Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

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): 501 S. WASHINGTON AVENUE — Room/suite: 1000
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 $ 45,354,258.

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

H(a) Is this a group return for subordinates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: THEWRIGHTCENTER.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other
L Year of formation: 1976 **M** State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IS TO IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITIES WE SERVE. SEE SCHEDULE O FOR MORE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	447
6	Total number of volunteers (estimate if necessary)	6	22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	NONE

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	19,850,852.	21,445,463.
	9	Program service revenue (Part VIII, line 2g)	17,576,749.	19,268,341.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	293,345.	524,813.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,885,068.	2,589,826.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,606,014.	43,828,443.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	38,106.	267,817.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	26,350,776.	28,377,333.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses (Part IX, column (D), line 25) NONE		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,877,024.	13,204,792.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,265,906.	41,849,942.
	19	Revenue less expenses. Subtract line 18 from line 12	1,340,108.	1,978,501.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	27,756,136.	34,173,526.
	21	Total liabilities (Part X, line 26)	14,440,652.	18,512,266.
	22	Net assets or fund balances. Subtract line 21 from line 20	13,315,484.	15,661,260.

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

Linda Thomas Hemak MD — Signature of officer
5/14/24 — Date
LINDA THOMAS-HEMAK, MD PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
KRYSTAL K CREACH	KRYSTAL K CREACH			P01248198

Firm's name: FORVIS, LLP — Firm's EIN: 44-0160260
Firm's address: 910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523 — Phone no. 417-865-8701

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2022)

JSA
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9887SD K929 04/27/2024 14:34:15 V22-7.11 1207305

Form **8868** (Rev. January 2022) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

- The books are in the care of ▶ ______

Telephone No. ▶ ______ Fax No. ▶ ______

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

1 I request an automatic 6-month extension of time until 05/15 , 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☒ tax year beginning 07/01 , 2022 , and ending 06/30 , 20 23 .

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

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

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

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

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

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

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

4a (Code:) (Expenses $ 15,295,156. including grants of $) (Revenue $)

TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME)
FUNDING:
A COMMUNITY-BASED AND GOVERNED, PHYSICIAN-LED, 501(C)(3) NONPROFIT ORGANIZATION, TWCGME IS AN ANCHORING EDUCATIONAL MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) STRIVING TO ADDRESS OUR NATION'S PRIMARY CARE PHYSICIAN SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTHCARE, AND CAREER ACCESS DISPARITIES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4b (Code:) (Expenses $ 11,564,906. including grants of $) (Revenue $ 13,340,241.)

CMS AND VA FUNDING FOR GRADUATE MEDICAL EDUCATION:
AS A COMMUNITY-BASED, PHYSICIAN-LED NONPROFIT ORGANIZATION STRIVING TO ADDRESS OUR NATION'S PRIMARY CARE PHYSICIAN SHORTAGE AND RELATED HEALTH, HEALTHCARE, AND HEALTHCARE CAREER ACCESS DISPARITIES. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

4c (Code:) (Expenses $ 439,465. including grants of $ 194,317.) (Revenue $)

GRANT PROGRAMS:
TWCGME IS A NONPROFIT, TAX-EXEMPT 501(C)(3) THAT PASSIONATELY APPLIES FOR MISSION-ALIGNED AND MISSION-AMPLIFYING FEDERAL, STATE, LOCAL, AND PHILANTHROPIC AGENCIES' GRANT FUNDING INITIATIVES AS NEEDED AND APPROPRIATE TO ENSURE, ACCELERATE, AND FURTHER THE DELIVERY OF OUR MISSION TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. SEE SCHEDULE O FOR ADDITIONAL INFORMATION.

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

(Expenses $ 235,311. including grants of $ 73,500.) (Revenue $ 5,928,100.)

4e Total program service expenses 27,534,838.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

		Line	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Line	Amount	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	84		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 447			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

		Line	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 17. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent **1b** 16			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

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

		Line	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
SANDRA YASTREMSKI, CFO 501 S. WASHINGTON AVE., STE 1000 SCRANTON, PA 18505
570-343-2383

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (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): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) LINDA THOMAS-HEMAK, MD	15.00									
PRESIDENT & CEO	40.00	X		X				226,090.	678,269.	41,372.
(2) JIGNESH SHETH, MD	15.00									
SVP CLINICAL OPERATIONS/PHY	40.00				X			148,182.	444,547.	41,372.
(3) WILLIAM DEMPSEY, MD	5.00									
ASSOCIATE PROGRAM DIRECTOR/PHY	50.00					X		35,983.	323,850.	38,608.
(4) JUMEE BAROOAH, MD	25.00									
DIO AND PHYSICIAN/ NON VOTING	30.00				X			148,734.	197,158.	40,741.
(5) VINOD SHARMA, MD	30.00									
PROGRAM DIRECTOR/PHYSICIAN	25.00				X			172,243.	172,243.	39,077.
(6) ENRIQUE SAMONTE, MD	5.00									
PROGRAM DIRECTOR/PHYSICIAN	50.00				X			35,157.	284,451.	36,748.
(7) TIMOTHY BURKE, DO	20.00									
PROGRAM DIRECTOR/PHYSICIAN	35.00				X			116,796.	198,868.	38,726.
(8) MAUREEN LITCHMAN, MD	15.00									
ASSOCIATE PROGRAM DIRECTOR/PHY	40.00					X		96,285.	224,665.	29,495.
(9) JENNIFER WALSH, ESQ	55.00									
SVP ENT COMP INTEG	NONE				X			319,624.	NONE	27,860.
(10) RONALD DANIELS, CPA	55.00									
CFO	NONE			X				309,658.	NONE	34,699.
(11) RAJIV BANSAL, MD	5.00									
DIRECTOR OF HOSPITAL SERVICES	50.00				X			34,896.	255,902.	37,086.
(12) JOHN JANOSKY	55.00									
CHIEF INFORMATION OFFICER	NONE					X		266,342.	NONE	32,932.
(13) DEBORAH SPRING, MD	5.00									
ASSOCIATE PROGRAM DIRECTOR/PHY	50.00					X		31,849.	233,562.	32,666.
(14) JOSEPH SILEO, ESQ	55.00									
SVP LEGAL SERVICES & GENERAL C	NONE					X		266,467.	NONE	19,919.

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) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(15) MEAGHAN RUDDY, PHD CHIEF R&D OFFICER & SVP ACADEM	40.00 15.00				X			184,820.	61,607.	30,135.
(16) VENARD KOERWER, PHD EVP & CHIEF ADMINISTRATIVE OFF	55.00 NONE				X			226,190.	NONE	10,076.
(17) CAROL RUBEL SECRETARY	5.00 1.00	X		X				NONE	NONE	NONE
(18) DEBRA YOUNGFELT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(19) DOUGLAS SPEGMAN, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(20) ELENI O'DONOVAN, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(21) GERTRUDE MCGOWAN, ESQ DIRECTOR END 03/23	1.00 NONE	X						NONE	NONE	NONE
(22) HAROLD BAILLIE, PHD CHAIRMAN	5.00 NONE	X		X				NONE	NONE	NONE
(23) JAMES GAVIN VICE CHAIR	5.00 1.00	X		X				NONE	NONE	NONE
(24) JOHN KEARNEY TREASURER END 05/23	5.00 NONE	X		X				NONE	NONE	NONE
(25) JUDY FEATHERSTONE, MD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
1b Sub-total ▶								2,619,316.	3,075,122.	531,512.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								2,619,316.	3,075,122.	531,512.

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 ▶ 18

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(26) KEVIN SULLIVAN DIRECTOR END 12/22	1.00 NONE	X						NONE	NONE	NONE
(27) KIM PATTON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(28) LIA RICHARDS-PALMITER, PHD DIRECTOR END 09/22	1.00 NONE	X						NONE	NONE	NONE
(29) MICHAEL CURRAN DIRECTOR BEG 05/23	1.00 NONE	X						NONE	NONE	NONE
(30) MICHAEL PAGLIA, MD, PHD DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(31) PATRICK CONABOY, MD DIRECTOR END 09/22	1.00 NONE	X						NONE	NONE	NONE
(32) PETER AMATO, PHD, DNM DIRECTOR BEG 05/23	1.00 NONE	X						NONE	NONE	NONE
(33) RONALD BUKOWSKI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(34) SCOTT SCHERMERHORN DIRECTOR BEG 12/22	1.00 NONE	X						NONE	NONE	NONE
(35) SHARON OBADIA, DO DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(36) TERI OOMS TREASURER BEG 06/23	5.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(37) THOMAS BISIGNANI DIRECTOR END 05/23	1.00 NONE	X						NONE	NONE	NONE
(38) ARIANE CONABOY, DO DIRECTOR BEG 09/22	1.00 NONE	X						NONE	NONE	NONE

	(D)	(E)	(F)
1b Sub-total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶			

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

Section	Line	Description	Ref	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	126,000.				
	e	Government grants (contributions)	1e	21,312,796.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,667.				
	g	Noncash contributions included in lines 1a-1f	1g	$				
	h	**Total.** Add lines 1a-1f			21,445,463.			
Program Service Revenue				Business Code				
	2a	RESIDENCY PROGRAM REV		611310	13,340,241.	13,340,241.		
	b	SUPPORT SERVICE REVENUE		561000	5,752,897.	5,752,897.		
	c	IRB AND RESEARCH FEES		611310	8,100.	8,100.		
	d	OTHER REVENUE		611310	167,103.	167,103.		
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f			19,268,341.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			321,145.			321,145.
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			NONE			

Line	Description	Ref	(i) Real	(ii) Personal
6a	Gross rents	6a	1,005,875.	
b	Less: rental expenses	6b	346,951.	
c	Rental income or (loss)	6c	658,924.	NONE

Line	Description	Ref	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
6d	Net rental income or (loss)			658,924.			658,924.

Line	Description	Ref	(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	7a	1,382,532.	
b	Less: cost or other basis and sales expenses	7b	1,178,864.	
c	Gain or (loss)	7c	203,668.	

Section	Line	Description	Ref	Amount	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Other Revenue	7d	Net gain or (loss)			203,668.			203,668.
	8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a	NONE				
	b	Less: direct expenses	8b	NONE				
	c	Net income or (loss) from fundraising events			NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE				
	b	Less: direct expenses	9b	NONE				
	c	Net income or (loss) from gaming activities			NONE			
	10a	Gross sales of inventory, less returns and allowances	10a	NONE				
	b	Less: cost of goods sold	10b	NONE				
	c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code				
	11a	INCOME ON EQUITY INVESTEE		900099	1,930,902.			1,930,902.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			1,930,902.			
	12	**Total revenue.** See instructions			43,828,443.	19,268,341.		3,114,639.

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	267,817.	267,817.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,145,668.	615,158.	1,530,510.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	21,217,308.	15,299,145.	5,918,163.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	957,958.	364,831.	593,127.	
9 Other employee benefits	2,510,782.	1,874,790.	635,992.	
10 Payroll taxes	1,545,617.	896,230.	649,387.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	293,623.	27,980.	265,643.	
c Accounting	127,092.		127,092.	
d Lobbying	97,822.		97,822.	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	32,587.		32,587.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,810,094.	2,063,561.	746,533.	
12 Advertising and promotion	142,526.	17,955.	124,571.	
13 Office expenses	290,454.	20,177.	270,277.	
14 Information technology	580,811.	138,992.	441,819.	
15 Royalties	NONE			
16 Occupancy	293,404.	354.	293,050.	
17 Travel	254,820.	114,072.	140,748.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	729,984.	445,478.	284,506.	
20 Interest	159,556.		159,556.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,071,513.		1,071,513.	
23 Insurance	988,181.	961,890.	26,291.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LEARNING ENVIRONMENTS - THC	4,160,156.	4,160,156.		
b REPAIRS AND MAINTENANCE	645,318.	25,187.	620,131.	
c DUES AND MEMBERSHIPS	244,220.	175,652.	68,568.	
d RECRUITMENT EXPENSE	210,508.	60,025.	150,483.	
e All other expenses	72,123.	5,388.	66,735.	
25 **Total functional expenses.** Add lines 1 through 24e	41,849,942.	27,534,838.	14,315,104.	NONE
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 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		4,613,370.	1	21,474.
	2	Savings and temporary cash investments		NONE	2	8,405,748.
	3	Pledges and grants receivable, net		244,912.	3	1,221,573.
	4	Accounts receivable, net		2,084,048.	4	1,640,062.
	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		NONE	5	NONE
	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)		NONE	6	NONE
	7	Notes and loans receivable, net		NONE	7	NONE
	8	Inventories for sale or use		NONE	8	NONE
	9	Prepaid expenses and deferred charges		212,345.	9	298,286.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,390,658.			
	b	Less: accumulated depreciation	10b 3,899,214.	5,542,318.	10c	4,491,444.
	11	Investments - publicly traded securities		8,404,682.	11	9,898,316.
	12	Investments - other securities. See Part IV, line 11		NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11		363,144.	13	323,859.
	14	Intangible assets		NONE	14	NONE
	15	Other assets. See Part IV, line 11		6,291,317.	15	7,872,764.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		27,756,136.	16	34,173,526.
Liabilities	17	Accounts payable and accrued expenses		3,748,466.	17	2,553,482.
	18	Grants payable		NONE	18	NONE
	19	Deferred revenue		NONE	19	72,456.
	20	Tax-exempt bond liabilities		NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		NONE	21	NONE
	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		NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties		8,620,644.	23	8,669,832.
	24	Unsecured notes and loans payable to unrelated third parties		NONE	24	NONE
	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		2,071,542.	25	7,216,496.
	26	**Total liabilities.** Add lines 17 through 25		14,440,652.	26	18,512,266.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.**	X			
	27	Net assets without donor restrictions		13,315,484.	27	15,661,260.
	28	Net assets with donor restrictions		NONE	28	NONE
		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		13,315,484.	32	15,661,260.
	33	Total liabilities and net assets/fund balances		27,756,136.	33	34,173,526.

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Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,828,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	41,849,942.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,978,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,315,484.
5	Net unrealized gains (losses) on investments	5	367,275.
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,661,260.

Part XII **Financial Statements and Reporting**

Check 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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☒ X An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) . . . 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3 % support test - 2022.** 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 - 2021.** 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 - 2022.** 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 - 2021.** 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 . . . ☐

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,798,105.	17,334,945.	23,651,071.	19,850,852.	21,445,463.	99,080,436.
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	13,415,299.	14,787,588.	17,692,901.	17,576,749.	19,268,341.	82,740,878.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						NONE
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
5 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
6 **Total.** Add lines 1 through 5	30,213,404.	32,122,533.	41,343,972.	37,427,601.	40,713,804.	181,821,314.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						NONE
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						NONE
c Add lines 7a and 7b						NONE
8 **Public support.** (Subtract line 7c from line 6.)						181,821,314.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	30,213,404.	32,122,533.	41,343,972.	37,427,601.	40,713,804.	181,821,314.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,433.	703,373.	1,096,841.	1,131,212.	1,327,020.	4,407,879.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
c Add lines 10a and 10b	149,433.	703,373.	1,096,841.	1,131,212.	1,327,020.	4,407,879.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						NONE
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE		37,676.	862,117.	1,226,144.	1,930,902.	4,056,839.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	30,362,837.	32,863,582.	43,302,930.	39,784,957.	43,971,726.	190,286,032.

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	95.55 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	96.95 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	2.32 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	1.83 %

19a **33 1/3 % support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	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)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	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 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 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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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 governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer lines 3a and 3b below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2022**	**(iii)** **Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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	2018	2019	2020	2021	2022	TOTAL
OTHER REVENUE		37,676.	862,117.	1,226,144.	1,930,902.	4,056,839.
TOTALS		37,676.	862,117.	1,226,144.	1,930,902.	4,056,839.

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	23-2007832

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . $ ____________

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

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 20,882,768.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	N/A	$ 376,683.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	N/A	$ 63,345.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	N/A	$ 126,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	N/A	$ 6,667.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ ______________
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

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
2022
Open to Public Inspection

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

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

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

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

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

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

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions . . . . $

3 Volunteer hours for political campaign activities. See instructions . . . .

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . $

4 Did the filing organization file **Form 1120-POL** for this year? . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	97,822.	
c Total lobbying expenditures (add lines 1a and 1b)	97,822.	
d Other exempt purpose expenditures	27,534,838.	
e Total exempt purpose expenditures (add lines 1c and 1d)	27,632,660.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -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)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	125,409.	90,360.	79,484.	97,822.	393,075.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

FORM 990, SCHEDULE C, PART IV, SUPPLEMENTAL INFORMATION

POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES:

TWCGME ENGAGES COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM, AND OTHER FEDERAL AND STATE PUBLIC HEALTH AND HEALTH WORKFORCE DEVELOPMENT PROGRAMS. TWCGME PAID COZEN O'CONNOR $45,000 AND ERG PARTNERS $4,500 FOR THESE SERVICES, AMOUNTS THAT ARE INCLUDED IN THE TOTAL REFLECTED ON TWCGME'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, THREE PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS TO ADVOCATE FOR APPROPRIATIONS FOR MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC MISSION-ALIGNED PRIMARY CARE AND PUBLIC-HEALTH SERVICES AND WORKFORCE DEVELOPMENT-ORIENTED LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING MISSION-ALIGNED PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME CASES, PRIMARY CARE AND PUBLIC HEALTH SERVICES AND WORKFORCE DEVELOPMENT LEGISLATION. MOREOVER, DURING THE 2022-2023 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & CEO AND A CHIEF RESIDENT AND RESIDENT LEADER OF ADVOCACY, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCGME DIRECTLY

Part IV Supplemental Information *(continued)*

SPENT $64,822 ON REPORTABLE LOBBYING ACTIVITIES.

ADDITIONALLY, TWCGME IS A CORPORATE MEMBER OF THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), A 501(C)(6) TAX EXEMPT ENTITY. DURING THE REPORTING PERIOD, $33,000 OF DUES PAID TO AATHC WAS DEDICATED TO REPORTABLE LOBBYING ACTIVITIES.

TWCCH ALSO ENGAGES THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PUBLIC HEALTH IMPROVEMENT 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''). TWCCH PAID COZEN $45,000 AND ERG PARTNERS $4,500 DURING THE FISCAL YEAR THROUGH TWCGME, ITS AFFILIATED ENTITY AND COMMON PAYMASTER, FOR THESE SERVICES. THESE AMOUNTS ARE INCLUDED IN THE TOTAL REFLECTED ON TWCCH'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, 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 AND PUBLIC HEALTH AND PRIMARY CARE WORKFORCE DEVELOPMENT PROGRAMS AND, IN SOME INSTANCES, TO LOBBY FOR SPECIFIC PRIMARY CARE AND PUBLIC-HEALTH SERVICES AND WORKFORCE DEVELOPMENT LEGISLATION. PAID STAFF ALSO DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION CONCERNING PRIMARY CARE AND PUBLIC HEALTH PROGRAMS AND, IN SOME CASES, PRIMARY CARE AND MISSION-ALIGNED PUBLIC HEALTH-ORIENTED LEGISLATION. MOREOVER, DURING THE 2022-2023 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & CEO, A CHIEF RESIDENT

Part IV Supplemental Information *(continued)*

AND RESIDENT LEADER OF ADVOCACY, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS.

IN ALL, TWCCH DIRECTLY SPENT $60,609 ON REPORTABLE LOBBYING ACTIVITIES.

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
2022
Open to Public Inspection

Name of the organization: THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION
Employer identification number: 23-2007832

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 $ ____

(ii) Assets included in Form 990, Part X $ ____

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

a Revenue included on Form 990, Part VIII, line 1 $ ____

b Assets included in Form 990, Part X $ ____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other ____________

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,010,550.	1,032,091.	2,978,459.
d Equipment		4,380,108.	2,867,123.	1,512,985.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				4,491,444.

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	3,312,450.
(2) RESTRICTED CASH	96,349.
(3) ROU - LEASE ASSET	4,463,965.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*	7,872,764.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	2,714,156.
(3) ROU - LEASE LIABILITY	4,502,340.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)*	7,216,496.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	44,510,082.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	367,275.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	367,275.
3	Subtract line **2e** from line **1**			3	44,142,807.
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	32,587.		
b	Other (Describe in Part XIII.)	4b	-346,951.		
c	Add lines **4a** and **4b**			4c	-314,364.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	43,828,443.

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	42,164,306.
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	346,951.		
e	Add lines **2a** through **2d**			2e	346,951.
3	Subtract line **2e** from line **1**			3	41,817,355.
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	32,587.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	32,587.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	41,849,942.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES BY PRESCRIBING A RECOGNITION THRESHOLD OF MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2023 AND 2022.

SCHEDULE D, PART XI, LINE 4B

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

$ (346,951) RENTAL EXPENSES

SCHEDULE D, PART XII, LINE 2D

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

$ 346,951 RENTAL EXPENSES

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number 23-2007832

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . . [X] **Yes** [ ] **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMONWEALTH DENTAL CARE INITIATIVE 425 BIDEN STREET, 200 SCRANTON, PA 18503	88-4372847	501(C)(3)	12,500.				SEE NARRATIVES
(2) NATIVITYMIGUEL SCHOOL OF SCRANTON 2300 ADAMS AVENUE SCRANTON, PA 18509	46-3590340	501(C)(3)	37,500.				SEE NARRATIVES
(3) SCRANTON TOMORROW 307 LINDEN STREET SCRANTON, PA 18503	23-2701934	501(C)(3)	17,500.				SEE NARRATIVES
(4) THE INSTITUTE FOR PUBLIC POLICY AND ECONOMI 85 S MAIN ST, 201 WILKES-BARRE, PA 18701	24-0795506	501(C)(3)	6,000.				SEE NARRATIVES
(5) WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM STREET BROOKLYN, NY 11237	11-1631837	501(C)(3)	194,317.				SEE NARRATIVES
(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 5

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

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
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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.

SCHEDULE I, PART I, LINE 2

GRANT MONITORING:

THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH COMPREHENSIVE GRANTS MANAGEMENT AND COMPLIANCE PROCESSES. APPROPRIATE MONITORING IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. OUR GRANTS DEPARTMENT LEADERSHIP HAS CREATED A VETTING MATRIX THAT IS USED TO DETERMINE MISSION ALIGNMENT, FEASIBILITY, AND LOGISTICAL TIMING AND CAPACITY FIT, ACHIEVABILITY, AND SUSTAINABILITY FOR ANY POTENTIAL GRANT

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
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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.

OPPORTUNITY. STRATEGIC LOGIC MODELS, STAGE-GATE ANALYSIS, PROJECT

PLANNING, AND MANAGEMENT OVERSIGHT INCLUDES THE MAPPING OF COLLABORATIVE

NECESSARY PARTNERS FOR DELIVERING GRANT OUTCOMES INTO LONGVIEW

INTEGRATION STRATEGIES FOR SUSTAINABLE, STANDARDIZABLE WORK, THEREBY

ENSURING FEASIBILITY, READINESS, SUSTAINABILITY, AND ACTUALIZATION OF OUR

COMMITMENT TO HIGH-INTEGRITY STEWARDSHIP OF PUBLIC AND PRIVATE FUNDING.

BOTH TWCGME AND ITS PRIMARY AFFILIATE TWCCH ENSURE ALL REQUIRED

GRANT-RELATED AUDITING BY AN INDEPENDENT AUDITOR IS COMPLETED, INCLUSIVE

OF ANY MANDATORY SINGLE AUDITS FOR GRANTS THAT EXCEED FEDERAL THRESHOLDS.

DESPITE HAVING VALIDATED HRSA THCGME'S FEDERAL PROGRAMMATIC EXEMPTION

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
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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.

FROM SINGLE AUDIT REQUIREMENTS, TWCGME ACTUALLY ALSO VOLUNTARILY INVESTS AND ENGAGES IN A YEARLY SINGLE AUDIT EQUIVALENT FOR ITS HRSA THCGME PROGRAM TO ENSURE THE HIGHEST COMPLIANCE AND STEWARDSHIP AUTHENTICITY. ALTHOUGH DIRECTED BY OUR CURRENT AUDITORS NOT TO SUBMIT THIS VOLUNTARY AUDIT TO THE FEDERAL CLEARING HOUSE, WE BELIEVE THIS SINGLE AUDIT EQUIVALENT PROCESS FOR THE THCGME PROGRAM IS VALUABLE TO OUR NATIONAL GME FINANCIAL STEWARDSHIP AND PUBLIC ACCOUNTABILITY CONVERSATIONS. THE GRANTS DEPARTMENT DEVELOPED A PROJECT MANAGEMENT OFFICE IN APRIL 2021 TO FOCUS ON SPONSORED PROJECT IMPLEMENTATION, MONITORING, AND COMPLIANCE, AND INTEGRATING STANDARDIZED USE OF SMARTSHEET PROJECT MANAGEMENT SOFTWARE

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
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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.

FOR TRACKING AND DASHBOARD VISUALIZATIONS OF GRANT PROCESSES, CENTRALIZED EXPENSE TRACKING, AND OUTCOMES METRICS. TWCGME AND TWCCH ARE COMPLIANT WITH ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPY REPORTING REQUIREMENTS FOR ALL GRANTS. FOR ALL COVID-19 PANDEMIC-RELATED FUNDING, TWCGME AND TWCCH CONTINUE TO EFFECTIVELY AND METICULOUSLY UTILIZE A NATIONALLY ESTABLISHED FUNDING MATRIX CROSS-WALK PLATFORM THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A WELL-RESPECTED NATIONAL ACCOUNTING FIRM FOR THIS PURPOSE.

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
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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.

SCHEDULE I, PART II, COLUMN H

COMMONWEALTH DENTAL CARE INITIATIVE ($12,500)

TWCGME, ALONG WITH ITS AFFILIATED ENTITY, TWCCH, EACH CONTRIBUTED $12,500 TO THE COMMONWEALTH DENTAL CARE INITIATIVE (CDCI), A PENNSYLVANIA NON-PROFIT CORPORATION WHOSE MISSION IS TO "DEVELOP A NEW COST-EFFECTIVE INNOVATIVE DENTAL SCHOOL IN NEPA SERVING RURAL PATIENTS, THE UNDERSERVED, AND VETERANS, WHILE PROVIDING PREFERENTIAL ADMISSION TO PENNSYLVANIA RESIDENTS WITH A PROPENSITY TO LIVE AND PRACTICE DENTISTRY IN RURAL AREAS OF THE STATE." CDCI COMMISSIONED AN INDEPENDENT STUDY TO EVALUATE THE

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
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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.

FEASIBILITY OF ESTABLISHING A NEW AND INNOVATIVE DENTAL SCHOOL IN NORTHEAST PENNSYLVANIA TO BETTER SERVE VULNERABLE POPULATIONS, ESPECIALLY IN THE STATE'S RURAL AREAS. SPECIFICALLY, THE GOAL OF THIS FEASIBILITY STUDY AND ECONOMIC IMPACT STATEMENT WAS TO EVALUATE THE FEASIBILITY OF DEVELOPING A NEW COST-EFFECTIVE AND INNOVATIVE DENTAL SCHOOL IN NEPA SERVING RURAL, UNDERSERVED, AND MILITARY VETERAN PATIENTS. THE CDCI THEREAFTER RETAINED TRIPP UMBACH, A NATIONAL LEADING HEALTH SCIENCE EDUCATION CONSULTING FIRM, TO EVALUATE THE OPPORTUNITY TO DOCUMENT THE UNMET ORAL HEALTH NEEDS OF ALL RELEVANT POPULATIONS IN NORTHEAST PENNSYLVANIA AND THE FEASIBILITY OF CDCI'S ACADEMIC ENTERPRISE

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
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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.

INITIATIVE. IN COLLABORATION WITH AN APPROPRIATE LOCAL UNIVERSITY SPONSOR, THE CDCI AIMS TO CREATE A HUB-AND-SPOKE MODEL OF EDUCATION AND CLINICAL CARE WITH REGIONAL COMMUNITY HEALTH CENTERS, SPECIFICALLY FOCUSED ON BETTER SERVING THE STATE'S RURAL AREAS AND VULNERABLE POPULATIONS.

NATIVITYMIGUEL SCHOOL OF SCRANTON ($37,500)

THE WRIGHT CENTER SPONSORED THE ANNUAL NATIVITYMIGUEL SCHOOL OF SCRANTON'S 5TH ANNUAL TRIBUTE DINNER, WHICH WAS HELD ON OCT. 27, 2022, IN HONOR OF DR. ROBERT E. WRIGHT, THE NAMESAKE FOUNDER OF THE WRIGHT CENTERS

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
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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.

FOR GRADUATE MEDICAL EDUCATION AND COMMUNITY HEALTH, AND HIS LATE WIFE, CAROLE. THE COUPLE SHEPHERDED THIS SCHOOL SERVING STUDENTS OF GREATER ECONOMIC NEED FROM THE SCRANTON AND WILKES-BARRE AREA PENNSYLVANIA AND STRIVING TO BREAK CYCLES OF POVERTY ONE STUDENT AT A TIME FROM CONCEPT TO REALITY. TODAY, THE TUITION-FREE MIDDLE SCHOOL EMPOWERS DIVERSE STUDENTS TO REACH THEIR FULL POTENTIAL AS STUDENTS, LEADERS, AND ROLE MODELS. THE SCHOOL'S MISSION IS TO EMPOWER OUR STUDENTS, OF ALL RACES AND BELIEFS, TO REACH THEIR FULL POTENTIAL. WE OFFER A HOLISTIC APPROACH TO ACADEMIC AND CHARACTER DEVELOPMENT THROUGH OUR CORE VALUES OF FAITH AND HONOR, INTEGRITY AND RESPECT, AND LEADERSHIP AND PERSEVERANCE.

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
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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.

SCRANTON TOMORROW ($17,500)

SCRANTON TOMORROW IS A TAX EXEMPT, NONPROFIT, NONPARTISAN COMMUNITY AND ECONOMIC DEVELOPMENT ORGANIZATION LOCATED AT 307 LINDEN STREET IN HISTORIC DOWNTOWN SCRANTON, PENNSYLVANIA. WORKING DILIGENTLY TO ESTABLISH, MANAGE, AND ACCOMPLISH THE CITY OF SCRANTON'S SHARED GOALS AND OBJECTIVES THROUGH COLLABORATIVE EFFORTS, THE MISSION OF SCRANTON TOMORROW IS TO MOBILIZE RESOURCES TO ENHANCE A VIBRANT ENVIRONMENT FOR SCRANTON RESIDENTS, BUSINESSES, AND VISITORS. TWCGME CONTRIBUTED $12,500 TO BECOME A GOLD SPONSOR OF THE ELECTRIC CITY CLASSIC CRITERIUM (CRIT

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
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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.

RACE), A SCRANTON TOMORROW PROJECT THAT PROMOTES HEALTH AND WELLNESS THROUGH AN OUTDOOR PERSONAL AND PUBLIC HEALTH PROMOTING ATHLETIC ACTIVITY AND ENGAGEMENT IN COMMUNITY CELEBRATIONS. TWCGME ALSO PROUDLY CONTRIBUTED $5,000 TO SCRANTON TOMORROW TO SUPPORT THE ENGAGEMENT OF MURAL ARTIST MATTHEW WILLEY TO BRING HIS GLOBALLY RECOGNIZED MURAL "THE GOOD OF THE HIVE" TO SCRANTON, PENNSYLVANIA. THROUGH HIS ART, THIS WORLD-RENOWNED MURALIST IS RAISING AWARENESS AND UNIFYING HUMANITY AROUND SHARED RESPONSIBILITIES FOR ENVIRONMENTAL STEWARDSHIP AND COLLECTIVE OPPORTUNITIES TO PROTECT ENVIRONMENTALLY CRITICAL POLLINATORS. THE MURAL PAINTED ON THE SCRANTON CIVIC BALLET THEATRE IS A PROUD DEMONSTRATION 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
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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.

TWCGME'S COMMITMENT TO PROMOTE AND DEMONSTRATE RESPONSIBLE, PARTICIPATORY CORPORATE CITIZENSHIP FOR ENVIRONMENTAL STEWARDSHIP, CLIMATE RESILIENCE, AND PROMOTING THE COMMON GOOD.

THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT ($6,000)

THE INSTITUTE IS A NON-PROFIT RESEARCH ORGANIZATION DEDICATED TO EMPOWERING BUSINESS AND COMMUNITY LEADERS WITH RESEARCH-BASED STRATEGIES FOR INFORMED DECISION MAKING. THE INSTITUTE IS A COLLABORATION AMONG JOHNSON COLLEGE, KEYSTONE COLLEGE, KING'S COLLEGE, LACKAWANNA COLLEGE, LUZERNE COUNTY COMMUNITY COLLEGE, MARYWOOD UNIVERSITY, MISERICORDIA

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
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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.

UNIVERSITY, PENN STATE SCRANTON, PENN STATE WILKES-BARRE, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION, UNIVERSITY OF SCRANTON, WILKES UNIVERSITY, AND GEISINGER COMMONWEALTH SCHOOL OF MEDICINE. IT CONDUCTS INDEPENDENT, NON-BIASED RESEARCH TO IDENTIFY THE OPPORTUNITIES, ISSUES AND CHALLENGES UNIQUE TO THE REGION AND FIND INNOVATIVE SOLUTIONS TO HELP SOLVE THE PROBLEMS FACING OUR COMMUNITIES. THE INSTITUTE ALSO OFFERS A WIDE ARRAY OF RESEARCH, CONSULTING AND SUPPORT SERVICES TO HELP ORGANIZATIONS BOOST PRODUCTIVITY, INCREASE PROFITABILITY, AND BE SUCCESSFUL IN THEIR MISSIONS. TWCGME RELIES ON THE INSTITUTE'S ANNUAL INDICATORS TO PROVIDE EVIDENCE-BASED DATA RELATING TO UNMET POPULATION

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
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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.

AND COMMUNITY HEALTH AND WORKFORCE NEEDS.

WYCKOFF HEIGHTS MEDICAL CENTER ($194,317)

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FOR TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED FAMILY MEDICINE (FM) RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) IN THE MEDICALLY UNDERSERVED SETTING OF BROOKLYN, NEW YORK. GRANT FUNDS WERE USED TO SUPPORT THE EXPLORATION OF THE FEASIBILITY AND LOGISTICAL AND

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
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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.

OPERATIONAL STRATEGIES TO DEVELOP AND SECURE ACGME ACCREDITATION OF A NEW, COMMUNITY HEALTH NEEDS RESPONSIVE FAMILY MEDICINE RESIDENCY PROGRAM IN PARTNERSHIP WITH WYCKOFF HEIGHTS MEDICAL CENTER (WYCKOFF). AS A NEW CLINICAL PARTNER IN OUR EXISTING GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM, WYCKOFF PLANS TO LOCATE THE PROPOSED FAMILY MEDICINE RESIDENCY PROGRAM IN A COMMUNITY-BASED CLINICAL SITE IN BUSHWICK, BROOKLYN, WHICH IS DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA).

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

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

Employer identification number: 23-2007832

Part I Questions Regarding Compensation

			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 indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ 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**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
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**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ENRIQUE SAMONTE, MD	(i)	30,906.	1,904.	2,347.	2,486.	1,556.	39,199.	NONE
1 PROGRAM DIRECTOR/PHYSICIAN	(ii)	250,051.	15,409.	18,991.	20,117.	12,589.	317,157.	NONE
JENNIFER WALSH, ESQ	(i)	271,784.	26,891.	20,949.	21,611.	6,249.	347,484.	NONE
2 SVP ENT COMP INTEG	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JIGNESH SHETH, MD	(i)	131,264.	11,746.	5,172.	6,100.	4,243.	158,525.	NONE
3 SVP CLINICAL OPERATIONS/PHY	(ii)	393,792.	35,239.	15,516.	18,300.	12,729.	475,576.	NONE
JUMEE BAROOAH, MD	(i)	126,853.	12,940.	8,941.	10,226.	7,292.	166,252.	NONE
4 DIO AND PHYSICIAN/ NON VOTING	(ii)	168,153.	17,153.	11,852.	13,556.	9,667.	220,381.	NONE
MEAGHAN RUDDY, PHD	(i)	163,845.	5,381.	15,594.	13,392.	9,209.	207,421.	NONE
5 CHIEF R&D OFFICER & SVP ACADEM	(ii)	54,615.	1,794.	5,198.	4,464.	3,070.	69,141.	NONE
RAJIV BANSAL, MD	(i)	31,895.	2,966.	35.	2,484.	1,966.	39,346.	NONE
6 DIRECTOR OF HOSPITAL SERVICES	(ii)	233,896.	21,749.	257.	18,215.	14,421.	288,538.	NONE
TIMOTHY BURKE, DO	(i)	98,818.	10,228.	7,750.	8,071.	6,257.	131,124.	NONE
7 PROGRAM DIRECTOR/PHYSICIAN	(ii)	168,254.	17,416.	13,198.	13,743.	10,655.	223,266.	NONE
VENARD KOERWER, PHD	(i)	225,609.	NONE	581.	NONE	10,076.	236,266.	NONE
8 EVP & CHIEF ADMINISTRATIVE OFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
VINOD SHARMA, MD	(i)	157,010.	4,895.	10,338.	12,200.	7,339.	191,782.	NONE
9 PROGRAM DIRECTOR/PHYSICIAN	(ii)	157,010.	4,895.	10,338.	12,199.	7,339.	191,781.	NONE
LINDA THOMAS-HEMAK, MD	(i)	201,482.	19,375.	5,233.	6,100.	4,243.	236,433.	NONE
10 PRESIDENT & CEO	(ii)	604,446.	58,125.	15,698.	18,300.	12,729.	709,298.	NONE
RONALD DANIELS, CPA	(i)	260,421.	26,260.	22,977.	21,104.	13,595.	344,357.	NONE
11 CFO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBORAH SPRING, MD	(i)	30,404.	1,148.	297.	2,484.	1,436.	35,769.	NONE
12 ASSOCIATE PROGRAM DIRECTOR/PHY	(ii)	222,968.	8,415.	2,179.	18,215.	10,531.	262,308.	NONE
JOHN JANOSKY	(i)	224,442.	21,205.	20,695.	16,640.	16,292.	299,274.	NONE
13 CHIEF INFORMATION OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH SILEO, ESQ	(i)	223,408.	21,720.	21,339.	17,857.	2,062.	286,386.	NONE
14 SVP LEGAL SERVICES & GENERAL C	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MAUREEN LITCHMAN, MD	(i)	82,616.	6,776.	6,893.	6,697.	2,152.	105,134.	NONE
15 ASSOCIATE PROGRAM DIRECTOR/PHY	(ii)	192,769.	15,812.	16,084.	15,625.	5,021.	245,311.	NONE
WILLIAM DEMPSEY, MD	(i)	30,804.	2,881.	2,298.	2,440.	1,421.	39,844.	NONE
16 ASSOCIATE PROGRAM DIRECTOR/PHY	(ii)	277,244.	25,927.	20,679.	21,959.	12,788.	358,597.	NONE

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

COMPENSATION DETERMINATION:

TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS PRESIDENT AND CHIEF EXECUTIVE OFFICER OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE CHIEF EXECUTIVE DIRECTLY. NONETHELESS, THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCGME TO TWCCH FOR THE SERVICES OF CHIEF EXECUTIVE OFFICER (CEO) IS LED BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE COMMITTEES ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT PERIODICALLY (GENERALLY EVERY THREE TO FIVE YEARS) TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY, ASSESSMENT, AND ANALYSIS EACH TIME THE CEO'S CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONAL DATA CONSIDERED MAY INCLUDE INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AS WELL AS COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, OR OTHER RELEVANT REGIONAL AND

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.

NATIONAL SOURCES. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCCH BOARDS ANNUALLY PERFORM A DETAILED, ROBUST, COMPREHENSIVE PERFORMANCE EVALUATION OF THE PRESIDENT & CEO'S AND BOTH ORGANIZATIONS' PERFORMANCE. THIS ANNUAL PROCESS INCLUDES ASSESSMENT OF WHETHER BASE CHANGES OR MERIT BONUS PAYMENT ADJUSTMENTS TO THE SALARY AND BENEFITS OF THE PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, OF FAIR VALUE BASED ON ALL FACTS AND CIRCUMSTANCES. ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION IN BETWEEN CONTRACT TERMS ARE ASSESSED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE OVERALL COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT AND THE OVERALL PERFORMANCE OF TWCGME AND TWCCH ORGANIZATIONS, WITH DUE CONSIDERATION OF THE CONTRACTED INDEPENDENT THIRD-PARTY COMPENSATION STUDY, MARKET COMPARABILITY, AND AFFORDABILITY. THE EXECUTIVE COMMITTEES' ANNUAL DELIBERATIONS, CONSIDERATIONS, AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN EXECUTIVE COMMITTEES' MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION COMPLETION AND COMPENSATION DECISION AND THEN REPORTED TO AND RATIFIED BY THE FULL BOARDS OF TWCGME AS WELL AS TWCCH.

Part III Supplemental Information

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

COMPENSATION 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 PRESIDENT & CEO AND HUMAN RESOURCES DEPARTMENT, WHO RELY ON A FORMAL, PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS.

SCHEDULE J, PART I, LINE 7

NONFIXED PAYMENTS:

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

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.

DETERMINED TO BE AFFORDABLE AND APPROVED IN TOTAL BY THE GOVERNING BOARDS OF DIRECTORS OF TWCGME AND TWCCH, THE MERIT-BASED BONUS PAYMENTS TO ELIGIBLE EMPLOYEES CORRELATES TO INDIVIDUAL JOB PERFORMANCE SCORES CALCULATED DURING THE PERFORMANCE EVALUATION PROCESS. EMPLOYEES IN A NEW EMPLOYMENT PROBATIONARY STATUS OR THOSE WHO HAVE NOTIFIED THE ORGANIZATION OF THEIR RESIGNATIONS ARE INELIGIBLE FOR BONUSES. THE ELIGIBILITY OF THOSE ON A PERFORMANCE IMPROVEMENT PLAN IS AT THE DISCRETION OF THE DIRECT SUPERVISOR. THE 2022-2023 INCENTIVE PLAN CONSISTED OF A PERFORMANCE BONUS RANGING BETWEEN 0% AND 7% OF BASE SALARY. THE TOTAL BONUS POOL WAS BUDGETED AT 5% OF PAYROLL, AND ISSUED BONUSES TOTALED LESS THAN THE BUDGETED AMOUNT.

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL	23-2007832

FORM 990, PART I, LINE 1

DESCRIPTION OF ORGANIZATION MISSION:

WE DO THIS THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME IS A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) SERVING AS THE INDEPENDENT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-ACCREDITED SPONSORING INSTITUTION OF GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS THAT TRAIN RESIDENT AND FELLOWS PHYSICIANS IN A SAFETY NET HEALTH SERVICES NETWORK OF ESSENTIAL COMMUNITY PROVIDERS. TWCGME'S TRAINING PROGRAMS INCLUDE INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, PHYSICAL MEDICINE & REHABILITATION RESIDENCIES AND GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY FELLOWSHIPS. TWCGME'S GME-SNC ENGAGES NUMEROUS PARTNERING ORGANIZATIONS IN ITS GOVERNANCE AND THE TRAINING OF ITS RESIDENTS AND FELLOWS. THESE PARTNERS INCLUDE TWCGME'S PRIMARY AFFILIATE FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LAL), THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), AS WELL AS FOUR PARTNERING NATIONAL FQHCS, AND ALSO NUMEROUS COMMUNITY-BASED HOSPITAL SYSTEMS, THE VETERAN AFFAIRS MEDICAL CENTER, AND A CMS GME-FUNDED INPATIENT REHABILITATION FACILITY (IRF). TWCGME ALSO PROUDLY PARTNERS WITH AND HOSTS NEARLY 200 INTERPROFESSIONAL STUDENTS FROM MORE THAN A DOZEN ACADEMIC INSTITUTIONS OF HIGHER EDUCATION, INCLUDING THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) AND CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM

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(CCPAP). PARTNERING COMMUNITY HEALTH CENTERS, GEISINGER, AND ATSU SOMA HAVE AN EMPOWERED VOTING PRESENCE ON TWCGME'S GOVERNING BOARD, AS DOES COMMONWEALTH HEALTH SYSTEMS AND THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (AHEC). COMMITTED TO COMMUNITY HEALTH NEEDS RESPONSIVE HEALTH SERVICES AND WORKFORCE DEVELOPMENT, TWCGME'S GME-SNC PASSIONATELY STRIVES TO ADDRESS AMERICA'S PRIMARY CARE WORKFORCE SHORTAGES, MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTHCARE, AND HEALTHCARE CAREER ACCESS DISPARITIES.

FORM 990, PART III, LINE 1

ORGANIZATION MISSION:

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND ITS PRIMARY AFFILIATE THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH) SHARE A MISSION TO IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITIES WE SERVE THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME'S PASSIONATE PURPOSE IS TO DEMONSTRATE AN "ACHIEVABLE BY ALL" GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTHCARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTHCARE DELIVERY SYSTEMS, AND DEVELOPMENT OF THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. WITH INCLUSIVE ENGAGEMENT OF TWCGME STAKEHOLDERS, THE GME-SNC ASPIRES TOWARD AN INCLUSIVE COLLECTIVE IMPACT FRAMEWORK TO EFFECTIVELY ADDRESS AMERICA'S PRIMARY CARE WORKFORCE SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTHCARE, AND HEALTHCARE CAREER ACCESS DISPARITIES. AS A GME-SNC, TWCGME PARTNERS WITH AN INCLUSIVE NETWORK OF SAFETY NET

HEALTH SERVICES PROVIDERS AND INTEGRATES GME FEDERAL RESOURCES DIRECTLY FROM THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) THCGME PROGRAM AND THE DEPARTMENT OF VETERAN AFFAIRS, AS WELL THROUGH AFFILIATION AGREEMENTS WITH CMS GME-FUNDED PARTNERING HOSPITALS AND AN INPATIENT REHABILITATION FACILITY. TWCGME PROUDLY BECAME A PIONEERING THCGME GRANTEE IN 2011 WHEN HRSA LAUNCHED ITS THCGME PROGRAM RESOURCED THROUGH THE AFFORDABLE CARE ACT. SINCE THEN, THCGME GRANTEES, INCLUDING TWCGME, HAVE BEEN DEVELOPING AND EXPANDING COMMUNITY-BASED CLINICAL LEARNING ENVIRONMENTS IN COMMUNITY HEALTH CENTERS (CHCS) AND PARTNERING HOSPITALS ACROSS OUR NATION TO TRAIN PRIMARY CARE RESIDENT PHYSICIANS TO SERVE HISTORICALLY MARGINALIZED POPULATIONS IN MEDICALLY UNDERSERVED SETTINGS. EVIDENCE DEMONSTRATES THAT PHYSICIANS WHO TRAIN 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 SETTINGS, INCLUDING IN FQHCS AND RURAL COMMUNITIES.

HRSA'S THCGME PROGRAM HAS BEEN AN EFFECTIVE TOOL IN ADDRESSING ONE OF THE MOST CRUCIAL ASPECTS OF THE PRIMARY CARE CLIFF: ACCESS TO PRIMARY HEALTH SERVICES IN UNDERSERVED AREAS DUE TO A NATIONAL PRIMARY CARE PHYSICIAN SHORTAGE AND MIS-DISTRIBUTION. ACCORDING TO DATA PUBLISHED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) IN JUNE 2021, THE UNITED STATES COULD SEE AN ESTIMATED SHORTAGE OF BETWEEN 37,800 AND 124,000 PHYSICIANS BY 2034, INCLUDING BOTH PRIMARY AND SPECIALTY CARE, WITH THE

SHORTAGE OF PRIMARY CARE PHYSICIANS RANGING BETWEEN 17,800 AND 48,000. PER THE AAMC, MORE THAN TWO OF EVERY FIVE ACTIVE PHYSICIANS IN THE U.S. WILL BE 65 OR OLDER WITHIN THE NEXT DECADE, AND THEIR RETIREMENT DECISIONS "WILL DRAMATICALLY AFFECT THE MAGNITUDE OF NATIONAL WORKFORCE SHORTAGES." THIS LOOMING CRISIS COMPOUNDS THE PHYSICIAN AND PROVIDER BURNOUT CHALLENGES EXACERBATED BY THE COVID-19 PANDEMIC. TWCGME'S GME-SNC PHYSICIAN TRAINING MODEL IS DESIGNED TO MITIGATE THE HEALTH, HEALTHCARE, AND HEALTHCARE CAREER ACCESS DISPARITIES RESULTING FROM THIS NATIONAL SHORTAGE, WHILE GENERATING UNPRECEDENTED COLLABORATION AND STRIVING FOR ADVANCEMENT OF THE QUINTUPLE AIM. ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM, THE QUINTUPLE AIM IS A FRAMEWORK TO OPTIMIZE HEALTHCARE SYSTEM PERFORMANCE BY IMPROVING HEALTH EQUITY, CLINICIAN WELL-BEING, AND THE PURSUIT OF BETTER HEALTHCARE, IMPROVED HEALTH OUTCOMES, AND LOWER COSTS.

TWCGME'S CURRENT SPONSORING INSTITUTIONAL AND PROGRAMMATIC PRIMARY HEALTH SERVICES CURRICULA ARE ROOTED IN COMMUNITY-ORIENTED, PUBLIC HEALTH NEEDS-RESPONSIVE, WHOLE PERSON PRIMARY CARE TRAINING FOR FAMILY MEDICINE, INTERNAL MEDICINE, PSYCHIATRY RESIDENTS, AND GERIATRIC MEDICINE FELLOWS, AS WELL AS FUTURE SPECIALTY PHYSICIANS. DURING FISCAL YEAR 2022-2023, RESIDENTS WERE STILL DEEPLY IMMERSED IN COMMUNITY-DRIVEN, RESPONSIVE SOLUTIONS TO THE EASING BUT ONGOING COVID-19 PANDEMIC, RELENTLESS OPIOID EPIDEMIC, CONTINUING BATTLES WITH HIV/AIDS AND HEPATITIS C, ESCALATING PUBLIC HEALTH CHALLENGES RELATED TO MENTAL HEALTH STRUGGLES, OBESITY, DIABETES, CARDIOVASCULAR DISEASE, AND CANCER, AND WIDENING GAPS IN

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CHILDHOOD AND ADULT VACCINATION RATES FOR PREVENTABLE ILLNESSES. OUR COMMUNITY-BASED TRAINING MODEL WITHIN ESSENTIAL COMMUNITY PROVIDER NETWORKS LEVERAGES CROSS-INSTITUTIONAL COLLABORATIVE LEARNING AND BROAD EXPOSURE OF TRAINEES TO INTERPROFESSIONAL TEAM-BASED CARE, AS WELL AS A VARIETY OF HEALTH INFORMATION TECHNOLOGY PLATFORMS, FOR BOTH CARE DELIVERY AND INSTITUTIONAL OUTCOMES REPORTING AND IMPROVEMENTS. TWCGME'S PARTNERING CLINICAL LEARNING ENVIRONMENTS DEMONSTRATE AND ENGAGE ITS LEARNERS IN CONTINUOUS QUALITY IMPROVEMENT AND VALUE-DRIVEN WORKFLOW REDESIGN THAT PROMOTES PATIENT-CENTERED MEDICAL HOME (PCMH) 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 PCMH 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 IMPROVEMENTS OF BOTH CARE DELIVERY AND EDUCATIONAL SYSTEMS. TWCGME'S SPONSORING INSTITUTIONAL COMMITMENT TO ADVANCING PUBLIC HEALTH ALIGNS STRONGLY WITH THE MISSION OF COMMUNITY HEALTH CENTERS AND PARTNERING COMMUNITY-BASED HOSPITALS, AS WELL AS THE ACGME'S VISIONARY CLINICAL LEARNING ENVIRONMENT REVIEW PROGRAM FRAMEWORK FOCUSING ON PATIENT SAFETY; HEALTH CARE QUALITY; TEAMING; SUPERVISION; WELL-BEING; AND PROFESSIONALISM.

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TWCGME'S GME-SNC ENSURES TRAINEES HAVE BROAD EXPOSURE TO SEAMLESS, CROSS-INSTITUTIONAL, INTERPROFESSIONAL MULTIDISCIPLINARY ENVIRONMENTS THAT EXERCISE AND NURTURE THEIR LONGITUDINAL AND TRANSITIONAL CARE SKILLS, PREPARING THEM FOR MODERN CLINICAL PRACTICE AND CAREERS OF PUBLIC SERVICE AS PUBLIC HEALTH ENTHUSIASTS.

FORM 990, PART III, LINE 2

NEW PROGRAM SERVICES:

TWCGME IS PROUD TO SHARE TESTIMONY OF ITS MISSION DELIVERY IN RECRUITING AND ONBOARDING THREE FAMILY MEDICINE RESIDENT GRADUATES WHO BECAME FACULTY ATTENDINGS DURING FISCAL YEAR 2022-2023 FOR ITS REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM TO TEACH RESIDENTS AND INTERPROFESSIONAL LEARNERS. THESE THREE GRADUATES ARE PROVIDING COMPREHENSIVE PRIMARY HEALTH SERVICES DELIVERY AT TWCGME'S PRIMARY AFFILIATE THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). SIMILARLY, TWCCH RECRUITED AND ON-BOARDED A TWCGME PSYCHIATRY RESIDENT GRADUATE AS A FACULTY ATTENDING TO PROVIDE PSYCHIATRIC SERVICES AND TRAIN PSYCHIATRY RESIDENTS AT OUR ESTABLISHED TEACHING HEALTH CENTER IN SCRANTON, PENNSYLVANIA AND ALSO AN INTERNAL MEDICINE RESIDENT GRADUATE TO LEAD ITS CARE TEAM IN THE NEARBY RURAL COMMUNITY OF HAWLEY, PENNSYLVANIA. ADDING THESE AMAZING GRADUATES TO OUR PROVIDER CARE TEAMS AS CLINICIANS AND TEACHERS OF THE NEXT GENERATION OF FAMILY MEDICINE, INTERNAL MEDICINE AND PSYCHIATRY PHYSICIANS IS TRULY A TESTAMENT OF TWCGME'S CRUCIAL PRIMARY CARE WORKFORCE DEVELOPMENT OUTCOMES ADDRESSING THE SHORTAGE AND MISDISTRIBUTION OF PRIMARY CARE PHYSICIANS IN NORTHEASTERN PENNSYLVANIA. SIMILAR EMPLOYMENT OF OUR GRADUATES BY REGIONAL FQHCS AND ALSO PARTNERING FQHCS IN FOUR STATES PARTICIPATING IN

TWCGME'S NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM FURTHER VALIDATES OUR REGIONAL AND NATIONAL IMPACT ON PRIMARY CARE WORKFORCE DEVELOPMENT AS WELL.

DURING FISCAL YEAR 2022-2023, TWCGME'S ACGME-ACCREDITED SPONSORING INSTITUTION HUMBLY CONTINUED ITS PROBATIONARY ACCREDITATION STATUS. IN ORDER TO OPTIMIZE OUR SPONSORING INSTITUTION (SI) AND RESTORE ITS HISTORICALLY STRONG ACGME CONTINUING ACCREDITATION, TWCGME IMPLEMENTED MULTIPLE MISSION-DRIVEN IMPROVEMENTS TO ENHANCE SPONSORING INSTITUTIONAL AND PROGRAM AUTHORITY AND OVERSIGHT. THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) OF TWCGME'S GOVERNING BOARD HOLDS THE JURISDICTION FOR THAT RESPONSIBILITY. GMEC MEETINGS WERE RESTRUCTURED TO ENHANCE THE VISIBILITY AND ACCOUNTABILITY OF GMEC AS A SUBCOMMITTEE OF THE SI'S GOVERNING BOARD. GMEC RESPONSIBILITIES WERE EMBEDDED IN AN ACGME COMPLIANCE AND ACCOUNTABILITY FRAMEWORK, LINKED TO THE SI'S OVERARCHING CORRECTIVE ACTION PLAN (CAP), STRATEGIC SPECIAL REVIEW PROCESS, AN ANNUAL GMEC WORK PLAN/CALENDAR, AND GMEC/GMEC SUBCOMMITTEE PROACTIVELY PLANNED AND INTENTIONALLY MANAGED MEETING AGENDAS AND COMPREHENSIVE MINUTES, ALL WITH ASSIMILATED ACGME ENDORSED SPECIFIC LANGUAGE. GMEC MEETINGS INCREASED IN FREQUENCY AND LENGTH TO ENSURE ROBUST GOVERNANCE ENGAGEMENT IN AUTHORITY AND OVERSIGHT RESPONSIBILITIES. THE CAP WAS CREATED BY A WORKGROUP COMPOSED OF THE DESIGNATED INSTITUTIONAL OFFICIAL, PROGRAM DIRECTORS, INSTITUTIONAL COORDINATOR, CROSS-DEPARTMENTAL SI LEADERSHIP, AND GMEC MEMBERS. THE CAP INCLUDED A SWOT ANALYSIS, IMPROVEMENT RECOMMENDATIONS, COMPREHENSIVE SI AND THEN INCLUSIVE PROGRAMS' POLICY

REVIEW AND REVISIONS, REVIEW AND INPUT INTO ACGME INSTITUTIONAL REVIEW QUESTIONS AND RESPONSES TO ALL CITATIONS. THIS INTENSE AND CRITICALLY IMPORTANT WORK CULMINATED IN A PLANNED ACGME SPONSORING INSTITUTIONAL SITE VISIT IN SEPTEMBER OF 2023, WHICH NOTABLY AND JOYFULLY RESULTED IN A FULL RESTORATION OF CONTINUING ACCREDITATION STATUS FOR TWCGME'S SPONSORING INSTITUTION IN OCTOBER 2023.

AT THE SI LEVEL, SEVERAL POSITIVE CHANGES WERE IMPLEMENTED DURING THIS REPORTING PERIOD. TWCGME'S WELLNESS AND RESILIENCY SPECIALIST POSITION WAS ELEVATED TO A DIRECTOR OF GRADUATE AND UNDERGRADUATE MEDICAL EDUCATION EXPERIENCE AND WELLNESS. THE ACADEMIC LEADER WORKS WITH HOUSE STAFF AND PROGRAMS TO SUPPORT TRAINEE EXPERIENCES BOTH IN DIDACTIC AND CLINICAL LEARNING ENVIRONMENTS. SHOULD CONCERNS ARISE, THE DMEE WORKS WITH TRAINEES, SITE DIRECTORS, FACULTY, PROGRAM COORDINATORS, PROGRAM DIRECTORS, ASSOCIATE DESIGNATED INSTITUTIONAL OFFICIAL AND DESIGNATED INSTITUTIONAL OFFICIAL TOWARD RESOLUTION. IN ADDITION TO INCORPORATING MEDICAL, PARENTAL, AND CAREGIVER LEAVES OF ABSENCE IN AY 22-23, TO PROMOTE DIVERSITY, EQUITY AND INCLUSION (DEI), TWCGME CHANGED THE SI'S 11 SPECIFIC PAID HOLIDAYS TO 11 FLOATING PAID HOLIDAYS FOR RESIDENTS AND FELLOWS. ADDITIONALLY, TRAINEE SALARIES WERE INCREASED TO HONOR RESIDENT REQUESTS FOR PROGRESSIVE PGY YEAR INCREASES ACROSS TRAINING YEARS 1-4.

THE 2022-2023 ACGME RESIDENT/FELLOW SURVEYS WERE REVIEWED BY GMEC IN MAY 2023, WITH IMPROVEMENT IN 3-YEAR TRENDS IN ALL 8 CATEGORIES NOTED. TWCGME ALSO CREATED A NEW ROLE FOR A VICE PRESIDENT OF SI CURRICULUM, QUALITY

IMPROVEMENT/QUALITY ASSURANCE (QI/QA) AND FACULTY DEVELOPMENT. AN IMPORTANT FOCUS OF THIS ROLE WAS TO SUPPORT RESIDENT/FELLOW/FACULTY EDUCATION AND COMFORT LEVEL IN REPORTING CONCERNS WITHOUT FEAR OF RETALIATION, CONDUCTING ROOT CAUSE ANALYSES AND INSPIRING IMPROVEMENT PROJECTS. THE 2022-23 ACGME FACULTY SURVEY SHOWED IMPROVEMENT IN PROFESSIONALISM AND RESOURCES. THE SI IMPLEMENTED PROFESSIONAL COACHING OPPORTUNITIES AND ROBUST FACULTY DEVELOPMENT THROUGH THE ESTABLISHMENT OF A FACULTY DEVELOPMENT SUBCOMMITTEE OF GMEC AND THE NEW VP OF SI CURRICULUM, QI/QA AND FACULTY DEVELOPMENT. GMEC APPOINTED DR. STEPHANIE GILL AS CHAIR, FACULTY DEVELOPMENT SUBCOMMITTEE. GMEC ALSO ESTABLISHED A CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) SUBCOMMITTEE CHAIRED BY THE CHIEF MEDICAL OFFICER OF A CLINICAL LEARNING ENVIRONMENT PARTICIPATING (CLEP) SITE TO ENSURE SUBSTANTIAL COMPLIANCE WITH ALL ACGME CLER REQUIREMENTS AND TO PROMOTE THE VISIONARY ACGME SI 2025. A STANDING SPECIAL REVIEW SUBCOMMITTEE OF THE GMEC WAS ESTABLISHED TO OVERSEE ALL SPECIAL REVIEW ACTIVITIES THAT THE GMEC CALLS FOR DURING THE ACADEMIC YEAR TO ADDRESS IDENTIFIED OR ANTICIPATED CHALLENGES QUICKLY.

DURING THE FISCAL YEAR, ALL CHIEF AND RESIDENT LEADER JOB DESCRIPTIONS WERE UPDATED TO OPTIMIZE THE ENGAGEMENT OF THE RESIDENTS/FELLOWS. IN ADDITION TO PROGRAMMATIC CHIEF AND RESIDENT LEADER POSITIONS, DURING 2022-2023, TWCGME ESTABLISHED CHIEF AND RESIDENT LEADER ROLES IN THE AREAS OF ADVOCACY, SAFETY & QUALITY, AS WELL AS PATIENT & COMMUNITY ENGAGEMENT. EACH OF THESE ROLES ARE POSTED FOR RESIDENTS TO FORMALLY APPLY AND GO THROUGH A FORMAL INTERVIEW AND SELECTION PROCESS WHICH IS

SPEARHEADED BY THE RESPECTIVE COMMITTEES OF THE BOARDS OF DIRECTORS OF TWCGME AND TWCCH. THE ADVOCACY CHIEF AND RESIDENTS LEADERS PLAY A LEAD ROLE IN FORTIFYING INTERDEPARTMENTAL COLLABORATIVE PARTNERSHIP BETWEEN RESIDENTS AND THE ADVOCACY TEAM, REPRESENT TWCGME IN ADVOCACY FORUMS TO EDUCATE FEDERAL, STATE AND REGIONAL ADMINISTRATORS AND ELECTED OFFICIALS ABOUT THE IMPORTANCE OF TWCGME'S MISSION AND THE GME-SNC MODEL. THE ADVOCACY TEAM TAKES ON CRITICAL MISSION ALIGNED ASPECTS OF PUBLIC HEALTH AND HEALTHCARE WORKFORCE POLICIES AND LEGISLATION BRINGING A CLINICAL AND EDUCATIONAL LENS AS NEEDED FOR INTERNAL AND EXTERNAL EDUCATION PURPOSES TO ADVOCATE FOR PUBLIC HEALTH AND HEALTH WORKFORCE DEVELOPMENT TO MEET OUR NATION'S NEEDS. ONE CHIEF AND RESIDENT LEADERS ARE ALSO SELECTED TO SERVE ON AND BRING AN EMPOWERED VOICE OF THE LEARNERS TO THE BOARD OF DIRECTORS OF THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE), A SUBSIDIARY CORPORATION OF TWCCH. THESE INDIVIDUALS ACTIVELY PARTICIPATE IN MEETINGS, ACTIVITIES AND DECISION-MAKING PROCESSES, CHARGED WITH BRINGING THE VOICE OF THE PATIENTS, FAMILIES AND THE COMMUNITY TO INFORM GME STAKEHOLDERS IN THEIR DECISION-MAKING PROCESSES AND CLINICAL DELIVERY SYSTEM PROCESS IMPROVEMENTS. TOGETHER WITH THE TWCPCE BOARD, THESE ROLES POSITION OUR LEARNERS TO ENVISION, DEVELOP AND IMPLEMENT PROGRAMS AND RESOURCES TO IMPROVE THE ENGAGEMENT OF PATIENTS AND FAMILIES AS ACTIVE PARTNERS IN THEIR HEALTH CARE. THE CHIEF AND RESIDENT LEADER FOR PATIENT SAFETY AND QUALITY IMPROVEMENT IS RESPONSIBLE TO SUPPORT QI ACTIVITIES WITHIN TWCGME. THESE ROLES ARE REPRESENTATIVES THAT PROVIDE GUIDANCE AND EDUCATION TO RESIDENTS AND FELLOWS IN THE TERMS OF DIDACTICS, PUBLICATIONS AND PRESENTATION DEVELOPMENT FOR ALL QI

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PROJECTS.

PROGRAMMATICALLY, DURING FISCAL YEAR 2021-2022, THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM WAS PLACED ON PROBATIONARY ACCREDITATION STATUS IN THE MIDST OF A RESPONSIVE PROGRAM DIRECTOR TRANSITION AND ACTIVE REMEDIATION STRATEGY TO IMPROVE HISTORICALLY CHALLENGED ACGME RESIDENT SATISFACTION SURVEYS. SIGNIFICANT IMPROVEMENT ON SUBSEQUENT INTERNAL CLIMATE SURVEYS AND THE ACGME SURVEY ITSELF RESULTED. DURING FISCAL YEAR 2022-2023, CONFIRMING THE LEGITIMACY OF THE INITIAL POSITIVE INTERNAL FEEDBACK REGARDING THE REMEDIATION STRATEGY, THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM RESIDENT SATISFACTION SURVEY SCORES JUMPED FROM 36% TO AN IMPRESSIVE 84% ON THE FORMAL ACGME SURVEY, A TRIBUTE TO THE WORK OF THE PROGRAM AND SPONSORING INSTITUTION LEADERSHIP. THANKFULLY, IN EARLY FEBRUARY 2023, THE COLLECTIVE WORK RESULTED IN THE ELEVATION OF THE FAMILY MEDICINE RESIDENCY PROGRAM FROM PROBATIONARY TO CONTINUED ACCREDITATION WITH WARNING WITH NOTABLE RESOLUTION OF EACH AND EVERY PRIOR CITATION.

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NEW PROGRAM SERVICES CONTINUED:

AFTER A SERIES OF CHALLENGES IN OUR LOCAL COMMUNITY INCLUDING PROGRAM LEADERSHIP TRANSITION FOR CAUSE AND THE CLOSURE OF OUR TWO MAJOR INPATIENT PSYCHIATRY UNITS, THE ACGME PSYCHIATRY RESIDENCY REVIEW COMMITTEE UNFORTUNATELY WITHDREW ACCREDITATION OF OUR PSYCHIATRY RESIDENCY PROGRAM. ACTION RELATED TO THIS DECISION HAPPENED OUTSIDE OF THE REPORTING PERIOD FOR JULY 2022 - JUNE 2023, AND WILL BE DETAILED IN

THE NEXT REPORT. MEANWHILE, OUR COMMUNITY IS GRIEVING BUT RALLYING, RESPONSIVE TO UNDENIABLE MENTAL HEALTH SERVICES AND WORKFORCE NEEDS, FOR PREPARATION AND HOPEFUL CONSIDERATION OF A RESUBMISSION FOR ACCREDITATION OF A NEW COMMUNITY-BASED PSYCHIATRY RESIDENCY PROGRAM.

NOTABLY, TWCGME HAS SINCE 2012 SERVED AS THE ACGME SPONSORING INSTITUTION OF A UNIQUE, PIONEERING NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) PROGRAM CONSORTIUM THAT TRAINS 52 FAMILY MEDICINE RESIDENTS IN PARTNERSHIP WITH FOUR NATIONAL FQHCS (UNITY IN WASHINGTON DC; HEALTH POINT IN SEATTLE, WASHINGTON; EL RIO IN TUCSON, ARIZONA; AND HEALTHSOURCE IN HILLSBORO, OHIO). THIS NFMR IS NOW POST-CURRENT REPORTING PERIOD EVOLVING INTO FOUR SEPARATE FQHC PLATFORMED FAMILY MEDICINE RESIDENCY PROGRAMS IN THE RESPECTIVE LOCAL COMMUNITIES, PROVING SCALABILITY AND REPLICATION OF TWCGME'S GME-SNC MODEL. THIS WELCOMED EVOLUTION AND PROOF OF CONCEPT WAS NOTABLY PROMPTED BY THE TRAUMATIC WITHDRAWAL OF ACCREDITATION BY THE ACGME'S RESIDENCY REVIEW COMMITTEE (RRC) FOR FAMILY MEDICINE (FM), WHICH SPECIFICALLY CITED SUPPORT FOR A GME CONSORTIUM TO BE A SPONSORING INSTITUTION BUT NOT A PROGRAM, DESPITE OUR NFMR CONSISTENTLY ACHIEVING 100% FAMILY MEDICINE BOARD PASS RATES FOR ALL OF ITS GRADUATES AND THEIR UNPRECEDENTED RETENTION IN UNDERSERVED AND COMMUNITIES PRACTICING PRIMARY CARE AND SERVING HISTORICALLY MARGINALIZED POPULATIONS.

IN PARTNERSHIP WITH ALLIED SERVICES INTEGRATED HEALTH AND INPATIENT REHABILITATION FACILITY, TWCGME'S PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCY PROGRAM SUCCESSFULLY LAUNCHED ITS FIRST CLASS OF

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RESIDENTS ON JULY 1, 2022, WITH FIVE EXCITED PGY1 RESIDENTS. TWCCH EMBRACED THE OPPORTUNITY TO HOST AND TRAIN THESE AWESOME PM&R RESIDENTS IN OUR AMBULATORY, AS WELL AS INPATIENT HOSPITAL TEACHING VENUES, TO IMPROVE AND ENHANCE THE SCOPE AND QUALITY OF HEALTH SERVICES AND SEAMLESS CARE TRANSITIONS FOR THE PATIENTS WE SERVE ACROSS THE FULL SPECTRUM OF SERVICES INCLUDING AMBULATORY, INPATIENT-BASED ACUTE AND REHABILITATION VENUES. THE ADDITION OF THIS NEW RESIDENCY AND INTEGRATION OF THE PM&R RESIDENTS INTO OUR CLINICAL LEARNING ENVIRONMENTS HAS ABSOLUTELY AND UNDENIABLY ENRICHED PATIENT CARE AND THE TEAM BASED EDUCATIONAL EXPERIENCE OF ALL LEARNERS. DESPITE CMS GME FUNDING CHALLENGES FOR RESIDENCY PROGRAMS OPERATED WITHIN INPATIENT REHABILITATION FACILITIES, TWCGME'S GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM (GME-SNC) MODEL ENABLED THIS NEW GME PROGRAM TO LAUNCH THROUGH A COLLABORATION WITH A COMMUNITY-BASED CMS IPPS HOSPITAL WILLING TO HOST INPATIENT ACUTE CARE CLINICAL EDUCATIONAL EXPERIENCES NECESSARY FOR A PM&R RESIDENCY EXPERIENCE. OUR MORE ROBUST GME-SNC, AS ENVISIONED OVER 10 YEARS AGO, NOW FORMALLY INTEGRATES ALLIED SERVICES AND JOHN HEINZ INSTITUTE, NORTHEAST REHABILITATION ASSOCIATES, AND OTHER ESTABLISHED AND NEW CLINICAL LEARNING ENVIRONMENT PARTNERS TO PROMOTE THE WELCOMED DEVELOPMENT OF THE PHYSIATRIST WORKFORCE IN NORTHEAST PENNSYLVANIA.

DURING FISCAL YEAR 2022-2023, TWCGME TRAINED NEARLY 250 RESIDENT AND FELLOW PHYSICIANS IN MULTIPLE DISCIPLINES, INCLUDING IN GERIATRIC MEDICINE. THE IMPORTANCE OF DEVELOPING QUALIFIED, COMPASSIONATE GERIATRICIANS HAS NEVER BEEN SO URGENT: PENNSYLVANIA STILL RANKS 9TH OUT

OF THE 50 STATES FOR THE PERCENTAGE OF THE STATE POPULATION 65 AND OLDER, AND BY 2034, OLDER ADULTS WILL OUTNUMBER CHILDREN (ACCORDING TO CENSUS BUREAU PROJECTIONS). FURTHER, LACKAWANNA AND LUZERNE COUNTIES HAVE A SIGNIFICANTLY HIGHER NUMBER OF PERSONS 65 YEARS AND OLDER COMPARED TO STATE AND NATIONAL AVERAGES. THE CONTINUED DEVELOPMENT OF GERIATRIC COMPETENCIES SUPPORTS THE SHIFT INTO AGE-FRIENDLY HEALTH SERVICES BY HELPING PRIMARY CARE DOCTORS ALIGN WITH WHAT MATTERS TO OLDER ADULTS. DESPITE THE EXPECTED NATIONAL SHORTAGE OF NEARLY 30,000 FULL-TIME GERIATRICIANS BY 2025, THERE ARE NATIONAL RECRUITMENT CHALLENGES IN GERIATRICS: THE POSITION FILL RATE FOR GERIATRIC MEDICINE DECLINED TO 41.5 PERCENT IN 2023, DOWN FROM 43.1 PERCENT IN 2022. THE POSITION FILL RATE HAS RANGED BETWEEN 43.1 - 52 PERCENT SINCE THE 2019 MATCH. IN 2023, GERIATRICS OFFERED 419 CERTIFIED POSITIONS (BOTH INTERNAL MEDICINE AND FAMILY MEDICINE-BASED PROGRAMS) AND ONLY 174 POSITIONS FILLED. UNFORTUNATELY, BUT NOT SURPRISINGLY, TWCGME ALSO EXPERIENCED RECRUITMENT CHALLENGES FOR THE ACGME ACCREDITED GERIATRIC MEDICINE FELLOWSHIP REFLECTIVE OF THE NATIONAL RECRUITMENT ISSUES. HOWEVER, TWCGME ALSO UNFORTUNATELY IDENTIFIED THAT LICENSING BARRIERS WITH THE PENNSYLVANIA BOARD OF MEDICINE MAY ALSO BE INHIBITING RECRUITMENT OPPORTUNITIES. TWCGME CONTINUES TO ADVOCATE WITH BOTH THE STATE LICENSING AND ACCREDITING AGENCIES TO INCREASE THE GERIATRICS FELLOWSHIP APPLICANT POOL BY REMOVING THESE BARRIERS GIVEN THE CRUCIAL NEED FOR GERIATRIC SERVICE PROVIDERS IN OUR COUNTRY. NOTABLY, TWCCH, THE 8TH HEALTHCARE SYSTEM IN THE COUNTRY TO ADOPT UCLA'S JOHN A. HARTFORD FOUNDATION FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL,

CONTINUED TO OFFER ADC SERVICES FOR THE REGIONAL COMMUNITY, WHILE ALSO IMPLEMENTING THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "AGE FRIENDLY HEALTH SYSTEM" IN ALL OF ITS PRIMARY HEALTH SERVICES SITES FOR SENIORS. THESE INITIATIVES ENRICH THE GERIATRIC-SENSITIVE PREPARATION OF ALL INCUMBENT AND FUTURE WORKFORCE TRAINING AT TWCGME.

AS A RECIPIENT OF A HRSA FIVE-YEAR DENTAL RESIDENCY AND CARE DELIVERY PLANNING GRANT, TWCGME CONTINUED TO FORMALLY SUPPORT TWCCH AS A CLINICAL LEARNING ENVIRONMENT AND COLLABORATING PARTNER IN NYU LANGONE'S ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAM IN FISCAL YEAR 2022-2023. THE AEGD PROGRAM IS FULLY ACCREDITED BY THE COMMISSION ON DENTAL ACCREDITATION (CODA) OF THE AMERICAN DENTAL ASSOCIATION (ADA) TO ADVANCE A RESIDENT'S SKILLS IN PUBLIC HEALTH-ORIENTED GENERAL DENTISTRY. DENTAL RESIDENTS ARE GUIDED AND MENTORED ON-SITE BY FACULTY MEMBERS WHILE DELIVERING ORAL HEALTH SERVICES AND PERFORMING PROCEDURES ON ETHNICALLY-DIVERSE VULNERABLE POPULATIONS, INCLUDING THE POPULATION SERVED BY TWCCH'S OPIATE AND SUBSTANCE USE DISORDER CENTER OF EXCELLENCE AND RYAN WHITE SERVICE LINES. IT IS NYU LANGONE'S GOAL THAT, UPON SUCCESSFUL COMPLETION OF THE PROGRAM, RESIDENTS GRADUATE AS HIGHLY SKILLED AND CONFIDENT PUBLIC HEALTH DENTAL PRACTITIONERS, EQUIPPED TO SERVE THE MOST VULNERABLE POPULATIONS AND MEET THE CHALLENGES OF THE COMPLEX WORLD OF MODERN DENTISTRY. WITH TWCCH'S DENTAL FACULTY AND RESIDENTS, TWCCH PROVIDED 13,099 DENTAL VISITS DURING THE FISCAL YEAR, 2,221 MORE THAN THE YEAR BEFORE - A 20% INCREASE - RESULTING IN PART FROM THE ENHANCED FACULTY PRODUCTIVITY WHILE TRAINING THE RESIDENTS AND ALSO

FROM RECRUITMENT OF AN ADDITIONAL FACULTY DENTIST IN SEPTEMBER 2022 AND THE EXPANSION OF DENTAL SPACE AND TWO NEW OPERATORIES TO INCREASE ACCESS TO ACCOMMODATE MORE PATIENTS. EXCITINGLY, IN EARLY 2024, TWCCH EXECUTED AN EMPLOYMENT CONTRACT TO HIRE ONE OF THE AEGD DENTAL RESIDENTS UPON GRADUATION FROM THIS PROGRAM, DEMONSTRATING THAT THE POWER OF THE COMMUNITY-BASED HOMEGROWN PIPELINE TRAINING MODEL IS JUST AS SUCCESSFUL WITH DENTAL RESIDENTS AS IT IS WITH MEDICAL RESIDENTS.

TWCGME CONTINUED TO FORMALLY SUPPORT TWCCH'S CLINICAL TRAINING PARTNERSHIP WITH A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE (SOMA), WHICH HOSTED 29 OSTEOPATHIC MEDICAL STUDENTS FOR DIDACTICS AND CLINICAL TRAINING IN SCRANTON, PENNSYLVANIA. OF THOSE, THREE WERE HOMETOWN SCHOLARS NOTABLY RECRUITED FROM THE POPULATION SERVED BY TWCCH, ONE OF WHOM PROUDLY GRADUATED IN MAY 2023 TO PURSUE LOCAL RESIDENCY TRAINING IN THE MUCH NEEDED SPECIALITY OF GENERAL SURGERY. WITH ADDITIONAL HOMETOWN SCHOLARS IN THE PIPELINE AND ON OUR RECRUITMENT RADAR, WE CONTINUE TO AGGRESSIVELY PROMOTE THE DEVELOPMENT OF OUR LONGITUDINAL "GROW YOUR OWN" REGIONAL PHYSICIAN AND INTERPROFESSIONAL WORKFORCE PIPELINE. THE HOMETOWN SCHOLARS PROGRAM IS DIRECTLY ALIGNED WITH AND FUELS THE DELIVERY OF THE SHARED MISSION OF TWCGME AND TWCCH, AND WE WILL CONTINUE TO ENCOURAGE QUALIFIED, COMPASSIONATE LOCAL STARS TO ENTER THE MEDICAL FIELD AND OTHER HEALTH PROFESSIONS, PASSIONATELY PURSUING THEIR RECRUITMENT TO OUR GME PROGRAMS AND THEIR RETENTION IN PRACTICE TO RESTORE OUR PRIMARY CARE PHYSICIAN WORKFORCE.

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NEW PROGRAM SERVICES CONTINUED:

TWCGME ALSO CONTINUED ITS FORMAL SUPPORT OF TWCCH ENTERING ITS SECOND YEAR OF ITS SIMILARLY DESIGNED HOMETOWN SCHOLAR PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF HEALTH SCIENCES, NACHC, AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST CALIFORNIA AS A SECOND-YEAR TRAINING SITE FOR THE NEW PUBLIC HEALTH ORIENTED CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP). ADDITIONALLY, WE CONTINUED OUR EFFORTS TO DEVELOP AND TRAIN OUR OWN MEDICAL ASSISTANTS (MAS) IN PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA), AND ALSO COMMUNITY HEALTH WORKERS (CHWS) THROUGH THE AHEC-AFFILIATED COMMUNITY HEALTH WORKER TRAINING PROGRAM AND THE NATIONAL HEALTH CORPS.

TWCGME IS ALSO THE PRIMARY GRANTEE OF A HRSA RURAL RESIDENCY PLANNING AND DEVELOPMENT GRANT (RRPD) WITH A RURAL HOSPITAL AND AFFILIATED FQHC PARTNER IN NORTHEAST PENNSYLVANIA, AS WELL AS PLANNING GRANTS FOR ESTABLISHING A PEDIATRIC RESIDENCY, A PEDIATRIC DENTAL RESIDENCY, AND AN OB/GYN RESIDENCY. AS A MULTIPLE THCGME PLANNING AND DEVELOPMENT GRANTEE, WE HAVE BEEN ACTIVELY PARTICIPATING IN HRSA-LEAD TECHNICAL ASSISTANCE WEBINARS, ACKNOWLEDGED BY PARTICIPANTS AS A SUBJECT MATTER EXPERT REGARDING HRSA'S TEACHING HEALTH CENTER PROGRAMS, PARTICULARLY IN THE GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM MODEL.

IN RESPONSE TO THE ESCALATING DAILY CHALLENGES OF THE MEDICAL EDUCATION AND HEALTHCARE DELIVERY SYSTEMS THAT WERE EXACERBATED BY THE COVID-19 PANDEMIC, TWCGME CONTINUED ITS PASSIONATE, DEEP INVESTMENT IN THE

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TRANSFORMATIONAL WORK TO PROGRESS ON OUR THREE-YEAR JOURNEY FROM A HISTORICALLY TRAUMA-ORGANIZED FOUNDATION THROUGH SANCTUARY MODEL CERTIFICATION TO BECOME A TRAUMA-COMPETENT EMPLOYER, PROVIDER OF WHOLE PERSON HEALTH SERVICES, AND HEALTHCARE WORKFORCE DEVELOPMENT ENTERPRISE. FOUNDED BY DR. BLOOM AND CONTINUED BY THE WORK OF THE SANCTUARY INSTITUTE, THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE AND TRANSFORMATIONAL CULTURE SHIFT WHICH, AT ITS CORE, PROMOTES PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY FROM TRAUMATIC ADVERSITY THROUGH THE ACTIVE CREATION OF A TRAUMA-INFORMED AND COMPETENT COMMUNITY. A TRAUMA-COMPETENT ORGANIZATION IS ONE THAT RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS OF TRAUMA AND ORGANIZES SYSTEM-WIDE INTERVENTIONS AIMED AT MITIGATING THE NEGATIVE EFFECTS OF ADVERSITY AND STRESS THAT ARE MANIFESTED IN THOSE EMPLOYED IN AND SERVED BY THE ORGANIZATION AND THE ORGANIZATION ITSELF. SANDRA BLOOM'S THEORY INSPIRED SANCTUARY CERTIFICATION PROCESS EMPLOYS FOUR PILLARS OF SHARED KNOWLEDGE OF TRAUMA THEORY; SHARED VALUES OF NONVIOLENCE, EMOTIONAL INTELLIGENCE, SOCIAL LEARNING, DEMOCRACY, OPEN COMMUNICATION, SOCIAL RESPONSIBILITY, GROWTH AND CHANGE; SHARED LANGUAGE TO GUIDE REACTIONS AND BEHAVIORS IN TERMS OF SAFETY, EMOTIONS, LOSS AND FUTURE; AND SHARED PRACTICE USING SANCTUARY TOOLS AND INTERVENTIONS TO REINFORCE THE MODEL'S PHILOSOPHY. THE "SANCTUARY" APPROACH CAN BE OFFERED AS A GUIDING CONSTRUCTIVE FRAMEWORK FOR TRANSFORMATION FROM TRAUMA ORGANIZED, OFTEN DIVISIVE CARE DELIVERY AND EDUCATIONAL PLATFORMS TO TRAUMA COMPETENT SYSTEMATIZED APPROACHES FOR TEAMING THAT PROMOTE PSYCHOLOGICAL SAFETY, TRUST, PARTICIPATORY CITIZENSHIP, DEMOCRATIZATION,

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SOCIAL RESPONSIBILITY AND ACCOUNTABILITY, AND SOCIAL LEARNING. TWCGME BEGAN ITS DEEP INVESTMENT AND ROLL-OUT OF SANCTUARY TRAINING IN EARNEST IN AUGUST 2022 WITH A 2-DAY ONSITE VISIT BY A SANCTUARY INSTITUTE SENIOR FACULTY STAFF MEMBER. WE IMPLEMENTED MULTIPLE COHORTS OF 5-DAY IMMERSION TRAINING EVENTS TO SPREAD LEARNING ACROSS THE ORGANIZATION. THESE COHORTS INCLUDED TWCCH GOVERNING BOARD AND EXECUTIVE MANAGEMENT AS WELL AS NEARLY 80 EMPLOYEES AND A DOZEN TWCGME RESIDENT PHYSICIANS IN TRAINING. AN INTERNAL SANCTUARY STEERING COMMITTEE AND CORE TEAM HAVE BEEN IDENTIFIED AND ARE WORKING INTENTLY AND TIRELESSLY TO ENSURE CROSS-DEPARTMENTAL UNDERSTANDING AND WIDE-SPREAD ADOPTION OF THE SANCTUARY PHILOSOPHY, PILLARS, COMMITMENTS, AND IMPLEMENTATION TOOLS. A VITAL COMPONENT OF THE MODEL TO ENSURE EMPOWERING IN-HOUSE EXPERTISE OF INTERNAL SANCTUARY TRAINERS LAUNCHED DURING THE CURRENT FISCAL YEAR.

TWCGME IS FULLY COMMITTED TO IMPROVING THE WAY WE WORK TO PROMOTE AND SYSTEMATIZE AN AWARENESS OF THE IMPORTANCE OF JUSTICE, EQUITY, DIVERSITY, INCLUSION AND BELONGING (JEDIB). DURING THE FISCAL YEAR REPORTED, TWCCH AND TWCGME WERE AGAIN SELECTED IN A COMPETITIVE PROCESS TO PARTICIPATE IN ANOTHER ROBERT WOOD JOHNSON FOUNDATION DESIGN SPRINT COLLABORATION BETWEEN THE WRIGHT CENTERS FOR COMMUNITY HEALTH AND GRADUATE MEDICAL EDUCATION AND OUR NORTHEAST PA AHEC. THIS PROJECT AIMED TO DEVELOP A JUSTICE, DIVERSITY, EQUITY, INCLUSION, AND BELONGING CURRICULUM FOR PHYSICIAN AND INTERPROFESSIONAL HEALTH WORKFORCE LEARNERS TO PROMOTE TEAM BUILDING AND AWARENESS ACROSS THE CARE DELIVERY TEAM LEARNING CONTINUUM. THE GOAL IS TO ELIMINATE THE IMPACT OF DISPARITIES IN HEALTH SERVICES AND

TREATMENT DECISIONS, AS WELL AS IN CAREER ADVANCEMENT OPPORTUNITIES, RESULTING FROM EXPLICIT AND IMPLICIT BIASES. THE CURRICULUM'S FOCUS IS TO TEACH CULTURAL HUMILITY AND AUTHENTIC TEAMWORK ACROSS HEALTH PROFESSIONS, WHICH IS ESSENTIAL TO ACHIEVING A SHARED, TEAM-BASED UNDERSTANDING OF THE MOST EFFECTIVE DIAGNOSES, HEALTH CARE SERVICES PLAN, AND TREATMENT APPROACHES FOR THE BENEFIT OF PATIENTS, FAMILIES, AND OUR COMMUNITIES. ADDITIONALLY, WITH THE CONTINUED LEADERSHIP OF OUR VP OF DIVERSITY, EQUITY, AND INCLUSION (DEI), WE EXPANDED JEDIB PROGRAMMING AND ACTIVITIES ACROSS THE WRIGHT CENTER ENTERPRISE, AND INTRODUCED INTEGRATIVE COMMUNITY THERAPY (ICT) AS A NEW INITIATIVE IN OUR WORK TO PROMOTE MENTAL HEALTH, RESILIENCY, COPING SKILLS AND DEMONSTRATED VALUE OF THERAPEUTIC COMMUNITIES. SYSTEMATIZED ICT IS FUELED BY THE COMMUNITY AND ENGAGED MENTAL HEALTH PROFESSIONALS, NOTABLY NOT RELYING ON REFERRALS, DOCTORS, INSURANCE, OR WAIT LISTS TO OFFER IMMEDIATE, NO-COST ACCESS TO ANY COMMUNITY MEMBER NEEDING MENTAL HEALTH SUPPORT. ICT USES FACILITATED AND GUIDED CONVERSATION BETWEEN COMMUNITY MEMBERS WITH SHARED CHARACTERISTICS AS AN ALTERNATIVE SOLUTION OR RESPONSE TO LACK OF IMMEDIATE ACCESS TO APPROPRIATE MENTAL HEALTH SERVICES IN COMMUNITIES. EACH PARTICIPANT IN AN ICT SESSION LEARNS, CONTRIBUTES, AND HEALS BY SHARING THEIR AND LISTENING TO THE LIFE STORIES THAT ARE TOLD BY OTHERS.

DURING THE FISCAL YEAR, TWCGME ALSO LAUNCHED ITS FORMAL CORPORATE COMMITMENT TO ENVIRONMENTAL RESPONSIBILITY AND CLIMATE RESILIENCE WITH A SUBSTANTIAL INVESTMENT INTO AN ENVIRONMENTAL, SOCIAL, AND GOVERNANCE (ESG) STRATEGIC PLAN. WE RECRUITED OUR VERY FIRST ESG SPECIALIST, AND

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DEVELOPED AN ORGANIZATIONAL CLIMATE PLEDGE FOR REVIEW AND ADOPTION BY OUR ENTIRE STAFF, INCLUDING OUR PHYSICIANS AND PROVIDER TEAMS AND TWCGME'S RESIDENT AND FELLOW PHYSICIANS IN TRAINING, TO PROMOTE AWARENESS THAT, AS AN ESSENTIAL COMMUNITY PROVIDER OF PRIMARY HEALTH SERVICES, WE SIMPLY CANNOT IGNORE THE DEVASTATING DISPARATE IMPACT THAT THE ENVIRONMENT AND CLIMATE HAS ON HEALTH, A DETRIMENTAL IMPACT THAT IS ONLY FORCE-MULTIPLIED BY THE POLITICAL AND SOCIOECONOMIC DETERMINANTS OF HEALTH. WE THEREFORE COMMITTED TO ENRICH AND EXPAND OUR COMMUNITY BENEFIT TO INCLUDE A ROBUST EXPLORATION AND IMPLEMENTATION OF REASONABLE "ACHIEVABLE BY ALL" PRACTICES THAT PROMOTE AWARENESS AND SUSTAINABILITY OF ENVIRONMENTAL AND CLIMATE RESILIENCE.

FORM 990, PART III, LINE 4A

PROGRAM SERVICES CONTINUED:

TWCGME'S MISSION IS TO IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITY THROUGH INCLUSIVE AND RESPONSIVE HEALTH SERVICES AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME, AN INDEPENDENT NON-PROFIT SPONSORING INSTITUTION ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), TRAINS NEARLY 250 MEDICAL RESIDENTS AND FELLOWS EACH YEAR THROUGH ITS UNIQUE GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC), WHICH IS FUNDED BY THREE FEDERAL AGENCIES (HRSA, AFFILIATED HOSPITAL AND INPATIENT REHABILITATION FACILITY PARTNERS WHO RECEIVE REIMBURSEMENT FROM CMS, AND THE VA). OUR OPERATIONS ARE SUPPORTED BY AN ENRICHED COMMUNITY RESOURCE NETWORK OF MULTIPLE HEALTHCARE ORGANIZATIONS THAT PROVIDE CLINICAL LEARNING ENVIRONMENTS FOR RESIDENTS/FELLOWS, WHO

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HAVE ALREADY GRADUATED MEDICAL SCHOOL AND JOIN TWCGME TO COMPLETE POSTGRADUATE CLINICAL AND EDUCATIONAL TRAINING THAT MAKES THEM ELIGIBLE TO SIT FOR BOARD EXAMINATIONS WITH THE AMERICAN BOARD OF MEDICAL SPECIALITIES AND/OR THE AMERICAN OSTEOPATHIC ASSOCIATION. TWCGME'S INTERNAL MEDICINE, FAMILY MEDICINE, PHYSICAL MEDICINE & REHABILITATION ("PM&R") AND PSYCHIATRY RESIDENCIES, AS WELL AS ITS CARDIOVASCULAR DISEASE, GASTROENTEROLOGY, AND GERIATRICS FELLOWSHIPS, ARE ALL STRATEGICALLY DESIGNED TO RESPOND TO PUBLIC HEALTH NEEDS, WHILE EMPOWERING LEARNERS AS INNOVATORS AND NIMBLE PUBLIC HEALTH SERVICE LEADERS WHO RESPOND TO THE NEEDS OF THE LOCAL COMMUNITIES THEY SERVE BOTH IN TWCCH CLINICS AND IN PARTNERING HOSPITALS AND SPECIALITY OFFICES THROUGHOUT LACKAWANNA, WAYNE, AND LUZERNE COUNTIES IN NORTHEAST PENNSYLVANIA. RESIDENT PHYSICIANS IN OUR NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM RESPOND SIMILARLY TO THE NEEDS OF THEIR FQHC BASED CLINICAL LEARNING NETWORKS AND SURROUNDING COMMUNITIES IN WASHINGTON DC, HILLSBORO, OHIO, TUCSON, ARIZONA, AND SEATTLE, WASHINGTON.

TWCGME'S REGIONAL FAMILY MEDICINE RESIDENCY, NATIONAL FAMILY MEDICINE RESIDENCY, INTERNAL MEDICINE RESIDENCY, PSYCHIATRY RESIDENCY, AND GERIATRICS FELLOWSHIP ARE WHOLLY OR PARTIALLY FUNDED BY HRSA THROUGH THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM, WHICH FUNDS PRIMARY CARE MEDICAL AND DENTAL RESIDENCY PROGRAMS. THESE HRSA-FUNDED THCGME PROGRAMS OFFER AMPLE OPPORTUNITY FOR PHYSICIAN TRAINEES TO BE IMMERSED IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND FQHC LOOK-ALIKES (FQHC-LALS) AS THEIR PRIMARY AMBULATORY CLINICAL

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LEARNING ENVIRONMENTS. AS ONE OF THE LARGEST HRSA-FUNDED THC GME-SNCS 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 PARTNERING CLINICAL EDUCATIONAL SITES INCLUDE TWCCH'S CLINICAL LOCATIONS ACROSS NORTHEAST PENNSYLVANIA, HEALTHSOURCE OF OHIO IN NEW RICHMOND AND HILLSBORO, OH, EL RIO HEALTH IN TUCSON, AZ, HEALTHPOINT IN AUBURN, WA, AND UNITY HEALTH CARE IN WASHINGTON, DC. THESE HEALTH CENTERS SHARE A PUBLIC HEALTH-ORIENTED PARTNERSHIP NOT ONLY WITH TWCGME BUT ALSO WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) AND CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP). THESE MISSION DRIVEN COLLABORATORS PASSIONATELY SUPPORT AND ENGAGE IN ATSU'S HOMETOWN SCHOLAR PIPELINE PROGRAMS STRIVING TO ENHANCE THE DIVERSITY OF THE PHYSICIAN WORKFORCE AND ITS CONGRUENCE WITH THE POPULATION SERVED BY RECRUITING FROM, RETAINING IN, AND THEREBY RESTORING PRIMARY CARE HEALTH CENTERS AND THE COMMUNITIES THEY SERVE.

FORM 990, PART III, LINE 4B

PROGRAM SERVICE CONTINUED:

TWCGME IS A 501(C)(3) NONPROFIT CORPORATION AND ANCHORING MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) THAT SERVES AS THE INDEPENDENT ACGME-ACCREDITED SPONSORING INSTITUTION OF RESIDENCY PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, PHYSICAL MEDICINE & REHABILITATION, AND FELLOWSHIP PROGRAMS IN GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY. IN NORTHEAST PENNSYLVANIA, TWCGME'S RESIDENT AND FELLOW PHYSICIAN LEARNERS TRAIN EXPERIENTIALLY IN

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FIVE REGIONAL HOSPITALS OPERATED BY COMMONWEALTH HEALTH, GEISINGER HEALTH SYSTEM, AND/OR THE WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (WBVAMC), AS WELL AS THE ALLIED SERVICES INPATIENT REHABILITATION FACILITY (IRF) AND ITS INTEGRATED DELIVERY SYSTEM THAT INCLUDES TRANSITIONAL REHABILITATION, SKILLED NURSING, INPATIENT HOSPICE AND ASSISTED LIVING FACILITIES. TWCGME'S INTERNAL MEDICINE, FAMILY MEDICINE, AND PSYCHIATRY RESIDENCY PROGRAMS ARE PARTIALLY FUNDED BY THE HRSA TEACHING HEALTH CENTER GME PROGRAM AS DESCRIBED IN LINE 4A ABOVE; TWCGME'S NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM AND GERIATRICS FELLOWSHIP ARE WHOLLY FUNDED BY HRSA'S TEACHING HEALTH CENTER GME PROGRAM AND RECEIVE NO RESOURCES FROM CMS GME AFFILIATES OR THE VA. NON-HRSA GME FUNDING IS PROVIDED TO TWCGME DIRECTLY BY THE WBVAMC AND THROUGH CMS-FUNDED HOSPITALS AND IRF VIA AFFILIATION AGREEMENTS. THE GME-SNC TRACKS AND METICULOUSLY REPORTS ROTATIONAL FTES BY PROGRAM ACROSS SPECIFIED FEDERAL COST CENTERS.

FORM 990, PART III, LINE 4C

PROGRAM SERVICE CONTINUED:

WE VET ALL POTENTIAL MISSION-ALIGNED GRANT INITIATIVES FOR COMMUNITY HEALTH NEEDS-RESPONSIVENESS, FEASIBILITY, OUTCOMES ACHIEVABILITY AND SUSTAINABILITY. WITH A FERVENT COMMITMENT TO AUTHENTICITY AND THE HIGHEST INTEGRITY AND ACCOUNTABILITY STANDARDS, THROUGH ACTIVE PARTNERSHIPS WITH A WIDE VARIETY OF LOCAL, REGIONAL, STATE, AND NATIONAL FUNDERS, WE STRIVE TO PROMOTE UNPRECEDENTED, HIGH-IMPACT, CROSS-ORGANIZATIONAL COLLABORATION; TO FOSTER SHARED PURPOSE AND ACCOUNTABILITY AND COLLECTIVE IMPACT-ORIENTED ACTION STRATEGIES; AND TO DEMONSTRATE TRUSTED

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TRANSFORMATIONAL STEWARDSHIP OF PUBLIC RESOURCES TO ADDRESS COMMUNITY HEALTH NEEDS AND PROMOTE COMMUNITY HEALTH.

THE FOLLOWING DETAILED INFORMATION OF MATERIAL GRANT-FUNDED PROGRAMS SUPPORTS THOSE GRANTS LISTED ON SCHEDULE B EXCEPT FOR THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION FUNDING DESCRIBED ON LINE 4A AND RELATED ORGANIZATION CONTRIBUTIONS:

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (TOTAL $376,683)

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FOR TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED FAMILY MEDICINE (FM) RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) IN THE MEDICALLY UNDERSERVED SETTING OF BROOKLYN, NEW YORK. GRANT FUNDS WILL BE USED TO SUPPORT THE EXPLORATION OF THE FEASIBILITY AND LOGISTICAL AND OPERATIONAL STRATEGIES TO DEVELOP AND SECURE ACGME ACCREDITATION OF A NEW, COMMUNITY HEALTH NEEDS RESPONSIVE FAMILY MEDICINE RESIDENCY PROGRAM IN PARTNERSHIP WITH WYCKOFF HEIGHTS MEDICAL CENTER (WYCKOFF). AS A NEW CLINICAL PARTNER IN OUR EXISTING GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM, WYCKOFF PLANS TO LOCATE THE PROPOSED FAMILY MEDICINE RESIDENCY PROGRAM IN A COMMUNITY-BASED CLINICAL SITE IN BUSHWICK, BROOKLYN, WHICH IS DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA)

AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). DURING FISCAL YEAR 2022-2023, TOTAL CONTRIBUTIONS AMOUNTED TO $287,062.

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FOR TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) TO CREATE A NEW, RURAL FAMILY MEDICINE (FM) RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) IN THE MEDICALLY UNDERSERVED RURAL DESIGNATED COUNTY OF WAYNE COUNTY, PA. THIS HIGH-NEEDS HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) AND MEDICALLY UNDERSERVED AREA (MUA) DESIGNATED RURAL COUNTY IS STRUGGLING WITH OBESITY AND ITS MANY COMORBIDITIES, PHYSICAL INACTIVITY, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS. THE PROPOSED RURAL FAMILY MEDICINE PROGRAM WILL ADDRESS THESE COMMUNITY HEALTH CONCERNS BY PROVIDING A PROGRAM DRIVEN BY A FULL-SCOPE FAMILY MEDICINE PRACTICE THAT INCLUDES EDUCATION IN AND CLINICAL EXPOSURE TO WHOLE PERSON PRIMARY HEALTH SERVICES INCLUDING MEDICAL, BEHAVIORAL/MENTAL HEALTH, DENTAL, AND NEEDED SPECIALTY OUTPATIENT CARE SUCH AS HEPATITIS C TREATMENT, RYAN WHITE AND INFECTIOUS DISEASE SERVICES, AS WELL AS SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES INCLUDING MEDICATION-ASSISTED TREATMENT (MAT). DURING FISCAL YEAR 2022-2023, TOTAL CONTRIBUTIONS AMOUNTED TO $57,874.

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FOR TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) TO ESTABLISH A NEW

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COMMUNITY-BASED OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). GRANT FUNDS WILL BE USED TO SUPPORT THE EXPLORATION OF THE FEASIBILITY AND LOGISTICAL AND OPERATIONAL STRATEGIES TO DEVELOP AND SECURE ACGME ACCREDITATION OF A NEW, COMMUNITY HEALTH NEEDS RESPONSIVE OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM IN AN AREA WHERE PRIMARY CARE AND OB/GYN SERVICES ARE LIMITED. THE PROGRAM AIMS TO DECREASE HEALTHCARE DISPARITIES BY IDENTIFYING AND IMMERSING TRAINEES AND RESIDENCY PROGRAM FACULTY IN THE CARE OF LOW-INCOME VULNERABLE AND MARGINALIZED POPULATIONS. DURING FISCAL YEAR 2022-2023, TOTAL CONTRIBUTIONS AMOUNTED TO $12,461.

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FOR TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED PEDIATRICS RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). GRANT FUNDS WILL BE USED TO SUPPORT THE EXPLORATION OF THE FEASIBILITY AND LOGISTICAL AND OPERATIONAL STRATEGIES TO DEVELOP AND SECURE ACGME ACCREDITATION OF A NEW, COMMUNITY HEALTH NEEDS RESPONSIVE PEDIATRICS RESIDENCY PROGRAM IN AN AREA WHERE NONDISCRIMINATORY PRIMARY CARE AND PEDIATRICS SERVICES ARE LIMITED. THE PROGRAM AIMS TO DECREASE HEALTHCARE DISPARITIES BY IDENTIFYING AND IMMERSING TRAINEES AND RESIDENCY PROGRAM FACULTY IN THE CARE OF LOW-INCOME VULNERABLE AND MARGINALIZED POPULATIONS. CHILDREN LIVING IN THE SERVICE AREA REPRESENT A UNIQUE AND VULNERABLE POPULATION

WITH DISCRETE HEALTH, HEALTHCARE, GEOGRAPHIC, AND SOCIOECONOMIC DISADVANTAGES. THE CLOSURE OF INPATIENT HOSPITAL PEDIATRICS UNITS HAVE FORCE MULTIPLIED THE PEDIATRICS PUBLIC HEALTH CHALLENGES OF THE SURROUNDING COMMUNITY. DURING FISCAL YEAR 2022-2023, TOTAL CONTRIBUTIONS AMOUNTED TO $19,286.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PRIMARY CARE TRAINING AND ENHANCEMENT - RESIDENCY TRAINING AND MENTAL AND BEHAVIORAL HEALTH (TOTAL $63,345)

THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) VIA A PRIMARY CARE TRAINING AND ENHANCEMENT GRANT TO PROVIDE SPONSORING INSTITUTION-WIDE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH WITH A FOCUS ON YOUTH MENTAL HEALTH. THIS PROGRAM WILL BE IMPLEMENTED ACROSS OUR NATIONAL FAMILY MEDICINE RESIDENCY NETWORK (NFMR) SITES IN UNDERSERVED COMMUNITIES IN WASHINGTON, DC, WASHINGTON, OHIO, AND ARIZONA, PARTNERING WITH OUR ACADEMIC LEADERS AT UNITY, HEALTHPOINT, HEALTH SOURCE, AND EL RIO FEDERALLY QUALIFIED HEALTH CENTERS. THROUGH THIS FUNDING, TWCGME'S NFMR WILL ASSURE CONSISTENT AND COST-EFFECTIVE DELIVERY OF A CHALLENGING AND SATISFYING LOCAL TRAINING EXPERIENCE IN THE MENTAL AND BEHAVIORAL HEALTH CONDITIONS FOR PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS SERVED BY OUR HEALTH CENTER PARTNERS.

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

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(TOTAL $6,667)

IN PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AS SUB-AWARDEE THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) PARTICIPATED IN AUGMENTATION OF TRAINING ACROSS THE PRIMARY CARE CONTINUUM BY INTEGRATING INTERPROFESSIONAL TEAM-BASED, PATIENT-CENTERED HEALTH PROFESSIONS EDUCATION WITHIN NATIONALLY DISTRIBUTED COMMUNITY HEALTH CENTER TRAINING SITES SEEKING TO IMPROVE ACCESS TO QUALITY HEALTHCARE FOR HIGHLY VULNERABLE AND HISTORICALLY UNDERSERVED POPULATIONS. THROUGH THIS PROJECT, ATSU-SOMA AND SUB-AWARDEES INCLUDING TWCGME, CREATED ENHANCED PRIMARY CARE DIDACTICS, CONTEXTUAL CLINICAL LEARNING ACTIVITIES AND ASSESSMENTS, AND LEADERSHIP CONTENT TO PREPARE TRAINEES FOR PRACTICE IN EVOLVING HEALTHCARE SYSTEMS AND FUTURE CAREERS AS PUBLIC HEALTH CHAMPIONS AND SERVANT LEADERS FOR THEIR COMMUNITIES. TOGETHER, ATSU-SOMA AND SUB-AWARDEES INCLUDING TWCGME, CREATED A MULTI-STATE COMMUNITY CARE TRAINING ALLIANCE THAT BRINGS TOGETHER LEADERSHIP FROM COMMUNITY HEALTH CENTERS, MEDICAL SCHOOLS AND GME SPONSORING INSTITUTIONS TO EXPLORE HOW TO BEST EVOLVE THE LONGITUDINAL MEDICAL EDUCATION CONTINUUM IN ORDER TO BETTER SERVE MEDICALLY UNDERSERVED COMMUNITIES.

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES:

OTHER - COMMON PAYMASTER

TWCGME SERVES AS THE COMMON PAYMASTER FOR ITS PRIMARY AFFILIATE, A

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FEDERALLY QUALIFIED HEALTH CENTER LOOK ALIKE, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO A MISSION DRIVEN COVENANT AND RELATED LEASE AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES, FOR WHICH TWCCH PAYS TWCGME THROUGH INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE LEASE AGREEMENTS, TWCCH LEASES MANAGEMENT SERVICES AND BACK OFFICE SUPPORT SERVICES FROM TWCGME INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING & COMMUNICATIONS, FINANCE, BILLING, GRANTS, GOVERNANCE SUPPORT, GOVERNMENTAL RELATIONS, LEGAL AND OTHER ADMINISTRATIVE SERVICES. LINE 2B ON THE STATEMENT OF REVENUE REPRESENTS THE REVENUE RECORDED FOR THESE SUPPORT SERVICES THAT TWCGME PERFORMS ON BEHALF OF TWCCH. THE COSTS ASSOCIATED WITH THIS REVENUE, IN ADDITION TO COSTS SUPPORTING TWCGME MANAGEMENT AND GENERAL EXPENSES, ARE RECORDED AS MANAGEMENT AND GENERAL EXPENSES ON TWCGME (REVENUE $5,752,897).

OTHER - OFFICE OF RESEARCH SUPPORT AND COMPLIANCE

TWCGME ENSURES THAT TRAINEES, STAFF, AND FACULTY HAVE OPPORTUNITIES TO ENGAGE IN COMMUNITY-ORIENTED PRIMARY CARE SCHOLARLY ACTIVITY AND RESEARCH AS FUNDING ALLOWS. DURING THE REPORTING PERIOD, TWO INDIVIDUALS STAFFED THIS DEPARTMENT AND ENGAGED WITH TRAINEE PROGRAM CHIEFS AND LEADERS DEDICATED TO SCHOLARLY ACTIVITY WHICH IN TURN IS REPORTED TO THE ACGME AS PART OF PROGRAM AND INSTITUTIONAL REQUIREMENTS. ADDITIONALLY, TWCGME OPERATES AN INSTITUTIONAL REVIEW BOARD (IRB). THE MISSION OF THE TWCGME IRB IS TO PROTECT THE RIGHTS, WELFARE AND KNOWLEDGE-BASED EMPOWERMENT OF

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HUMAN PARTICIPANTS RECRUITED TO ENGAGE IN RESEARCH ACTIVITIES OCCURRING IN TWCGME EDUCATIONAL OR TWCCH CLINICAL LEARNING ENVIRONMENTS, PARTNERING ORGANIZATIONS' CLINICAL LEARNING ENVIRONMENTS, AND/OR WITH TWCGME RESIDENTS, FELLOWS AND/OR FACULTY. PHYSICIANS, EDUCATORS, ACADEMIC AND CLINICAL RESEARCH EXPERTS AND COMMUNITY MEMBERS SERVE ON THE IRB.

FORM 990, PART IV, LINE 28

BUSINESS TRANSACTIONS:

IN NOVEMBER 2017, TWCGME AND ITS AFFILIATED ORGANIZATION TWCCH EXECUTED A LEASE AGREEMENT WITH WYOMING AVENUE DEVELOPMENT, LLC TO DEVELOP AND RENT A 36,500 SQ. FT. FLAGSHIP CLINICAL, EDUCATIONAL, AND ADMINISTRATIVE HUB AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA, A FORMALLY ECONOMICALLY DISTRESSED CITY AT THAT TIME. MR. JOSEPH FERRARIO WAS A VOLUNTEER DIRECTOR ON AND CHAIR OF TWCGME BOARD OF DIRECTORS, AS WELL AS A BOARD MEMBER OF THE AFFILIATED TWCCH AND OTHER AFFILIATES, UNTIL JULY 12, 2019, WHEN HE RESIGNED FROM TWCGME'S BOARD OF DIRECTORS AND FROM ALL BOARDS OF DIRECTORS OF ITS AFFILIATED ORGANIZATIONS. AT THE TIME THE LEASE TRANSACTION WAS CONSUMMATED, MR. FERRARIO OWNED MORE THAN 35% OF WYOMING AVENUE DEVELOPMENT, LLC. MR. FERRARIO'S CONFLICT OF INTEREST WAS FULLY DISCLOSED AND COMMUNICATED, ETHICALLY ASSESSED, AND APPROVED BY THE BOARD OF DIRECTORS OF TWCGME AND TWCCH 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 AND MANAGING A CONFLICT OF INTEREST ON A NON-PROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL, WITH ALL GUIDANCE BEING FOLLOWED. ON JULY 25, 2019, THE

15-YEAR LEASE AGREEMENT WAS AMENDED FOR PURPOSES OF COMPLYING WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE RENTED SPACE. TWCGME SUBLEASES SPACE TO TWCCH AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA FOR FQHC LAL CLINICAL AND ADMINISTRATIVE OPERATIONS. THE LEASE WENT INTO EFFECT ON NOVEMBER 26, 2019, CLARIFYING THAT TWCGME WAS THE PRIMARY LESSEE OF 41,990 SQ. FT. OF SPACE. RENOVATIONS OF THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING OCCURRED BETWEEN EARLY 2018 AND DECEMBER 2019, WITH THE COMMENCEMENT DATE OF THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR OCCURRING ON NOVEMBER 26, 2019.

FORM 990, PART V, LINE 2

COMMON PAYMASTER:

TWCGME IS AFFILIATED WITH 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 PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL OFFICER, AND CHIEF OPERATING OFFICER. TWCGME REPORTS ALL OTHER EMPLOYEES ON ITS FORM W-3; HOWEVER, EACH ENTITY'S RESPECTIVE EMPLOYEE FTES ARE ALLOCATED APPROPRIATELY TO EACH ENTITY WITHOUT DUPLICATION BASED ON A SHARED MISSION COVENANT AND SERIES OF RELATED 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 TWCCH.

FORM 990, PART VI, SECTION A, LINE 6

ORGANIZATION MEMBERS:

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 AND/OR FELLOW TRAINING AND WHICH HAVE AN ACTIVE PRESENCE IN THE NORTHEAST PENNSYLVANIA REGION AS DETERMINED SOLELY BY TWCGME. DURING FISCAL YEAR 2022-2023, GEISINGER HEALTH SYSTEM AND COMMONWEALTH HEALTH SYSTEMS WERE CLASS I MEMBERS. CLASS II MEMBERS CURRENTLY INCLUDE CLASS I DIRECTORS AND CLASS III DIRECTORS AS DEFINED IN TWCGME'S BYLAWS. CLASS II MEMBERS CURRENTLY INCLUDE REPRESENTATIVES OF TWCGME'S AFFILIATED CORPORATIONS, INCLUDING TWCCH, A HRSA-DESIGNATED FQHC LOOK-ALIKE. OTHER CLASS II MEMBERS INCLUDE REPRESENTATIVES OF CONSUMERS/PATIENTS, REGIONAL EMPLOYERS, OSTEOPATHIC, ALLOPATHIC AND INTER-PROFESSIONAL (NON-PHYSICIAN) HEALTH CARE AND EDUCATIONAL STAKEHOLDERS, COMMUNITY LEADERS, COMMUNITY-GOVERNED NON-PROFIT SERVICE ORGANIZATIONS, AND OTHER PERSONS WHOM THE MEMBER BELIEVES WILL CONTRIBUTE VALUE TO THE BOARD OF DIRECTORS. TWCGME ALSO ENSURES THE CONTINUED ENGAGEMENT OF REPRESENTATIVE MEMBERS FROM ITS NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM'S PARTNERING FQHCS (UNITY HEALTH CARE, HEALTHSOURCE OF OHIO, HEALTHPOINT AND EL RIO HEALTH) AS WELL AS NORTHEAST PA AHEC AND A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE AS CLASS II MEMBERS TO ENSURE AN EMPOWERED VOICE AT THE GOVERNING TABLE.

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

MEMBER POWERS:

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

SHALL HAVE THE RIGHT TO APPOINT ONE CLASS II-A DIRECTOR TO TWCGME'S BOARD. CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATE TWCGME'S SPONSORING INSTITUTIONAL CONSORTIUM FOR AT LEAST TWENTY-FIVE RESIDENT AND/OR FELLOW FTES SHALL HAVE THE RIGHT TO APPOINT TWO CLASS II-A DIRECTORS TO TWCGME'S BOARD. NO CLASS I MEMBER SHALL APPOINT MORE THAN TWO VOTING DIRECTORS ON TWCGME'S BOARD AT ANY GIVEN TIME, AND NO CLASS I MEMBER MAY APPOINT DIRECTORS TO ANY CLASS OTHER THAN CLASS II-A.

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

FORM 990 REVIEW:

TWCGME'S FORM 990 IS PREPARED BY THE SENIOR LEADERSHIP TEAM OF THE FINANCE DEPARTMENT AND ENTERPRISE COMPLIANCE AND INTEGRITY DEPARTMENT WITH DETAILED REVIEW AND INPUT FROM THE PRESIDENT & CEO, AND IT IS THEN REVIEWED BY AN INDEPENDENT, CONTRACTED 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, INPUT, AND APPROVAL 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, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

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

CONFLICT OF INTEREST POLICY:

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL	23-2007832

A WRITTEN CONFLICT OF INTEREST POLICY HAS BEEN APPROVED BY THE BOARD OF DIRECTORS, AND THE GOVERNANCE OFFICER AND THE SENIOR VICE PRESIDENT FOR ENTERPRISE COMPLIANCE AND INTEGRITY ENSURE IT IS REVIEWED, UPDATED IF NECESSARY, AND RENEWED ANNUALLY OR MORE FREQUENTLY WHEN NECESSARY OR APPROPRIATE. A 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 GOVERNANCE OFFICER AND THE SENIOR VICE PRESIDENT FOR ENTERPRISE COMPLIANCE AND INTEGRITY ENSURE THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED AND REVIEWED. POTENTIAL CONFLICTS OF DIRECTORS, IF ANY, ARE FULLY DISCLOSED, VETTED BY INTERNAL COUNSEL AND THE AUDIT COMMITTEE, AND REVIEWED BY THE BOARD WITH OUTSIDE ETHICS CONSULTATION OBTAINED WHEN APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO THE BOARD ANNUALLY DURING THE REVIEW, UPDATE, 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 AND SENIOR VICE PRESIDENT FOR ENTERPRISE COMPLIANCE AND INTEGRITY. COMPLIANCE OF STAFF WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH THE SUPPORTIVE OVERSIGHT OF THE VICE PRESIDENT OF HUMAN RESOURCES, INTERNAL COUNSEL, AND THE SENIOR VICE PRESIDENT FOR ENTERPRISE COMPLIANCE AND INTEGRITY.

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

COMPENSATION DETERMINATION:

TWCGME CONTRACTS WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), ITS AFFILIATED ENTITY, FOR THE SERVICES OF TWCGME'S CHIEF EXECUTIVE AS

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL	23-2007832

PRESIDENT AND CHIEF EXECUTIVE OFFICER OF TWCGME, AND THEREFORE DOES NOT COMPENSATE THE PRESIDENT AND CHIEF EXECUTIVE OFFICER DIRECTLY. NONETHELESS, THE PROCESS FOR DETERMINING THE COMPENSATION OF TWCGME'S TOP MANAGEMENT OFFICIAL, THE PRESIDENT & CHIEF EXECUTIVE OFFICER (CEO), IS LED BY THE EXECUTIVE COMMITTEE OF TWCGME BOARD IN CONJUNCTION WITH THE EXECUTIVE COMMITTEE OF TWCCH. THE EXECUTIVE COMMITTEES ENGAGE A THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT PERIODICALLY (GENERALLY EVERY THREE TO FIVE YEARS) TO PROVIDE A COMPREHENSIVE OBJECTIVE COMPENSATION STUDY, ASSESSMENT, AND ANALYSIS EACH TIME THE CEO'S CONTRACT, SALARY, AND COMPENSATION ARE NEGOTIATED. ADDITIONAL DATA CONSIDERED MAY INCLUDE INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AS WELL AS COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, OR OTHER RELEVANT REGIONAL AND NATIONAL SOURCES. THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY PERFORMS A DETAILED, ROBUST, COMPREHENSIVE PERFORMANCE EVALUATION OF THE PRESIDENT & CEO'S AND ORGANIZATION'S PERFORMANCE. THIS ANNUAL PROCESS INCLUDES ASSESSMENT OF WHETHER BASE CHANGES OR MERIT BONUS PAYMENT ADJUSTMENTS TO THE SALARY AND BENEFITS OF THE PRESIDENT & CEO SERVICES ARE APPROPRIATE AND, IF SO, ENSURE FAIR VALUE BASED ON ALL FACTS AND CIRCUMSTANCES. ANY ADJUSTMENTS TO THE PRESIDENT & CEO'S COMPENSATION IN BETWEEN CONTRACT TERMS ARE ASSESSED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE OVERALL COMPENSATION OF THE PRESIDENT & CEO IS DETERMINED BASED ON A ROBUST PERFORMANCE ASSESSMENT AND THE OVERALL PERFORMANCE OF

Name of the organization: THE WRIGHT CENTER FOR GRADUATE MEDICAL

Employer identification number: 23-2007832

THE ORGANIZATION, WITH DUE CONSIDERATION OF THE CONTRACTED INDEPENDENT THIRD-PARTY COMPENSATION STUDY, MARKET COMPARABILITY, AND AFFORDABILITY. THE EXECUTIVE COMMITTEES' ANNUAL DELIBERATIONS, CONSIDERATIONS, AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE CONTEMPORANEOUSLY DOCUMENTED IN EXECUTIVE COMMITTEES MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION COMPLETION AND COMPENSATION DECISION AND THEN REPORTED TO AND RATIFIED BY THE FULL BOARDS OF BOTH TWCGME AND TWCCH.

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

COMPENSATION DETERMINATION:

COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING BUT NOT LIMITED TO EXECUTIVES, OFFICERS, EMPLOYEES, KEY EMPLOYEES, THE HIGHEST COMPENSATED EMPLOYEES, AND ALL STAFF IS DETERMINED BY THE ORGANIZATION'S PRESIDENT & CEO AND HUMAN RESOURCES DEPARTMENT, WHO, WITH CONSIDERATION OF CURRENT AND FREQUENTLY SHIFTING MARKET DYNAMICS, RELY ON A FORMAL, PERIODIC ORGANIZATION-WIDE COMPENSATION ASSESSMENT BY AN OBJECTIVE THIRD-PARTY VENDOR, TYPICALLY EVERY THREE TO FIVE YEARS. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT ENGAGED BY THE VICE PRESIDENT OF HUMAN RESOURCES PERFORMS AND PRESENTS THE ORGANIZATION-WIDE COMPENSATION STUDY TO THE PRESIDENT & CHIEF EXECUTIVE OFFICER, AS WELL AS THE EXECUTIVE AND PERSONNEL/COMPENSATION COMMITTEES OF TWCGME'S AND TWCCH'S BOARDS OF DIRECTORS. THE PRESIDENT & CEO ALSO CONSIDERS ADDITIONAL DATA IN DETERMINATION OF COMPENSATION WITHIN THE ORGANIZATION, SUCH AS INFORMATION FROM THE AMERICAN JOB CENTER NETWORK WEBSITE, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS OF THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL	23-2007832

CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS. OTHER REGIONAL AND NATIONAL SOURCES MAY BE CONSULTED WHEN NECESSARY TO PROVIDE ADDITIONAL COMPARABLE SALARY AND COMPENSATION RANGES FOR VARIOUS POSITIONS WITHIN THE ORGANIZATIONS, INCLUDING BUT NOT LIMITED TO EXECUTIVES AND KEY EMPLOYEES.

AS WITH THE SERVICES OF TWCGME'S CHIEF EXECUTIVE, TWCGME ALSO LEASES THE SERVICES OF TWCCH'S CHIEF MEDICAL OFFICER AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SENIOR VICE PRESIDENT OF CLINICAL EDUCATIONAL INTEGRATION. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCGME AND TWCCH ALSO INCLUDES THE SERVICES OF THIS, LIKE ALL, EXECUTIVES IN ITS COMPENSATION STUDY ANALYSIS PERFORMED PERIODICALLY, TYPICALLY EVERY THREE TO FIVE YEARS.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENT AVAILABLITY:

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 AT 501 SOUTH WASHINGTON AVENUE, SUITE 1000 IN SCRANTON, PENNSYLVANIA, 18505, AND OTHER LOCATIONS AS REQUIRED BY IRS RULES AND REGULATIONS, WITH COPIES PROVIDED UPON REQUEST. TWCGME'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE TRANSPARENTLY AVAILABLE ON OUR WEBSITE IN A DOWNLOADABLE FORMAT, AND THEY ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED BY REQUEST CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.

Name of the organization	Employer identification number
THE WRIGHT CENTER FOR GRADUATE MEDICAL	23-2007832

FORM 990, PART VIII, LINE 2B

STATEMENT OF REVENUE:

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

Name of the organization: THE WRIGHT CENTER FOR GRADUATE MEDICAL

Employer identification number: 23-2007832

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SEE NARRATIVES	73,500.	235,311.	5,928,100.
TOTALS	73,500.	235,311.	5,928,100.

Name of the organization: THE WRIGHT CENTER FOR GRADUATE MEDICAL

Employer identification number: 23-2007832

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNITY HEALTH CARE, INC. 1100 NEW JERSEY AVENUE, SE, SUITE 500 WASHINGTON, DC 20003	PROFESSIONAL FEES	942,289.
EL RIO HEALTH 1230 S CHERRYBELL STRA TUCSON, AZ 85713	PROFESSIONAL FEES	730,729.
HEALTH POINT 923 AUBURN WAY NORTH AUBURN, WA 98002	PROFESSIONAL FEES	728,229.
HEALTH SOURCE OF OHIO 424 WARDS CORNER ROAD, SUITE 200 LOVELAND, OH 45140	PROFESSIONAL FEES	343,330.
PAYLOCITY CORPORATION 1400 AMERICAN LANE SCHAUMBURG, IL 60173	PROFESSIONAL FEES	216,115.

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

2022

Open to Public Inspection

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

Employer identification number 23-2007832

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

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

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

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

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

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

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

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

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

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II

NAME OF RELATED ORGANIZATION:

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

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, TWCCH OPERATES AS A HRSA-DESIGNATED FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER OFFERING SAFETY-NET, NONDISCRIMINATORY PRIMARY WHOLE PERSON HEALTH AND RYAN WHITE/INFECTIOUS DISEASE SERVICES WITHOUT REGARD FOR INSURANCE STATUS, ZIP CODE OR ABILITY TO PAY. AS A HRSA RECOGNIZED, PIONEERING TEACHING HEALTH CENTER, TWCCH SERVES AS THE PREDOMINANT AMBULATORY CLINICAL LEARNING ENVIRONMENTS IN NORTHEAST PENNSYLVANIA FOR TWCGME'S RESIDENT AND FELLOW PHYSICIAN TRAINEES, AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) AND CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP), ALONG WITH INTERPROFESSIONAL HEALTHCARE LEARNERS FROM A MULTITUDE OF ACADEMIC INSTITUTIONS.

NAME OF RELATED ORGANIZATION:

THE WRIGHT CENTER ALLIANCE (ALLIANCE)

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, THE WRIGHT CENTER ALLIANCE WAS CREATED AS A SUPPORTING PARENT ORGANIZATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IN ORDER TO ALIGN, ENABLE,

Part VII Supplemental Information

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

AND OPTIMIZE SHARED MISSION DELIVERY ACHIEVEMENT AND COMMUNITY BENEFIT IMPACT OF ANY AFFILIATED, NONPROFIT WRIGHT CENTER ENTITIES.

NAME OF RELATED ORGANIZATION:

PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE)

A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, TWCPCE'S PURPOSE IS TO EMPOWER PATIENTS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE DELIVERY, ENHANCEMENT, AND TRANSFORMATION OF HEALTH CARE SERVICES AND INTER-PROFESSIONAL WORKFORCE DEVELOPMENT AND TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND EFFORTS SPECIFICALLY DIRECTED TO ADDRESS THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH. TWCCH IS THE SOLE CORPORATE MEMBER OF TWCPCE.

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

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

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer: THE WRIGHT CENTER FOR GRADUATE MEDICAL

EIN or SSN: 23-2007832

Name and title of officer or person subject to tax: LINDA THOMAS-HEMAK, MD, PRESIDENT

Part I Type of Return and Return Information

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

1a	**Form 990** check here	X	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	43828443.
2a	**Form 990-EZ** check here		b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) __________, (EIN) __________ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize FORVIS, LLP (**ERO firm name**) to enter my PIN 46422 as my signature (**Enter five numbers, but do not enter all zeros**) on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:

Signature of officer or person subject to tax: Linda Thomas-Hemak, MD   Date: 5/13/2024

39E9C30D401...

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: Krystal Clearh   Date: 05/03/2024

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.   Form **8879-TE** (2022)

JSA
2X3008 2.000

OB 990*/990T*
Paper Filing PA

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Form **990-T**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022 or other tax year beginning 07/01, 2022, and ending 06/30, 2023

Go to *www.irs.gov/Form990T* for instructions and the latest information.

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

OMB No. 1545-0047

2022

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

A [ ] Check box if address changed.	Print or Type	Name of organization ([ ] Check box if name changed and see instructions.) THE WRIGHT CENTER FOR GRADUATE MEDICAL	D Employer identification number 23-2007832
B Exempt under section [X] 501(C)(3) [ ] 408(e) [ ] 220(e) [ ] 408A [ ] 530(a) [ ] 529(a) [ ] 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE, STE 1000 City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18505	E Group exemption number (see instructions) F [ ] Check box if an amended return.
	C	Book value of all assets at end of year . . . . 34173526.	

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust [ ] State college/university

H Check if filing only to [ ] Claim credit from Form 8941 [ ] Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . [ ]

J Enter the number of attached Schedules A (Form 990-T) . . . .

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . [ ] Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of SANDRA YASTREMSKI, CFO — Telephone number 570-343-2383
501 S. WASHINGTON AVE., STE 1000
SCRANTON, PA 18505

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	NONE

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	NONE
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11 from: [ ] Tax rate schedule or [ ] Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	NONE

For Paperwork Reduction Act Notice, see instructions.

JSA
2X2740 1.000

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Form **8868** (Rev. January 2022) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Taxpayer identification number (TIN) 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE SUITE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

- The books are in the care of ▶ SANDRA YASTREMSKI, CFO
  501 S. WASHINGTON AVE., STE 1000 SCRANTON PA 18505
  Telephone No. ▶ 570 343-2383 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 , 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year 20 ____ or
▶ ☒ tax year beginning 07/01 , 2022 , and ending 06/30 , 20 23 .

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

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

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

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	NONE
3	Other amounts due. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)			3	
4	**Total tax.** Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	NONE
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	
6a	Payments: A 2021 overpayment credited to 2022	6a			
b	2022 estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ______ ☐ Form 4136 ______ ☐ Other ______ Total	6g			
7	**Total payments.** Add lines 6a through 6g			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	NONE
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2023 estimated tax** Refunded			11	

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

		Yes	No
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ ______ . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
	$
	$
	$
	$

		Yes	No
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

Part V Supplemental Information

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

SUPPLEMENTAL INFORMATION ATTACHED

Sign Here

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

Signature of officer: [signature] Date: 5/14/24 Title: PRESIDENT

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KRYSTAL K CREACH				P01248198
Firm's name FORVIS, LLP			Firm's EIN 44-0160260	
Firm's address 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 6			Phone no. 417-865-8701	

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SUPPLEMENTAL INFORMATION
========================

PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

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

For calendar year 2022, or fiscal year beginning 07/01/2022 and ending 06/30/2023

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

Go to *www.irs.gov/Form8879TE* for the latest information.

OMB No. 1545-0047

2022

Name of filer: THE WRIGHT CENTER FOR GRADUATE MEDICAL

EIN or SSN: 23-2007832

Name and title of officer or person subject to tax: LINDA THOMAS-HEMAK, MD, PRESIDENT

Part I Type of Return and Return Information

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

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

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

Under penalties of perjury, I declare that [ ] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) ______________ , (EIN) ______________ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X I authorize FORVIS, LLP (**ERO firm name**) to enter my PIN 46422 as my signature (**Enter five numbers, but do not enter all zeros**) on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

DocuSigned by:
Signature of officer or person subject to tax: Linda Thomas-Hemak, MD
91E1035FCB6D401...
Date: 5/13/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 43032944016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: Krystal Cleary   Date: 05/03/2024

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

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IRS Tax Determination

Internal Revenue Service

District Director

RECEIVED

DEC 1 1978

SCRANTON-TEMPLE RESIDENCY PROGRAM

Department of the Treasury

P. O. Box 959
Scranton, PA 18501

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

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

NOV 29 1978

Our Letter dated: November 16, 1976

Gentlemen:

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

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

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

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

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

Sincerely yours,

James T. Rideoutte

James T. Rideoutte
District Director

WCGME Name Change Filing

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

The Wright Center for Graduate Medical Education

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

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

ENTITY NUMBER: 628234

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

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

04:

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

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

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

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

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

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

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

T1018284028

Fee: $70

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

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

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
746 JEFFERSON AVENUE	SCRANTON	PENNSYLVANIA	18510	LACKAWANNA

(b) Name of Commercial Registered Office Provider — County
c/o

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

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

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

☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☑ The amendment shall be effective on: JULY 1, 2010 at 12:01 AM
Date Hour

2010 JUN 30 PM 4:00
PA DEPT OF STATE

RECEIVED TIME JUN. 30. 3:55PM

DSCB:15-1915/5915-2

6. *Check one of the following:*

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

☑ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

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

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

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

8. *Check if the amendment restates the Articles:*

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

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

28th day of June
2010

The Wright Center for Graduate Medical Education
Name of Corporation

Signature

Chairman of the Board
Title