

[REDACTED]

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

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

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

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

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

Form fields: Type or print, Name of exempt organization or other filer, Taxpayer identification number (TIN), File by the due date for filing your return, Number, street, and room or suite no., City, town or post office, state, and ZIP code.

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 4720 (individual), Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 990-T (corporation).

% The books are in the care of [ ]

Telephone No. [ ] Fax No. [ ]

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

1 I request an automatic 6-month extension of time until 05/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

[ ] calendar year 20 or [X] tax year beginning 07/01, 2021, and ending 06/30, 2022.

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

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

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

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses

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		
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		
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		
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		
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		
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		
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		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		
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		
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		
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		
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		
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		
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		
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		
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		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
14a Did the organization maintain an office, employees, or agents outside of the United States?		
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		
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		
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 any foreign organization?		
17		
18		
19		
20	20a	
	20b	
21	21	











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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
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1b Sub-totals	-----									







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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, Advertising, and Total functional expenses.

**Part X** Balance Sheet

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

		(A) Beginning of year	(B) End of year	
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	3	
	4	Accounts receivable, net	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7	Notes and loans receivable, net	7	
	8	Inventories for sale or use	8	
	9	Prepaid expenses and deferred charges	9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.		
	b	Less: accumulated depreciation	10c	
	11	Investments - publicly traded securities	11	
	12	Investments - other securities. See Part IV, line 11	12	
	13	Investments - program-related. See Part IV, line 11	13	
	14	Intangible assets	14	
	15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	16		
17	Accounts payable and accrued expenses	17		
18	Grants payable	18		
19	Deferred revenue	19		
20	Tax-exempt bond liabilities	20		
21	Escrow	21		
22		22		
23		23		
24		24		
25		25		
26		26		

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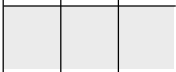
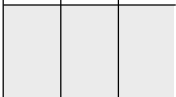
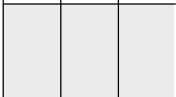
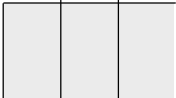
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**Part III** Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a through 7b.

Empty table grid for additional public support data.



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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was or was not filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
		2	
		3	



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.

Table with 3 columns: Section A - Adjusted Net Income, (A) Prior Year, and (B) Current Year (optional). Rows include: 1 Net short-term capital gain, 2 Recoveries of prior-year distributions, 3 Other gross income (see instructions), 4 Add lines 1 through 3., 5 Depreciation and depletion, 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), 7 Other expenses (see instructions), 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).

Table with 3 columns: Section A - Adjusted Net Income, (A) Prior Year, and (B) Current Year (optional). This section contains multiple rows for reporting data for various years, with some cells shaded gray. A checkbox is present at the bottom left of this section.



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

SCHEDULE A, PART III - OTHER INCOME

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


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Name of organization

Employer identification number

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (13) 0 T

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**Part IV** Supplemental Information (continued)

PART II-A, LINE 1B

POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES:

TWCGME ENGAGES THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH AND PRIMARY CARE SERVICES AND WORKFORCE DEVELOPMENT RELATED POLICIES AND PROGRAMS, INCLUDING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION LEGISLATION. TWCGME PAID COZEN \$45,000 FOR THESE SERVICES. IN ADDITION TO COZEN'S SERVICES, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR FEDERALLY-FUNDED PRIMARY CARE WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PRIMARY CARE WORKFORCE AND PUBLIC HEALTH PROGRAMS AND RELATED LEGISLATION. DUE TO COVID-19, THERE WAS LIMITED IN-PERSON ENGAGEMENT OF LEGISLATORS/STAFFERS DURING FY 2021-2022. IN ALL, TWCGME SPENT \$1,484 ON REPORTABLE INTERNAL ACTIVITIES RELATED TO LOBBYING AND ADVOCACY ACTIVITIES.

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

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Supplemental Information (continued)

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**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2022 AND 2021.

SCHEDULE D, PART XI, LINE 4B

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

\$ (341,823) RENTAL EXPENSES

SCHEDULE D, PART XII, LINE 2D

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

\$ 341,823 RENTAL EXPENSES



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

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

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



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE:

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

(ATSU-SOMA) IS, FOR THIS REPORTING PERIOD, A SUBAWARD RECIPIENT FROM TWCGME FOR A U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT (PCTE) GRANT PROJECT TITLED "SERVING, TEACHING AND LEARNING WHERE THE NEED IS GREATEST" WHEREBY ATSU-SOMA WORKS WITH TWCGME LEADERS TO: 1) PREPARE PATIENT-CENTERED MEDICAL HOME CHAMPIONS FOR CARE TEAMS FOCUSED ON PROFESSIONALISM, LEADERSHIP, AND PRACTICE; 2) IMPLEMENT A COMMUNITY HEALTH CENTER MODEL FOR HEALTH CARE DELIVERY SCIENCE TRAINING; 3) EXPLORE FEASIBILITY OF

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

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

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

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

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

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

UNITED WAY OF LACKAWANNA AND WAYNE COUNTIES:

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







**Part III** Supplemental Information

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

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

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVE EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES AND ALL STAFF, IS DETERMINED BY THE ORGANIZATION'S CHIEF EXECUTIVE AND HUMAN RESOURCES DEPARTMENT, WHO RELY ON A PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS.

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS CONTINGENT UPON EXECUTIVE MANAGEMENT RECOMMENDATION, BOARD APPROVAL, SUCCESSFUL PERFORMANCE EVALUATIONS BY MANAGEMENT, AND AFFORDABILITY. THERE ARE SEVERAL THRESHOLD REQUIREMENTS FOR PERFORMANCE-BASED BONUS ELIGIBILITY, INCLUDING BUT NOT LIMITED TO

**Part III** Supplemental Information

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



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

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

OMB No. 1545-0047

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

Attach to Form 990 or 990-EZ.

**A34u**

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THE WRIGHT CENTER FOR GRADUATE MEDICAL

23-2007832

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

TWCGME'S GME-SNC IS A COMMUNITY HEALTH CENTER (CHC) FOCUSED EDUCATIONAL CONSORTIUM DEEPLY INVESTED IN COMMUNITY-CENTERED HOSPITAL EXPERIENCES THAT EXPOSE TRAINEES TO A SEAMLESS, CROSS-INSTITUTIONAL, INTERPROFESSIONAL MULTIDISCIPLINARY ENVIRONMENT THAT EXERCISES AND NURTURES THEIR LONGITUDINAL AND TRANSITIONAL CARE SKILLS, PREPARING THEM FOR MODERN CLINICAL PRACTICE. EVIDENCE DEMONSTRATES THAT PHYSICIANS WHO TRAINED AT CHCS ARE MORE LIKELY TO WORK IN A CHC OR OTHER UNDERSERVED SETTINGS, A FINDING VALIDATED BY TWCGME'S HISTORICAL GRADUATE PRACTICE PATTERN OUTCOMES, SHOWING A HIGHER-THAN-NATIONAL-AVERAGE NUMBERS OF PRIMARY CARE PHYSICIANS SELECTING CAREERS IN HISTORICALLY UNDERSERVED

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SETTINGS, INCLUDING FQHCS AND RURAL COMMUNITIES.

FORM 990, PART III, LINE 2

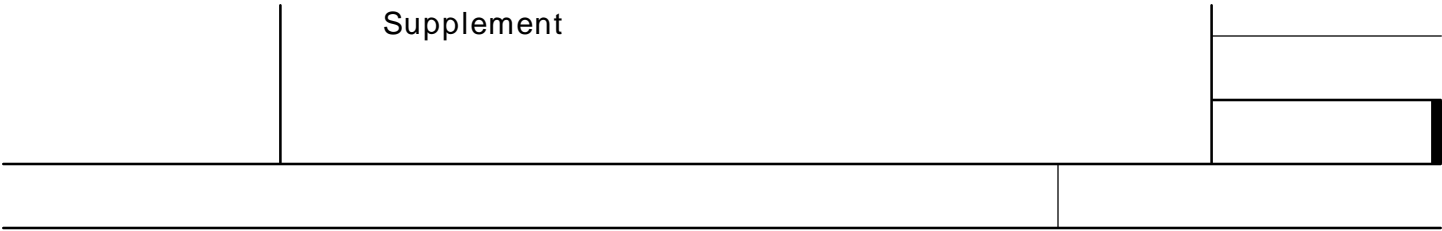
NEW PROGRAM SERVICES:

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

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



Supplement







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NEW PROGRAM SERVICES CONTINUED:

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

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

HOST 31 OSTEOPATHIC MEDICAL STUDENTS COMPLETING THEIR MEDICAL SCHOOL

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

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

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

REGIONAL PHYSICIAN WORKFORCE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY

ALIGNED WITH OUR WORKFORCE PIPELINE DEVELOPMENT MISSION, AND WE WILL

CONTINUE TO ENCOURAGE QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE

MEDICAL FIELD AND (STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE (SOMA), WHICH GREW TO HOST 31 OSTEOPATHIC MEDICAL STUDENTS COMPLETING THEIR MEDICAL SCHOOL TRAINING IN SCRANTON, PENNSYLVANIA. OF THOSE, TWO WERE HOMETOWN SCHOLARS RECRUITED THROUGH THEIR ENGAGEMENT WITH TWCCCH AND/OR TWCGME, WITH ANOTHER STUDENT IN THE PIPELINE, PROMOTING THE DEVELOPMENT AND RETENTION OF OUR REGIONAL PHYSICIAN WORKFORCE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY ALIGNED WITH OUR WORKFORCE PIPELINE DEVELOPMENT MISSION, AND WE WILL CONTINUE TO ENCOURAGE QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE



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



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

FORM 990, PART III, LINE 2 CONTINUED

NEW PROGRAM SERVICES CONTINUED:

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



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

FORM 990, PART III, LINE 4B

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PROGRAM SERVICE CONTINUED:

TWCGME IS A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) AS THE INDEPENDENT ACGME-ACCREDITED SPONSORING INSTITUTION OF RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, PHYSICAL MEDICINE & REHABILITATION, GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY. IN NORTHEAST PENNSYLVANIA, TWCGME'S RESIDENT AND FELLOW PHYSICIAN LEARNERS TRAIN EXPERIENTIALLY IN FIVE REGIONAL HOSPITALS OPERATED BY EITHER COMMONWEALTH HEALTH SYSTEMS OR GEISINGER HEALTH SYSTEM, AS WELL AS AT THE WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (VA). TWCGME'S INTERNAL MEDICINE, REGIONAL FAMILY MEDICINE, AND PSYCHIATRY RESIDENCY PROGRAMS ARE ALSO PARTIALLY FUNDED BY THE HRSA TEACHING HEALTH CENTER GME PROGRAM AS DESCRIBED IN LINE 4A ABOVE; TWCGME'S NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM AND GERIATRIC FELLOWSHIP PROGRAM ARE WHOLLY FUNDED BY HRSA'S TEACHING HEALTH CENTER GME PROGRAM AND RECEIVE NO RESOURCES FROM CMS GME AFFILIATES OR THE VA. NON-HRSA GME FUNDING IS PROVIDED TO TWCGME DIRECTLY BY THE VA AND CMS-FUNDED HOSPITALS VIA AFFILIATION AGREEMENTS. TWCGME'S GME-SNC METICULOUSLY TRACKS AND REPORTS ROTATIONAL FTES BY PROGRAM ACROSS SPECIFIED FEDERAL GME FUNDING COST CENTERS.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

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

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EMPLOYEES ALLOCATED TO TWCGME.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION MEMBERS:

DURING FISCAL YEAR 2021-2022, TWCGME WAS A NONPROFIT MEMBERSHIP CORPORATION WITH TWO CLASSES OF MEMBERS. CLASS I MEMBERS WERE HEALTH SYSTEMS WITH WHICH THE CORPORATION HAS AN EXECUTED AFFILIATION AGREEMENT FOR RESIDENT AND/OR FELLOW TRAINING AND WHICH HAVE AN ACTIVE PRESENCE IN THE NORTHEAST PENNSYLVANIA REGION AS DETERMINED SOLELY BY TWCGME. DURING FISCAL YEAR 2021-2022, GEISINGER HEALTH SYSTEM AND COMMONWEALTH HEALTH SYSTEMS WERE CLASS I MEMBERS. CLASS II MEMBERS INCLUDED CLASS I DIRECTORS AND CLASS III DIRECTORS AS DEFINED IN TWCGME'S BYLAWS. CLASS II MEMBERS INCLUDED THE PRESIDENT AND CEO OF TWCGME, AND REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCCH, A HRSA-DESIGNATED FQHC LOOK-ALIKE. OTHER CLASS II MEMBERS INCLUDED REPRESENTATIVES OF CONSUMERS/PATIENTS, REGIONAL EMPLOYERS, OSTEOPATHIC, ALLOPATHIC AND INTER-PROFESSIONAL (NON-PHYSICIAN) HEALTH CARE AND EDUCATIONAL STAKEHOLDERS, COMMUNITY LEADERS, COMMUNITY-GOVERNED NON-PROFIT SERVICE ORGANIZATIONS, AND OTHER PERSONS WHOM THE MEMBER BELIEVED WILL CONTRIBUTE VALUE TO THE BOARD OF DIRECTORS. NOTABLY, DIRECTORS INCLUDE LEADERSHIP OF THE NORTHEAST PENNSYLVANIA AHEC, TWCGME'S FOUR PARTNERING FQHCS OF OUR NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM, AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA.

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

MEMBER POWERS:

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

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

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

FORM 990 REVIEW:

TWCGME'S FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND ENTERPRISE INTEGRITY DEPARTMENT WITH INPUT FROM THE PRESIDENT & CEO, AND IS THEN REVIEWED BY AN OUTSIDE CPA FIRM. THE FORM 990 IS DISTRIBUTED TO THE AUDIT AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND THEN TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING. UPON COMPLETION OF THIS REVIEW AND ANY NECESSARY REVISIONS, THE FORM 990 IS FINALIZED AND SIGNED BY THE ORGANIZATION'S PRESIDENT & CEO AND FILED WITH THE IRS. TWCGME'S THREE MOST RECENTLY FILED 990S ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY MAY BE REVIEWED IN EVERY LOCATION BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

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

CONFLICT OF INTEREST POLICY:

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

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

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NAME AND ADDRESS

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**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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EDUCATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

## Supplemental Information

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

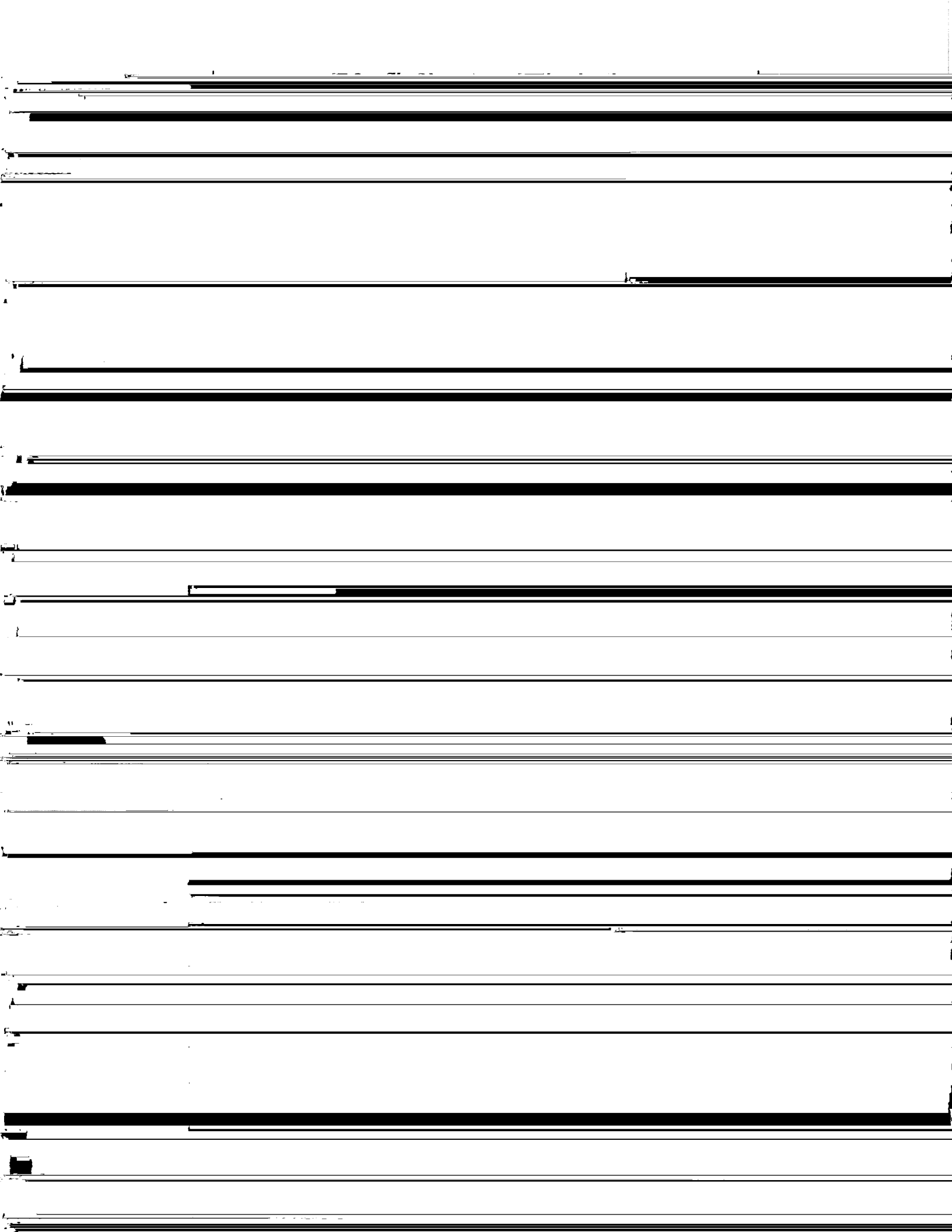
THE WRIGHT CENTER ALLIANCE

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

NAME OF RELATED ORGANIZATION:

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

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





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

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

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

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

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

Form fields for Name of exempt organization (THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION), Taxpayer identification number (23-2007832), and address (501 S WASHINGTON AVENUE STE 100, SCRANTON, PA 18505).

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Lists various forms like Form 990, Form 4720, Form 990-PF, Form 990-T, Form 1041-A, Form 4720 (other than individual), Form 5227, Form 6069, and Form 8870.

% The books are in the care of [ ]

Telephone No. [ ] Fax No. [ ]

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

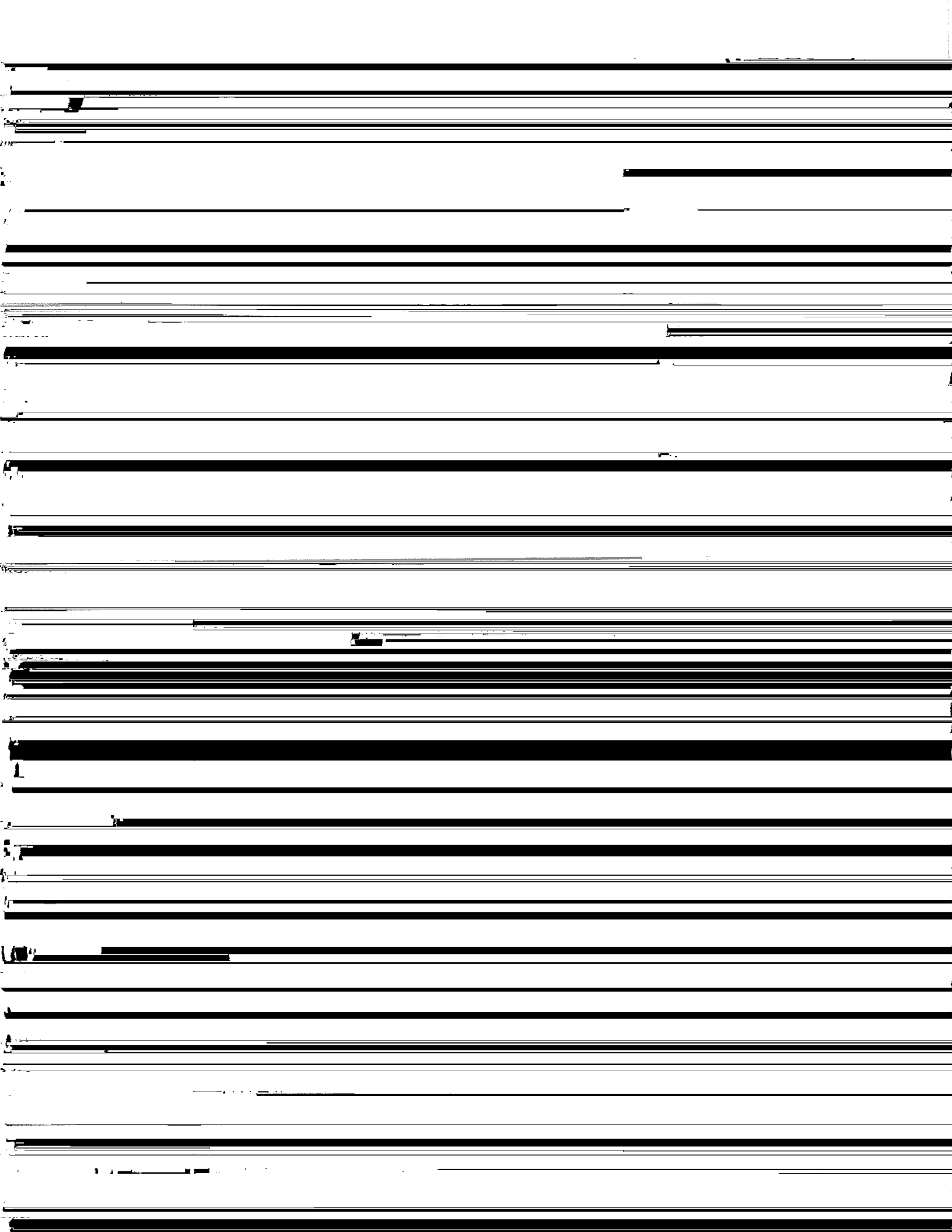
1 I request an automatic 6-month extension of time until 05/15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

Form fields for extension period: [ ] calendar year 20 or [X] tax year beginning 07/01, 2021, and ending 06/30, 2022.

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

Table with 3 rows (3a, 3b, 3c) and 2 columns. 3a: tentative tax, less any nonrefundable credits. 3b: any refundable credits and estimated tax payments made. 3c: Balance due. All values are NONE.

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



SUPPLEMENTAL INFORMATION

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PART NUMBER: 1  
LINE NUMBER: 1

EXPLANATION:

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



Form **8879-TE**

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

OMB No. 1545-0047

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

**2021**

Department of the Treasury

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

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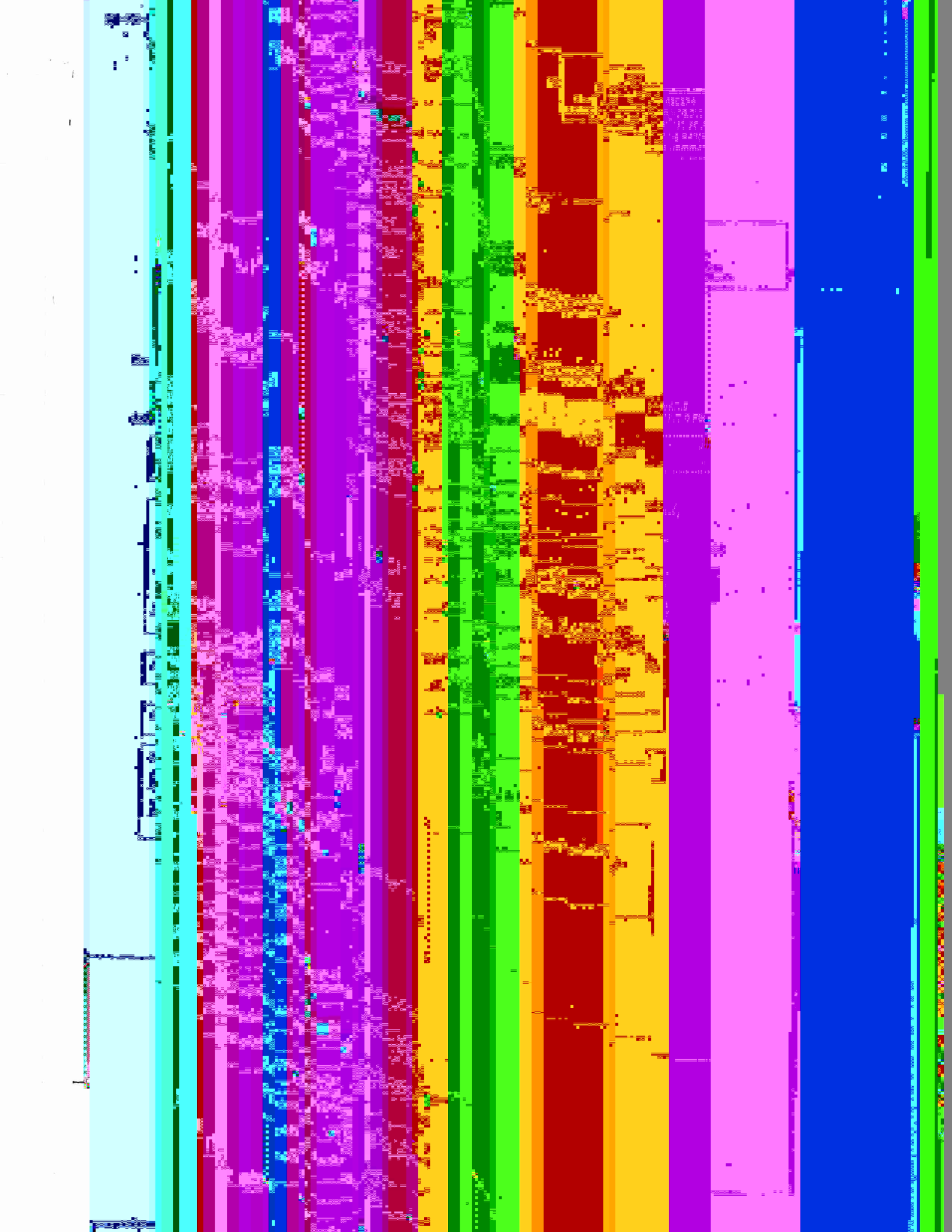
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