEF EXECUTIVE AND A SEPARATE PLAN FOR ELIGIBLE EXECUTIVES, BOTH UNDER IRC 457(B). THE TERMS OF PARTICIPATION ARE REFLECTED IN EACH RESPECTIVE PLAN DOCUMENT. PARTICIPANTS IN THE PLAN VEST IMMEDIATELY. CONTRIBUTIONS TO THE PLAN AMOUNTED TO \$253,003.
PART I, LINE 7	ALL EMPLOYEES OF TWCGME ARE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT AND AFFORDABILITY. HOWEVER, THERE ARE SEVERAL THRESHOLD REQUIREMENTS TO PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO ACTIVE PARTICIPATION IN TWCGME'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT AND SAFE EVENT REPORTING AND COMMUNITY SERVICE EXPERIENCES. ONCE DETERMINED TO BE AFFORDABLE, THE MERIT-BASED BONUS PAYMENT AMOUNT OF EMPLOYEES' BONUSES CORRELATES TO INDIVIDUAL PERFORMANCE SCORES. EMPLOYEES IN A PROBATIONARY STATUS ARE INELIGIBLE. THE 2019-2020 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0% AND 4% OF BASE SALARY. THE TOTAL BONUS PROGRAM AMOUNTED TO APPROXIMATELY 3% OF TOTAL BASE SALARIES ACROSS THE ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 23-2007832
Name: THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK MD PRESIDENT/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	710,211	35,000	0	37,200	14,150	796,561	0
1J IGNESH SHETH MD DIR TO 12/19,SVP CLINICAL OPS/PHYS	(i)	0	0	0	0	0	0	0
	(ii)	402,985	12,000	0	37,200	14,150	466,335	0
2 WILLIAM DEMPSEY MD MEDICAL DIRECTOR/PHYSICIAN	(i)	185,009	7,283	5,850	24,106	10,409	232,657	0
	(ii)	99,620	3,922	3,150	12,980	5,605	125,277	0
3 JUMEE BAROOAH MD DIO/ NON VOTING DIRECTOR	(i)	31,944	1,500	0	4,230	1,590	39,264	0
	(ii)	234,252	11,000	0	31,020	11,658	287,930	0
4 JENNIFER WALSH ESQ SVP GENERAL COUNSEL	(i)	262,094	7,500	0	34,900	5,050	309,544	0
	(ii)	0	0	0	0	0	0	0
5 TIMOTHY BURKE DO PROGRAM DIRECTOR FOR AOA/PHYSICIAN	(i)	126,283	2,425	540	17,381	7,131	153,760	0
	(ii)	126,283	2,425	540	17,381	7,131	153,760	0
6 RAJIV BANSAL MD PROGRAM DIRECTOR/PHYSICIAN	(i)	124,926	2,544	4,400	8,267	7,142	147,279	0
	(ii)	124,926	2,544	4,400	8,267	7,142	147,279	0
7 ENRIQUE SAMONTE MD ASST. PROGRAM DIR/PHYSICIAN	(i)	30,887	1,125	630	375	567	33,584	0
	(ii)	226,507	8,250	4,620	2,750	4,159	246,286	0
8 MAUREEN LITCHMAN MD PROGRAM DIRECTOR/PHYSICIAN	(i)	121,242	3,225	0	7,938	4,165	136,570	0
	(ii)	121,242	3,225	0	7,938	4,165	136,570	0
9 SUZANNE M FLETCHER SVP FINANCE - RESIGNED MAY 2020	(i)	108,988	3,150	0	16,250	5,037	133,425	0
	(ii)	108,988	3,150	0	16,250	5,037	133,425	0
10 DEBORAH SPRING MD ASST. PROGRAM DIR FOR FM/PHYSICIAN	(i)	27,157	762	0	1,794	1,644	31,357	0
	(ii)	199,148	5,586	0	13,156	12,053	229,943	0
11 BOJANA MILEKIC MD ASST PROGRAM DIR FOR IM/PHYSICIAN TO 6/20	(i)	33,390	1,003	1,350	2,172	758	38,673	0
	(ii)	189,208	5,681	7,650	12,311	4,293	219,143	0
12 MARIA EDWARDS VP STRATEGIC INITIATIVES TO 3/20	(i)	65,292	1,800	0	11,500	5,627	84,219	0
	(ii)	97,938	2,700	0	17,250	8,440	126,328	0
13 JOHN JANOSKY VP INFORMATION TECHNOLOGY	(i)	78,970	3,625	0	14,159	7,024	103,778	0
	(ii)	78,970	3,625	0	14,159	7,024	103,778	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number
23-2007832

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOSEPH FERRARIO	BOARD MEMBER TO 7/12/2019, CHAIRMAN OF TWCGME BOARD OF DIRECTORS TO 7/12/19	701,033			No

Part V Supplemental Information

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

Return Reference	Explanation
(D) DESCRIPTION OF TRANSACTION:	IN NOVEMBER 2017, TWCGME AND ITS AFFILIATED ORGANIZATION, TWCC, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ FT FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A DIRECTOR AND CHAIRMAN OF TWCGME UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCGME'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCGME'S AFFILIATED ORGANIZATIONS. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APPROVED BY TWCGME'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL. ON JULY 25, 2019, THE LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH FEDERAL NEW MARKET TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCC AT 501 S. WASHINGTON AVENUE FOR FQHC-LOOK-ALIKE CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQUARE FEET OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER OF 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019. THE TRANSACTION IS PAYMENT TO WYOMING AVENUE DEVELOPMENT, LLC TO REIMBURSE IT FOR INFORMATION TECHNOLOGY AND OTHER RENOVATION COSTS WHICH WERE THE FINANCIAL RESPONSIBILITY OF TWCGME, BUT WERE PAID BY WYOMING AVENUE DEVELOPMENT, LLC IN CONNECTION WITH BUILDING RENOVATIONS DISCUSSED IN PART IV, LINE 28C. THIS AMOUNTED TO \$444,442. MONTHLY PAYMENTS TO WYOMING AVENUE DEVELOPMENT FOR THE LEASE AGREEMENT FOR THE LEASED PROPERTY LOCATED AT 501 S. WASHINGTON AVENUE IN SCRANTON, PA WITH THE COMMENCEMENT DATE OF NOVEMBER 26, 2019 AMOUNTED TO \$256,591.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

23-2007832

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV LINE 28C	IN NOVEMBER 2017, TWCGME AND ITS AFFILIATED ORGANIZATION, TWCCCH, EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO RENT A 36,500 SQ FT FLAGSHIP CLINICAL, EDUCATIONAL AND ADMINISTRATIVE HUB AT 501 S. WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA. JOSEPH FERRARIO WAS A DIRECTOR AND CHAIRMAN OF TWCGME UNTIL JULY 12, 2019 WHEN HE RESIGNED FROM TWCGME'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF TWCGME'S AFFILIATED ORGANIZATIONS. AT THE TIME THE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND APPROVED BY TWCGME'S BOARD OF DIRECTORS PRIOR TO ENTERING INTO THE TRANSACTION. THE CONFLICT OF INTEREST POLICY DESCRIBED IN FORM 990, PART VI, SECTION B, LINE 12C WAS FOLLOWED AND A LEGAL ETHICS OPINION APPROVING AND OFFERING BEST PRACTICES FOR ADDRESSING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL. ON JULY 25, 2019, THE LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH FEDERAL NEW MARKET TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASED 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 SQUARE FEET OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER OF 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2	TWCGME IS OPERATIONALLY AFFILIATED WITH TWCCH (EIN: 23-2772504). TO INCREASE ORGANIZATIONAL EFFICIENCIES, TWCGME IS A COMMON PAY AGENT FOR W-2 REPORTING OF BOTH ENTITIES, WITH THE NOTABLE EXCEPTION THAT TWCCH DIRECTLY EMPLOYS ITS CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER AND CHIEF OPERATING OFFICER. TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT DUPLICATION BASED ON LEASE AGREEMENTS BETWEEN THE ORGANIZATIONS. PER IRS INSTRUCTIONS, EMPLOYEES INCLUDED ON PART V, LINE 2A, ARE THOSE DEEMED TO BE THE FTE EQUIVALENT OF EMPLOYEES ALLOCATED TO TWCGME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TWCGME IS A NONPROFIT MEMBERSHIP CORPORATION WITH TWO CLASSES OF MEMBERS. CLASS I MEMBERS ARE HEALTH SYSTEMS WITH WHICH THE CORPORATION HAS AN EXECUTED AFFILIATION AGREEMENT FOR RESIDENT OR FELLOW TRAINING AND WHICH HAS AN ACTIVE PRESENCE IN THE NORTHEAST PA REGION AS DETERMINED SOLELY BY TWCGME. CLASS II MEMBERS INCLUDE REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCCH FQHC-LOOK-ALIKE. OTHER CLASS II MEMBERS INCLUDE REPRESENTATIVES OF CONSUMERS/PATIENTS, REGIONAL EMPLOYERS, OSTEOPATHIC, ALLOPATHIC AND INTER-PROFESSIONAL (NON-PHYSICIAN) HEALTH CARE AND EDUCATIONAL STAKEHOLDERS, COMMUNITY LEADERS, COMMUNITY-GOVERNED NON-PROFIT SERVICE ORGANIZATIONS, AND OTHER PERSONS WHOM THE MEMBER BELIEVES WILL CONTRIBUTE VALUE TO THE BOARD OF DIRECTORS. IN 2019-2020, TWCGME WELCOMED TO THE BOARD THE EMPOWERED VOICE OF REPRESENTATIVE MEMBERS FROM ITS NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM'S PARTNERING FQHCS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME SPONSORING INSTITUTIONAL CONSO RTIUM FOR AT LEAST TEN RESIDENT AND/OR FELLOW SLOTS SHALL HAVE THE RIGHT TO APPOINT ONE CL ASS II-A DIRECTOR TO TWCGME'S BOARD. CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME SPONSORING INSTITUTIONAL CONSORTIUM FOR AT LEAST TWENTY-FIVE RESIDENT AND/OR FELLOW SLOTS SHALL HAVE THE RIGHT TO APPOINT TWO CLASS II-A DIRECTORS TO TWCGME'S BOARD. NO CLAS S I MEMBER SHALL APPOINT MORE THAN TWO VOTING DIRECTORS ON TWCGME'S BOARD AT ANY GIVEN TIM E, AND NO CLASS I MEMBER MAY APPOINT DIRECTORS TO ANY CLASS OTHER THAN CLASS II-A.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	TWCGME'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT WITH INPUT FROM EXECUTIVES ACROSS ALL DEPARTMENTS, THEN IS REVIEWED BY AN OUTSIDE CPA FIRM BEFORE BEING FINALIZED AND APPROVED BY THE PRESIDENT. THE FORM 990 IS THEN DISTRIBUTED TO THE AUDIT COMMITTEE AND EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW BEFORE BEING PRESENTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. UPON COMPLETION OF THIS REVIEW AND ANY NECESSARY REVISIONS, THE FORM 990 IS SIGNED BY THE ORGANIZATION'S PRESIDENT AND FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IS COMPLETED AND UPDATED BY THE DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE CORPORATION, AND AS MORE FREQUENTLY AS NECESSARY SHOULD A CONFLICT OR POTENTIAL CONFLICT ARISE DURING THE YEAR. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY DISCLOSED, VETTED BY THE AUDIT COMMITTEE AND REVIEWED BY THE BOARD. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING REVIEW AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS' COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER. OFFICERS, KEY EMPLOYEES AND ALL STAFF OF THE ORGANIZATION ARE ALSO REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY AND AS FREQUENTLY AS NECESSARY SHOULD A CONFLICT ARISE DURING THE FISCAL YEAR. COMPLIANCE OF STAFF WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH SUPPORT OF THE HUMAN RESOURCES DEPARTMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	15A: TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE DIRECTLY. NONETHELESS, TWCGME AND TWCCH JOINTLY ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT BEFORE EACH CHIEF EXECUTIVE EMPLOYMENT CONTRACT IS NEGOTIATED BETWEEN TWCGME AND TWCCH TO PROVIDE A COMPREHENSIVE, OBJECTIVE COMPENSATION STUDY TO ENSURE THAT TWCGME'S PAYMENT TO TWCCH FOR CHIEF EXECUTIVE SERVICES REFLECTS FAIR MARKET VALUE. IN ADDITION, TWCGME'S EXECUTIVE COMMITTEE PERFORMS A ROBUST AND COMPREHENSIVE REVIEW OF THE CHIEF EXECUTIVE'S PERFORMANCE AND THE ORGANIZATION'S PERFORMANCE IN DETERMINING WHETHER PAYMENT ADJUSTMENTS TO TWCCH FOR FUTURE SERVICES ARE APPROPRIATE AND, IF SO, FAIR MARKET VALUE BASED ON ALL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE'S DELIBERATIONS, CONSIDERATIONS AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN THE COMMITTEE MEETING MINUTES WITHIN 60 DAYS OF THE DECISION. 15B: COMPENSATION OF OFFICERS, KEY EMPLOYEES AND EXECUTIVES IS DETERMINED BY THE ORGANIZATION'S PRESIDENT AND HUMAN RESOURCES DEPARTMENT. A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT IS ENGAGED TO PERFORM AN ORGANIZATION-WIDE COMPENSATION STUDY AND ANALYSIS PERIODICALLY (TYPICALLY EVERY THREE TO FIVE YEARS), WHICH IS PRESENTED TO THE CHIEF EXECUTIVE AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF THE BOARD OF DIRECTORS. MOREOVER, DATA FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS AND OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS AND KEY EMPLOYEES. AS WITH THE SERVICES OF TWCGME'S CHIEF EXECUTIVE, TWCGME ALSO LEASES THE SERVICES OF TWCCH'S CHIEF MEDICAL OFFICER AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SENIOR VICE PRESIDENT OF CLINICAL EDUCATIONAL INTEGRATION. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCGME AND TWCCH ALSO INCLUDES THE SERVICES OF THIS EXECUTIVE IN ITS COMPENSATION STUDY ANALYSIS PERFORMED PERIODICALLY (TYPICALLY EVERY THREE TO FIVE YEARS).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	TWCGME'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY APPOINTMENT DURING BUSINESS HOURS AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN SCRANTON, WITH COPIES PROVIDED UPON REQUEST. TWCGME'S FORMS 990 ARE AVAILABLE ONLINE AND ONSITE IN ACCORDANCE WITH APPLICABLE LAWS, RULES AND REGULATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	SUZANNE M. FLETCHER - 301 COUNTRYWOOD DRIVE, HANOVER TWP, PA 18706. BOJANA MILEKIC, MD, AS ST. PROGRAM - 317 E. 73RD STREET, APT 2FW, NEW YORK, NY 10021. MARIA EDWARDS - 930 MEADOWLARK DRIVE, MADISON TWP, PA 18444. JOSEPH FERRARIO - 530-2 SHERWOOD AVE, DUNMORE, PA 18512. SCOTT JENKINS - 30 KEITH STREET, HANOVER TWP, PA 18706. SISTER MARY ALICE JACQUINOT - 201 0 ADAMS AVE, SCRANTON, PA 18509. CARLON PREATE - 715 GLENBURN ROAD, CLARK SUMMIT, PA 18411 .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 2B	LINE 2B OF THE STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR SUPPORT SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCH, AN AFFILIATED ORGANIZATION, PURSUANT TO MEMORANDA OF UNDERSTANDING AND INTERCOMPANY LEASE AGREEMENTS. TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCCH. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO LEASE AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN STAFF AND SERVICES, FOR WHICH TWCCH PAYS TWCGME THROUGH WELL-VALIDATED FTE-BASED INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASES, TWCCH LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING & COMMUNICATIONS, FINANCE, GRANTS, LEGAL AND OTHER ADMINISTRATIVE SERVICES. THE COSTS ASSOCIATED WITH THIS REVENUE, IN ADDITION TO COSTS SUPPORTING TWCGME MANAGEMENT AND GENERAL EXPENSES, ARE RECORDED AS MANAGEMENT AND GENERAL EXPENSES OF TWCGME.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE WRIGHT CENTER FOR GRADUATE MEDICAL
EDUCATION

Employer identification number
23-2007832

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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

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	

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER MEDICAL GROUP PRIMARY ACTIVITY: AN FQHC-LOOK-ALIKE PROVIDING SAFETY-NET, NONDISCRIMINATORY PRIMARY HEALTH SERVICES AND RYAN WHITE/INFECTIOUS DISEASE SERVICES NAME OF RELATED ORGANIZATION: COMMUNITY HEALTH HUB PRIMARY ACTIVITY: PROMOTES THE HEALTH AND WELLNESS OF THE NORTHEAST PA COMMUNITY AND ACCESS TO HIGH-QUALITY, NON-DISCRIMINATORY, COMPREHENSIVE PRIMARY HEALTH SERVICES NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER ALLIANCE PRIMARY ACTIVITY: CREATED TO ALIGN NON-PROFIT WRIGHT CENTER AFFILIATES WITH SHARED PURPOSE IN OPTIMIZING MISSION DELIVERY ACHIEVEMENT. THE WRIGHT CENTER ALLIANCE WAS CONTROLLED BY THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION DURING FY 2019-2020. NAME OF RELATED ORGANIZATION: PATIENT ENGAGEMENT COUNCIL PRIMARY ACTIVITY: WITH PARTICULAR FOCUS ON SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH, PATIENT ENGAGEMENT COUNCIL PROMOTES PATIENT AND COMMUNITY ENGAGEMENT AND EMPOWERMENT FOR MEANINGFUL CONTRIBUTIONS TO OWN AND OPTIMIZE HEALTH. FROM JULY 2019 THROUGH JANUARY 2020, PATIENT ENGAGEMENT COUNCIL WAS INITIALLY CONTROLLED BY THE WRIGHT CENTER ALLIANCE WHICH WAS A SUPPORTING PARENT ORGANIZATION OF TWCGME. IN JANUARY OF 2020, THE ALLIANCE TRANSFERRED ITS MEMBERSHIP INTEREST IN PATIENT ENGAGEMENT COUNCIL TO TWCCH TO BETTER SUPPORT PATIENTS AND FAMILIES OF TWCCH AS ITS FQHC-LOOK-ALIKE IDENTITY BLOSSOMED.