

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**A** For the 2023 calendar year, or tax year beginning 07/01, 2023, and ending 06/30, 2024

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

**C** Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
501 S. WASHINGTON AVENUE STE 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

**F** Name and address of principal officer: LINDA THOMAS-HEMAK, MD  
SAME AS C ABOVE

**G** Gross receipts \$ 49,060,510

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions.

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

**J** Website: THEWRIGHTCENTER.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 1976

**M** State of legal domicile: PA

**H(c)** Group exemption number \_\_\_\_\_

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>469</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>22</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year <b>21,445,463</b>	Current Year <b>24,465,550</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>19,268,341</b>	<b>20,897,932</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>524,813</b>	<b>639,193</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>2,589,826</b>	<b>1,898,732</b>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>43,828,443</b>	<b>47,901,407</b>
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>267,817</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>28,377,333</b>	<b>30,760,440</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>	<b>0</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>13,204,792</b>	<b>14,273,155</b>
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>41,849,942</b>	<b>46,698,121</b>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,978,501</b>	<b>1,203,286</b>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year <b>34,173,526</b>	End of Year <b>37,454,889</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>18,512,266</b>	<b>19,773,144</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>15,661,260</b>	<b>17,681,745</b>

**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 5/14/25  
 Signature of officer Date

LINDA THOMAS-HEMAK, MD, PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name <b>KRYSTAL CREACH</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01248198</b>
Firm's name <b>FORVIS MAZARS, LLP</b>	Firm's EIN <b>44-0160260</b>		Phone no. <b>(417) 865-8701</b>	
Firm's address <b>910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523</b>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2023)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

**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.

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.

## Part I — Identification

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

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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information  
 Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

- 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.

- I request an automatic 6-month extension of time until **05/15**, 20 **25**, 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**, 20 **23**, and ending **06/30**, 20 **24**.
- If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

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



**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
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?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 15,790,940 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, HEALTH CARE, AND CAREER ACCESS NEEDS AND CHALLENGES. TWCGME'S MISSION IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE, WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.

(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 12,079,689 including grants of \$ ) (Revenue \$ 14,009,875 )

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, HEALTH CARE, AND HEALTH CARE CAREER ACCESS NEEDS AND CHALLENGES, TWCGME IS A 501(C)(3) NONPROFIT CORPORATION AND ANCHORING MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) THAT, DURING THE REPORTING PERIOD, SERVED AS THE INDEPENDENT ACGME-ACCREDITED SPONSORING INSTITUTION OF RESIDENCY PROGRAMS IN INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, AND PHYSICAL MEDICINE & REHABILITATION, AND FELLOWSHIP PROGRAMS IN GERIATRICS, CARDIOVASCULAR DISEASE AND GASTROENTEROLOGY.

(CONTINUED ON SCHEDULE O)

**4c** (Code: ) (Expenses \$ 1,514,056 including grants of \$ 434,753 ) (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 RESPONSIVE, WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. WE VET ALL POTENTIAL MISSION-ALIGNED GRANT INITIATIVES FOR COMMUNITY HEALTH NEEDS-RESPONSIVENESS AND COMMUNITY BENEFIT IMPACT, AS WELL AS FEASIBILITY, OUTCOMES ACHIEVABILITY, AND SUSTAINABILITY.

(CONTINUED ON SCHEDULE O)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 1,350,332 including grants of \$ 1,229,773 ) (Revenue \$ 8,048,111 )

**4e** Total program service expenses 30,735,017

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	✓	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		✓
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		✓
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	✓	

**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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	469		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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>1a</b> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 17		
<b>2</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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 . . . . .		<input checked="" type="checkbox"/>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</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? . . . . .		
<b>16b</b>			

**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.  
 Own website     Another's website     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, 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)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA THOMAS-HEMAK, MD PRESIDENT & CEO	15.0 40.0	✓		✓				230,139	690,418	44,676
(2) JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYSICIAN	15.0 40.0				✓			146,042	438,126	44,676
(3) JUMEE BAROOAH, MD DIO & PHYSICIAN / NON VOTING	35.0 20.0				✓			343,035	192,957	40,211
(4) VINOD SHARMA, MD PROGRAM DIRECTOR / PHYSICIAN	30.0 25.0				✓			199,275	199,275	42,142
(5) WILLIAM DEMPSEY, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	10.0 45.0					✓		51,520	291,945	39,699
(6) JENNIFER WALSH, ESQ SVP ENT COMP INTEG	55.0 0.0				✓			330,781	0	31,621
(7) RONALD DANIELS, CPA CFO END 08/23; CAO BEG 08/23	55.0 0.0			✓				327,347	0	32,749
(8) ENRIQUE SAMONTE, MD PROGRAM DIRECTOR / PHYSICIAN	5.0 50.0				✓			34,697	280,727	38,081
(9) TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	20.0 35.0				✓			114,278	194,581	40,478
(10) MAUREEN LITCHMAN, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	15.0 40.0					✓		95,770	223,463	28,516
(11) DOUGLAS KLAMP, MD CMEO / PHYSICIAN	15.0 40.0				✓			86,621	202,117	39,761
(12) RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	5.0 50.0				✓			33,700	247,131	38,812
(13) ALBERTO MARANTE, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	5.0 50.0					✓		19,104	253,809	35,640
(14) NIRALI PATEL, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	5.0 50.0					✓		31,687	232,371	38,812

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DEBORAH SPRING, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	5.0 50.0					✓	31,084	227,955	33,090	
(16) MEAGHAN RUDDY, PHD SVP ENTERPRISE WELLNESS	5.0 5.0				✓		236,456	23,386	31,705	
(17) SANDRA YASTREMSKI, CPA CFO BEG 08/23	55.0 0.0			✓			220,382	0	28,082	
(18) VENARD KOERWER, PHD EVP & CHIEF ADMINISTRATIVE OFFICER	55.0 0.0				✓		219,379	0	17,294	
(19) CAROL RUBEL SECRETARY	5.0 1.0	✓		✓			0	0	0	
(20) HAROLD BAILLIE, PHD CHAIRMAN	5.0 0.0	✓		✓			0	0	0	
(21) JAMES GAVIN VICE CHAIR	5.0 1.0	✓		✓			0	0	0	
(22) SCOTT SCHERMERHORN, ESQ TREASURER BEG 06/24	5.0 0.0	✓		✓			0	0	0	
(23) TERI OOMS TREASURER END 06/24	5.0 0.0	✓		✓			0	0	0	
(24) ARIANE CONABOY, DO DIRECTOR	1.0 0.0	✓					0	0	0	
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>							2,751,297	3,698,261	646,045	
<b>c Total from continuation sheets to Part VII, Section A</b>							0	0	0	
<b>d Total (add lines 1b and 1c)</b>							2,751,297	3,698,261	646,045	

**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 17

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNITY HEALTH CARE, INC., 1100 NEW JERSEY AVENUE, SE, SUITE 500, WASHINGTON, DC 20003	PROFESSIONAL FEES	421,613
A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC, 800 W. JEFFERSON STREET, KIRKSVILLE, MO 63501	PROFESSIONAL FEES	350,048
WYCKOFF HEIGHTS MEDICAL CENTER, 374 STOCKHOLM STREET, BROOKLYN, NY 11237	PROFESSIONAL FEES	338,116
EL RIO HEALTH, 1230 S CHERRYBELL STRA, TUCSON, AZ 85713	PROFESSIONAL FEES	299,383
HEALTH POINT, 923 AUBURN WAY NORTH, AUBURN, WA 98002	PROFESSIONAL FEES	299,043

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	126,000				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	24,338,217				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,333				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		24,465,550				
	<b>Program Service Revenue</b>	<b>2a</b>	RESIDENCY PROGRAM REVENUE	Business Code	611310	14,009,875	14,009,875	
<b>b</b>		SUPPORT SERVICE REVENUE		561000	6,325,776	6,325,776		
<b>c</b>		IRB & RESEARCH FEES		611310	5,400	5,400		
<b>d</b>		OTHER REVENUE		611310	556,881	556,881		
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .			0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			20,897,932			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			670,266		670,266	
	<b>4</b>	Income from investment of tax-exempt bond proceeds						
	<b>5</b>	Royalties . . . . .						
	<b>6a</b>	Gross rents . . . . .	(i) Real	6a	1,090,833			
			(ii) Personal	6b	352,155			
			6c	738,678	0			
	<b>d</b>	Net rental income or (loss) . . . . .			738,678		738,678	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	7a	775,875			
			(ii) Other	7b	794,426	12,522		
			7c	(18,551)	(12,522)			
	<b>d</b>	Net gain or (loss) . . . . .			(31,073)		(31,073)	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a					
	<b>b</b>	Less: direct expenses . . . . .	8b					
	<b>c</b>	Net income or (loss) from fundraising events . . . . .						
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a					
<b>b</b>	Less: direct expenses . . . . .	9b						
<b>c</b>	Net income or (loss) from gaming activities . . . . .							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		10a					
			10b					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>	<b>11a</b>	INCOME ON EQUITY INVESTEE	Business Code	900099	1,160,054	1,160,054		
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .			0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			1,160,054			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			47,901,407	22,057,986	0	1,377,871	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,664,526	1,664,526		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,817,851	986,452	1,831,399	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	22,962,795	16,395,781	6,567,014	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	856,121	345,702	510,419	
<b>9</b> Other employee benefits . . . . .	2,579,332	1,845,177	734,155	
<b>10</b> Payroll taxes . . . . .	1,544,341	977,878	566,463	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	74,997	20,855	54,142	
<b>c</b> Accounting . . . . .	148,984		148,984	
<b>d</b> Lobbying . . . . .	99,134		99,134	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	39,455		39,455	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	3,580,349	2,311,269	1,269,080	0
<b>12</b> Advertising and promotion . . . . .	192,003	52,495	139,508	
<b>13</b> Office expenses . . . . .	555,628	23,626	532,002	
<b>14</b> Information technology . . . . .	725,494	72,131	653,363	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	313,305	687	312,618	
<b>17</b> Travel . . . . .	108,879	68,971	39,908	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings . . . . .	877,857	488,121	389,736	
<b>20</b> Interest . . . . .	159,602		159,602	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,055,244		1,055,244	
<b>23</b> Insurance . . . . .	1,011,703	1,000,956	10,747	
<b>24</b> 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.)				
<b>a</b> <u>LEARNING ENVIRONMENTS - THC</u> . . . . .	4,331,781	4,331,781		
<b>b</b> <u>REPAIRS &amp; MAINTENANCE</u> . . . . .	499,684		499,684	
<b>c</b> <u>DUES &amp; MEMBERSHIPS</u> . . . . .	320,855	135,379	185,476	
<b>d</b> <u>RECRUITMENT EXPENSE</u> . . . . .	119,588	10,822	108,766	
<b>e</b> All other expenses . . . . .	58,613	2,408	56,205	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	46,698,121	30,735,017	15,963,104	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	21,474	<b>1</b>	29,292
	<b>2</b> Savings and temporary cash investments . . . . .	8,405,748	<b>2</b>	12,228,331
	<b>3</b> Pledges and grants receivable, net . . . . .	1,221,573	<b>3</b>	1,845,694
	<b>4</b> Accounts receivable, net . . . . .	1,640,062	<b>4</b>	1,790,532
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	298,286	<b>9</b>	398,810
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 8,218,540		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 4,741,853	4,491,444	<b>10c</b> 3,476,687
	<b>11</b> Investments—publicly traded securities . . . . .	9,898,316	<b>11</b>	11,601,359
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	323,859	<b>13</b>	228,537
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,872,764	<b>15</b>	5,855,647
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	34,173,526	<b>16</b>	37,454,889	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,553,482	<b>17</b>	3,408,203
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	72,456	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	8,669,832	<b>23</b>	8,719,020
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	7,216,496	<b>25</b>	7,645,921
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,512,266	<b>26</b>	19,773,144
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	15,661,260	<b>27</b>	17,681,745
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	15,661,260	<b>32</b>	17,681,745
<b>33</b> Total liabilities and net assets/fund balances . . . . .	34,173,526	<b>33</b>	37,454,889	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	47,901,407
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	46,698,121
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,203,286
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	15,661,260
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	817,199
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	17,681,745

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b> 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?	✓	
<b>b</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.	✓	

**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 (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CRYSTAL BERRY ----- DIRECTOR BEG 12/23	1.0 ----- 0.0	✓						0	0	0
(26) DEBRA YOUNGFELT ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) DOUGLAS SPEGMAN, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(28) ELENI O'DONOVAN, MD ----- DIRECTOR END 02/24	1.0 ----- 0.0	✓						0	0	0
(29) FRANCES LANGAN ----- DIRECTOR BEG 06/24	1.0 ----- 0.0	✓						0	0	0
(30) HOLLY BINNIG, MD ----- DIRECTOR BEG 12/23	1.0 ----- 0.0	✓						0	0	0
(31) JUDY FEATHERSTONE, MD ----- DIRECTOR END 12/23	1.0 ----- 0.0	✓						0	0	0
(32) KEVIN MITCHELL, MBA ----- DIRECTOR BEG 06/24	1.0 ----- 0.0	✓						0	0	0
(33) KEVIN REED ----- DIRECTOR BEG 06/24	1.0 ----- 0.0	✓						0	0	0
(34) KIM PATTON ----- DIRECTOR END 12/23	1.0 ----- 0.0	✓						0	0	0
(35) MICHAEL CURRAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) MICHAEL PAGLIA, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(37) PETER AMATO, PHD, DNM ----- DIRECTOR END 05/24	1.0 ----- 0.0	✓						0	0	0
(38) RENEE MULLIGAN ----- DIRECTOR BEG 06/24	1.0 ----- 0.0	✓						0	0	0
(39) RONALD BUKOWSKI ----- DIRECTOR END 06/24	1.0 ----- 0.0	✓						0	0	0
(40) SHARON OBADIA, DO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization <b>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION</b>	Employer identification number <b>23-2007832</b>
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**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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,334,945	23,651,071	19,850,852	21,445,463	24,465,550	106,747,881
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .	14,787,588	17,692,901	17,576,749	19,268,341	22,057,986	91,383,565
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . .	32,122,533	41,343,972	37,427,601	40,713,804	46,523,536	198,131,446
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . .	0	0	0	0	0	0
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						198,131,446

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 . . . .	32,122,533	41,343,972	37,427,601	40,713,804	46,523,536	198,131,446
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .	703,373	1,096,841	1,131,212	1,327,020	1,761,099	6,019,545
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						0
<b>c</b> Add lines 10a and 10b . . . .	703,373	1,096,841	1,131,212	1,327,020	1,761,099	6,019,545
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .	37,676	862,117	1,226,144	1,930,902	0	4,056,839
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	32,863,582	43,302,930	39,784,957	43,971,726	48,284,635	208,207,830
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	95.16 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	95.55 %

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	3.00 %
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	2.32 %
<b>19a 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support tests—2022.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . .	<input type="checkbox"/>	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .	<input type="checkbox"/>	

**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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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.	Yes	No
<b>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . .			
<b>b</b> Excess from 2020 . . .			
<b>c</b> Excess from 2021 . . .			
<b>d</b> Excess from 2022 . . .			
<b>e</b> Excess from 2023 . . .			



**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART III, LINE 12 - OTHER INCOME	Other Income Type	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	(1) OTHER REVENUE	37,676	862,117	1,226,144	1,930,902	0	4,056,839

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 22,736,888	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 580,930	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,020,399	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 1,333	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 126,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> <b>(The term "expenditures" means amounts paid or incurred.)</b>		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	99,134													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	99,134													
<b>d</b>	Other exempt purpose expenditures . . . . .	30,735,017													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	30,834,151													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	90,360	79,484	97,822	99,134	366,800
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					0

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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 NEXT PAGE](#)

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

Return Reference - Identifier	Explanation
<p>SCHEDULE C, PART IV - POLITICAL CAMPAIGN AND LOBBYING ACTIVITIES</p>	<p>TWCGME ENGAGED 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 CARE WORKFORCE DEVELOPMENT PROGRAMS. TWCGME PAID COZEN O'CONNOR \$45,000 AND ERG PARTNERS \$18,000 FOR THESE SERVICES, AMOUNTS THAT ARE INCLUDED IN THE TOTAL REFLECTED ON TWCGME'S FORM 990. IN ADDITION TO COZEN AND ERG PARTNERS, THREE MAIN PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATORS 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. MOREOVER, DURING THE 2023-2024 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCGME'S PRESIDENT &amp; 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 SPENT \$66,134 ON REPORTABLE LOBBYING ACTIVITIES.</p> <p>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 FOCUSED EXCLUSIVELY ON THE ADVANCEMENT OF LEGISLATION SUPPORTING THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM.</p> <p>TWCCH ALSO ENGAGED THE FIRM OF COZEN O'CONNOR PUBLIC STRATEGIES (COZEN) AND ERG PARTNERS TO ASSIST WITH LOBBYING ACTIVITIES TO ADVOCATE FOR PRIMARY CARE AND 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 \$18,000 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 MAIN PAID STAFF MEMBERS HAD DIRECT VIRTUAL CONTACT WITH FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO LEGISLATORS AND ADMINISTRATION, TO ADVOCATE FOR APPROPRIATIONS FOR FEDERALLY-FUNDED PRIMARY CARE HEALTH SERVICES 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. MOREOVER, DURING THE 2023-2024 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT &amp; CEO A CHIEF RESIDENT AND RESIDENT LEADER OF ADVOCACY, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION ALIGNED PRIMARY CARE AND PUBLIC HEALTH SERVICES IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCCH DIRECTLY SPENT \$67,948 ON REPORTABLE LOBBYING ACTIVITIES. THESE AMOUNTS ARE REPORTED ON TWCCH'S ANNUAL FORM 990.</p>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

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

Part II Conservation Easements

Table with 2 columns: Held at the End of the Tax Year. Rows 1-9 for various questions and amounts.

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

Table with 2 columns: Revenue, Assets. Rows 1a-2 for various amounts.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds**

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

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

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

- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations?  **Yes**  **No**
- (ii)** Related organizations?  **Yes**  **No**

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		4,010,550	1,300,734	2,709,816
<b>d</b> Equipment		4,207,990	3,441,119	766,871
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,476,687

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**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	1,679,224
(2) RESTRICTED CASH	49,177
(3) ROU - LEASE ASSET	4,127,246
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	5,855,647

**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	3,448,327
(3) ROU - LEASE LIABILITY	4,197,594
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	7,645,921

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 XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	RENTAL EXPENSES	- 352,155
	LOSS ON SALE OF ASSET	- 12,522
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	RENTAL EXPENSES	352,155
	LOSS ON SALE OF ASSET	12,522

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART X, LINE 2 - UNCERTAIN TAX POSITIONS	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 DURING THE REPORTING PERIOD.

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

OMB No. 1545-0047

**2023**

**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?  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) AMERICA250PA 2 MAIN STREET, PITTSTON, PA 18640	23-2952488	501(C)(3)	17,167				SEE NARRATIVES
(2) HEALTH POINT CHC 923 AUBURN WAY NORTH, AUBURN, WA 98002	91-0884412	501(C)(3)	89,525				SEE NARRATIVES
(3) WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM STREET, BROOKLYN, NY 11237	11-1631837	501(C)(3)	144,606				SEE NARRATIVES
(4) (SEE STATEMENT)	86-1069555	501(C)(3)	7,500				SEE NARRATIVES
(5) (SEE STATEMENT)	23-2890364	501(C)(3)	6,500				SEE NARRATIVES
(6) (SEE STATEMENT)	87-4287656		6,000				SEE NARRATIVES
(7) (SEE STATEMENT)	31-0884250	501(C)(3)	87,580				SEE NARRATIVES
(8) (SEE STATEMENT)	23-2180889	501(C)(3)	113,042				SEE NARRATIVES
(9) (SEE STATEMENT)	23-2772504	501(C)(3)	1,192,606				SEE NARRATIVES
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

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

Cat. No. 50055P

Schedule I (Form 990) 2023



Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	THE ORGANIZATION HAS A GRANTS DEPARTMENT THAT MONITORS THE USE OF GRANT FUNDS THROUGH COMPREHENSIVE GRANTS SUBMISSIONS, POST-AWARD MANAGEMENT AND OUTCOMES REPORTING, AND COMPLIANCE PROCESSES. APPROPRIATE MONITORING OF GRANT-RELATED ACTIVITIES IS IN PLACE TO METICULOUSLY TRACK AND REPORT TO GRANTORS AS REQUIRED BY THE TERMS OF EACH RESPECTIVE GRANT. OUR GRANTS DEPARTMENT EMPLOYS A RIGOROUS VETTING MATRIX TO EVALUATE COMMUNITY BENEFIT IMPACT POTENTIAL GRANT OPPORTUNITIES, ENSURING MISSION ALIGNMENT, FEASIBILITY, LOGISTICAL SUITABILITY, ACHIEVABILITY, AND LONG-TERM SUSTAINABILITY. UTILIZING STRATEGIC LOGIC MODELS, STAGE-GATE ANALYSIS, AND COMPREHENSIVE PROJECT PLANNING AND MANAGEMENT, WE MAP ESSENTIAL COLLABORATIVE PARTNERSHIPS, OPERATIONAL WORKFLOWS AND FINANCIAL PROJECTIONS TO OPTIMIZE STANDARDIZED INTEGRATION AND LONG-TERM SUSTAINABILITY OF GRANT-RELATED ACTIVITIES. THIS APPROACH GUARANTEES FEASIBILITY, READINESS, AND THE REALIZATION OF OUR COMMITMENT TO THE RESPONSIBLE AND ETHICAL STEWARDSHIP OF PUBLIC AND PRIVATE GRANT RESOURCES. TWCGME ENSURES ALL REQUIRED GRANT-RELATED AUDITS BY AN INDEPENDENT AUDITOR ARE COMPLETED, INCLUDING MANDATORY SINGLE AUDITS FOR GRANTS EXCEEDING FEDERAL THRESHOLDS. NOTABLY, DESPITE THE THCGME PROGRAM'S FEDERAL EXEMPTION FROM SINGLE AUDIT REQUIREMENTS, TWCGME VOLUNTARILY UNDERTAKES AN ANNUAL SINGLE AUDIT EQUIVALENT. WHILE OUR AUDITORS ADVISED AGAINST SUBMITTING THIS VOLUNTARY AUDIT TO THE FEDERAL CLEARINGHOUSE, WE BELIEVE THIS RIGOROUS PROCESS IS ESSENTIAL FOR MAINTAINING THE HIGHEST STANDARDS OF FINANCIAL STEWARDSHIP AND PUBLIC ACCOUNTABILITY WITHIN OUR NATIONAL GME CONVERSATIONS. IN APRIL 2021, THE GRANTS DEPARTMENT ESTABLISHED A DEDICATED PROJECT MANAGEMENT OFFICE TO STREAMLINE SPONSORED PROJECT IMPLEMENTATION, MONITORING, AND COMPLIANCE. LEVERAGING PROJECT MANAGEMENT SOFTWARE, THE OFFICE PROVIDES COMPREHENSIVE TRACKING, DASHBOARD VISUALIZATIONS OF GRANT PROCESSES AND OUTCOME METRICS, AND CENTRALIZED EXPENSE MANAGEMENT. TWCGME CONSISTENTLY ADHERES TO ALL FEDERAL, STATE, COUNTY, AND PRIVATE PHILANTHROPIC REPORTING REQUIREMENTS ACROSS ITS GRANT PORTFOLIO.
(4) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HOSPICE OF THE SACRED HEART 30 E.D. PREATE DRIVE, SUITE 108, MOOSIC, PA 18507
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SCRANTON AREA FOUNDATION 615 JEFFERSON AVENUE, SUITE 102, SCRANTON, PA 18510
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT 169 NORTH PENNSYLVANIA BOULEVARD, WILKES-BARRE, PA 18701
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	HEALTH SOURCE OF OHIO 424 WARDS CORNER ROAD, SUITE #200, LOVELAND, OH 45140
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	WAYNE MEMORIAL COMMUNITY HEALTH CENTERS 110 PARK STREET, HONSDALE, PA 18431
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE WRIGHT CENTER MEDICAL GROUP 501 S WASHINGTON AVENUE, SCRANTON, PA 18505

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>AMERICA250PA (\$17,167) SPONSORSHIPS AND PURCHASE OF LIBERTY TREES AND BELLS FOR LACKAWANNA, LUZERNE, WAYNE, WYOMING, AND SUSQUEHANNA COUNTIES TO COMMEMORATE AND CELEBRATE THE 250TH ANNIVERSARY OF THE UNITED STATES.</p> <p>HEALTHPOINT COMMUNITY HEALTH CENTER (CHC) (\$89,525) THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THC GME) FUNDS WERE PASSED THROUGH TO HEALTHPOINT COMMUNITY HEALTH CENTER, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, VIA A SUBAWARD TO PROVIDE PRIMARY CARE FAMILY MEDICINE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH WITH A FOCUS ON BEHAVIORAL HEALTH CONDITIONS FOR PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. HEALTHPOINT COMMUNITY HEALTH CENTER SERVES COMMUNITIES ACROSS KING COUNTY, WASHINGTON, INCLUDING SEATTLE.</p> <p>WYCKOFF HEIGHTS MEDICAL CENTER (\$144,606) THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM FAMILY MEDICINE - BROOKLYN, NY FUNDS WERE PASSED THROUGH TO WYCKOFF HEIGHTS MEDICAL CENTER VIA A SUBAWARD TO CREATE A FAMILY MEDICINE RESIDENCY PROGRAM IN A COMMUNITY-BASED CLINICAL SITE THAT WILL MEET THE NEEDS OF THE COMMUNITIES IN THE MEDICALLY UNDERSERVED SETTING OF BROOKLYN, NEW YORK. THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FROM THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED FAMILY MEDICINE (FM) RESIDENCY PROGRAM THAT WAS INTENDED TO BE ACCREDITED BY THE ACCREDITATION COUNCIL ON GRADUATE MEDICAL EDUCATION (ACGME) IN THE MEDICALLY UNDERSERVED SETTING OF BROOKLYN, NEW YORK. THIS PROJECT WAS A PARTNERSHIP WITH WYCKOFF HEIGHTS MEDICAL CENTER (WYCKOFF) EXPLORING THE INTENTION AND FEASIBILITY OF ADDING A PLANNED WYCKOFF FAMILY MEDICINE RESIDENCY PROGRAM TO TWCGME'S SPONSORING INSTITUTION CONSORTIUM. THE PROGRAM WAS TO BE LOCATED IN A COMMUNITY-BASED CLINICAL SITE IN BUSHWICK, BROOKLYN, DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). DUE TO INSURMOUNTABLE INTERNAL CHALLENGES AT WYCKOFF HEIGHTS MEDICAL CENTER, THE ENVISIONED PROJECT COULD NOT COME TO FRUITION AS INTENDED.</p> <p>HOSPICE OF THE SACRED HEART (\$7,500) SPONSORSHIP OF FUNDRAISER THAT ASSISTS WITH PALLIATIVE CARE.</p> <p>SCRANTON AREA FOUNDATION (\$6,500) COMMUNITY EVENT SPONSORSHIP SUPPORTING THE NATIONAL ALLIANCE ON MENTAL ILLNESS AND DEFENDERS OF DEMOCRACY FUND SPONSORSHIP GENERATING A FORUM TO DISCUSS A RESPONSE TO AND PREVENTION OF VIOLENCE IN OUR COMMUNITIES.</p> <p>THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT (\$6,000) SPONSORSHIP OF NORTHEAST PENNSYLVANIA REGION INDICATORS FORUM THAT IS A PLATFORM FOR COMMUNITY, BUSINESS, GOVERNMENT, AND NON-PROFIT LEADERS TO DISCUSS, LEARN ABOUT, AND EXPLORE DATA-DRIVEN INITIATIVES TO IMPROVE THE HEALTH AND WELFARE, ECONOMY, BUSINESSES, AND QUALITY OF LIFE IN NORTHEASTERN PENNSYLVANIA.</p> <p>HEALTH SOURCE OF OHIO (\$87,580) THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THC GME) FUNDS WERE PASSED THROUGH TO HEALTHSOURCE OF OHIO COMMUNITY HEALTH CENTER, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, VIA A SUBAWARD TO PROVIDE PRIMARY CARE FAMILY MEDICINE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH WITH A FOCUS ON BEHAVIORAL HEALTH CONDITIONS FOR PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. HEALTHSOURCE OF OHIO SERVES APPALACHIAN COMMUNITIES ACROSS SOUTHWESTERN OHIO, WHICH ARE MOSTLY LOW-INCOME RURAL POPULATIONS.</p> <p>WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (\$113,042) THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RURAL RESIDENCY PLANNING AND DEVELOPMENT FAMILY MEDICINE FUNDS WERE PASSED THROUGH TO WAYNE MEMORIAL COMMUNITY HEALTH CENTERS VIA A SUBAWARD TO CREATE A RURAL FAMILY MEDICINE RESIDENCY PROGRAM THAT WILL MEET THE NEEDS OF THE COMMUNITIES IN THE RURALLY DESIGNATED WAYNE COUNTY, PA. THE POPULATION IN THIS COUNTY, ALSO DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA), IS NOTABLY STRUGGLING WITH OBESITY AND ITS CARDIOVASCULAR AND MULTIPLE OTHER COMORBIDITIES, PHYSICAL INACTIVITY, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS. THE PROPOSED RURAL FAMILY MEDICINE RESIDENCY 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, DENTAL, BEHAVIORAL/MENTAL HEALTH, AND SPECIALTY HEALTH SERVICES, INCLUDING HEPATITIS C TREATMENT, RYAN WHITE AND INFECTIOUS DISEASE SERVICES, AS WELL AS SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES INCLUDING MEDICATION-ASSISTED TREATMENT (MAT).</p> <p>THE WRIGHT CENTER MEDICAL GROUP (\$1,192,606) CONTRIBUTION OF ACCOUNTABLE CARE ORGANIZATION SHARED SAVINGS TO AFFILIATE ORGANIZATION.</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number

23-2007832

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	✓
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA THOMAS-HEMAK, MD PRESIDENT & CEO	(i)	199,320	25,000	5,819	6,600	4,569	241,308	0
	(ii)	597,962	75,000	17,456	19,800	13,707	723,925	0
2 JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYSICIAN	(i)	133,554	6,818	5,670	6,600	4,569	157,211	0
	(ii)	400,663	20,453	17,010	19,800	13,707	471,633	0
3 JUMEE BAROOAH, MD DIO & PHYSICIAN / NON VOTING	(i)	312,631	15,831	14,573	16,896	8,839	368,770	0
	(ii)	175,855	8,905	8,197	9,504	4,972	207,433	0
4 VINOD SHARMA, MD PROGRAM DIRECTOR / PHYSICIAN	(i)	178,514	9,430	11,331	13,200	7,871	220,346	0
	(ii)	178,514	9,430	11,331	13,200	7,871	220,346	0
5 WILLIAM DEMPSEY, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	46,697	1,105	3,718	3,808	2,147	57,475	0
	(ii)	264,617	6,260	21,068	21,576	12,168	325,689	0
6 JENNIFER WALSH, ESQ SVP ENT COMP INTEG	(i)	294,017	13,850	22,914	23,674	7,947	362,402	0
	(ii)	0	0	0	0	0	0	0
7 RONALD DANIELS, CPA CFO END 08/23; CAO BEG 08/23	(i)	288,536	14,025	24,786	23,357	9,392	360,096	0
	(ii)	0	0	0	0	0	0	0
8 ENRIQUE SAMONTE, MD PROGRAM DIRECTOR / PHYSICIAN	(i)	30,554	1,537	2,606	2,516	1,673	38,886	0
	(ii)	247,205	12,440	21,082	20,356	13,536	314,619	0
9 TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	(i)	100,627	5,173	8,478	8,233	6,744	129,255	0
	(ii)	171,337	8,808	14,436	14,018	11,483	220,082	0
10 MAUREEN LITCHMAN, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	84,159	4,175	7,436	6,831	1,724	104,325	0
	(ii)	196,370	9,743	17,350	15,938	4,023	243,424	0
11 DOUGLAS KLAMP, MD CMEO / PHYSICIAN	(i)	82,432	3,833	356	6,624	5,304	98,549	0
	(ii)	192,341	8,944	832	15,456	12,377	229,950	0
12 RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	(i)	32,115	1,553	32	2,533	2,124	38,357	0
	(ii)	235,507	11,386	238	18,579	15,576	281,286	0
13 ALBERTO MARANTE, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	18,944	0	160	1,538	957	21,599	0
	(ii)	251,683	0	2,126	20,431	12,714	286,954	0
14 NIRALI PATEL, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	30,016	1,652	19	2,533	2,124	36,344	0
	(ii)	220,115	12,113	143	18,579	15,576	266,526	0
15 DEBORAH SPRING, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	30,810	0	274	2,524	1,447	35,055	0
	(ii)	225,943	0	2,012	18,507	10,612	257,074	0
16 (SEE STATEMENT)	(i)							
	(ii)							

**Part II****Officers, Directors, Trustees, Key Employees and Highest Compensated Employees** (continued)

(a) Name		(b) Breakdown of W-2 and/or 1099-MISC compensation			(c) Retirement and other deferred compensation	(d) Nontaxable benefits	(e) Total of columns (b)(i)-(d)	(f) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<sup>(16)</sup> MEAGHAN RUDDY, PHD SVP ENTERPRISE WELLNESS	(i)	204,866	10,869	20,721	16,870	11,982	265,308	0
	(ii)	20,262	1,075	2,049	1,668	1,185	26,239	0
<sup>(17)</sup> SANDRA YASTREMSKI, CPA CFO BEG 08/23	(i)	188,385	9,174	22,823	15,390	12,692	248,464	0
	(ii)	0	0	0	0	0	0	0
<sup>(18)</sup> VENARD KOERWER, PHD EVP & CHIEF ADMINISTRATIVE OFFICER	(i)	198,270	0	21,109	8,160	9,134	236,673	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p>	<p>TWCGME CONTRACTS WITH ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), FOR THE SERVICES OF TWCGME'S PRESIDENT AND CEO, WHO IS EMPLOYED BY AND SERVES AS PRESIDENT AND CEO OF TWCCH. CONSEQUENTLY, TWCGME DOES NOT DIRECTLY COMPENSATE THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCCH BOARDS COLLABORATIVELY DETERMINE THE RESPECTIVE CHIEF EXECUTIVE'S COMPENSATION SPECIFIC TO THEIR ORGANIZATION, ENGAGING A THIRD-PARTY EXTERNAL CONSULTANT TO CONDUCT A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY GENERALLY EVERY THREE TO FIVE YEARS. DURING CONTRACT NEGOTIATIONS WITH THE PRESIDENT AND CEO, THE RELEVANT COMPONENTS OF THE STUDY ARE APPROPRIATELY AGED AND SUPPLEMENTED BY DATA FROM SOURCES SUCH AS THE AMERICAN JOB CENTER NETWORK, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS FROM THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AMONG OTHER RELEVANT REGIONAL AND NATIONAL BENCHMARKS. ANNUALLY, THE EXECUTIVE COMMITTEES COLLABORATIVELY CONDUCT A THOROUGH PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE AND THE RESPECTIVE ORGANIZATIONS, ASSESSING THE APPROPRIATENESS OF SALARY AND BENEFIT ADJUSTMENTS. THESE ADJUSTMENTS, IF MADE BETWEEN CONTRACT TERMS, ARE BENCHMARKED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE CHIEF EXECUTIVE'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE COMPENSATION DETERMINATION.</p>
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>SUBJECT TO BOARD APPROVAL AND FINANCIAL FEASIBILITY, ALL EMPLOYEES MAY BE ELIGIBLE FOR AN ANNUAL, PERFORMANCE-BASED INCENTIVE BONUS, CONTINGENT UPON SUCCESSFUL PERFORMANCE EVALUATIONS. ELIGIBILITY REQUIRES ADHERENCE TO SPECIFIC CRITERIA, INCLUDING ACTIVE PARTICIPATION IN TWCGME'S PLAN/DO/STUDY/ACT (PDSA) QUALITY IMPROVEMENT PROGRAM, THE SAFE EVENT REPORTING SYSTEM, AND MEANINGFUL COMMUNITY VOLUNTEER SERVICE OBLIGATIONS. UPON BOARD APPROVAL AND DETERMINATION OF AFFORDABILITY, MERIT-BASED BONUS PAYMENTS ARE CALCULATED BASED ON INDIVIDUAL JOB PERFORMANCE SCORES FROM THE EVALUATION PROCESS. EMPLOYEES ON PROBATIONARY STATUS OR THOSE WHO HAVE RESIGNED ARE INELIGIBLE. THE ELIGIBILITY OF EMPLOYEES ON A PERFORMANCE IMPROVEMENT PLAN IS DETERMINED AT THE DISCRETION OF THEIR DIRECT SUPERVISOR. FOR THE 2023-2024 INCENTIVE PLAN, PERFORMANCE BONUSES RANGED FROM 0% TO 7% OF BASE SALARY. WHILE THE TOTAL BONUS POOL WAS BUDGETED AND BOARD-APPROVED AT 5% OF PAYROLL, ACTUAL BONUS PAYOUTS REMAINED BELOW THE BUDGETED AMOUNT.</p>

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal Revenue Service

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

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Employer Identification Number  
**23-2007832**

Return Reference - Identifier	Explanation
<p>FORM 990, PART I, LINE 1 - BRIEF MISSION</p>	<p>THE MISSION OF THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) IS TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME, A 501(C)(3) NONPROFIT CORPORATION AND ANCHOR MEMBER OF A GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC), IN PARTNERSHIP WITH ITS AFFILIATED ENTITY AND FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE THE WRIGHT CENTER FOR COMMUNITY HEALTH, SERVES AS THE INDEPENDENT ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-ACCREDITED SPONSORING INSTITUTION OF GRADUATE MEDICAL EDUCATION RESIDENCY AND FELLOWSHIP PROGRAMS THAT TRAIN PRIMARY CARE RESIDENT AND SPECIALTY FELLOW PHYSICIANS IN A SAFETY-NET HEALTH SERVICES NETWORK OF ESSENTIAL COMMUNITY PROVIDERS. TWCGME'S TRAINING PROGRAMS OPERATING DURING THE REPORTING PERIOD INCLUDE INTERNAL MEDICINE, FAMILY MEDICINE, PSYCHIATRY, AND PHYSICAL MEDICINE &amp; REHABILITATION RESIDENCIES AND GERIATRICS, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWSHIPS. TWCGME'S GME-SNC STRATEGICALLY ENGAGES NUMEROUS PARTNERING ORGANIZATIONS IN ITS GOVERNANCE AND THE TRAINING OF ITS RESIDENTS AND FELLOWS. THESE PARTNERS INCLUDE TWCGME'S PRIMARY AFFILIATED FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE (FQHC LAL), THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC), AS WELL AS FOUR PARTNERING NATIONAL FQHCS, NUMEROUS CMS GME-FUNDED COMMUNITY-BASED HOSPITAL SYSTEMS, OUR REGIONAL VETERAN AFFAIRS MEDICAL CENTER, TWO CMS GME-FUNDED INPATIENT REHABILITATION FACILITIES (IRFS), OUR REGIONAL NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (AHEC), COMMUNITY RESOURCE AGENCIES INCLUDING THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT, AND ALSO PATIENTS OF TWCC AND MEMBERS OF THE COMMUNITIES SERVED AT LARGE. TWCGME AND TWCC ALSO PROUDLY HOSTED 187 INTERPROFESSIONAL STUDENTS FOR CLINICAL AND EDUCATIONAL EXPERIENCES FROM OVER A DOZEN ACADEMIC INSTITUTIONS OF HIGHER EDUCATION, INCLUDING GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM), AND ALSO A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA) AND CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (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, WHOLE PERSON HEALTH SERVICES AND HEALTH CARE WORKFORCE DEVELOPMENT, TWCGME'S GME-SNC MODEL EMBRACING COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PRIMARY CARE WORKFORCE DEVELOPMENT PLATFORMS IS A POTENTIAL SOLUTION FOR INDIVIDUAL COMMUNITY HEALTH CENTER WORKFORCE RECRUITMENT AND RETENTION, AND A MEANS OF ADDRESSING OUR NATIONAL PRIMARY CARE WORKFORCE SHORTAGE, MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTH CARE SERVICES, AND HEALTH CARE CAREER ACCESS NEEDS AND CHALLENGES. PROMOTING A CULTURE OF UNIFYING PARTICIPATORY CITIZENSHIP AND SHARED LEARNING FOR BOARD, CLINICAL CARE TEAMS, STAFF, PATIENTS, AND COMMUNITY-BASED INTERPROFESSIONAL HEALTH CARE LEARNERS, WHILE STIMULATING AND LEVERAGING EACH STAKEHOLDER GROUP'S MEANINGFUL CONTRIBUTIONS TO CONTINUOUS IMPROVEMENTS IN INTERNAL AND PARTNERING CARE DELIVERY AND WORKFORCE DEVELOPMENT SYSTEMS, THE GME-SNC'S COLLECTIVE IMPACT DELIVERS AND ENRICHES TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION FOR HEALTH CENTERS, AFFILIATED ORGANIZATIONS, AND LARGER COMMUNITIES SERVED.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION</p>	<p>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) AND ITS PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH), SHARE A MISSION TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND 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) TEACHING HEALTH CENTER MODEL THAT CO-CREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEM, AND THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE DEVELOPMENT. WITH FULL ENGAGEMENT OF TWCGME STAKEHOLDERS, THE GME-SNC ASPIRES TO OPTIMIZE ITS COLLECTIVE IMPACT FRAMEWORK TO EFFECTIVELY ADDRESS AMERICA'S PRIMARY CARE WORKFORCE SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTH CARE, AND HEALTH CARE CAREER ACCESS NEEDS AND CHALLENGES. AS A GME-SNC, TWCGME PARTNERS WITH A 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' GME, AS WELL AS THROUGH ITS AFFILIATION AGREEMENTS WITH CMS GME-FUNDED PARTNERING HOSPITALS AND INPATIENT REHABILITATION FACILITIES. NOTABLY, TWCGME BECAME A PIONEERING THCGME CONSORTIUM GRANTEE IN 2011 WHEN HRSA LAUNCHED THE THCGME PROGRAM. SINCE THEN, THCGME GRANTEES, INCLUDING TWCGME, HAVE BEEN DEVELOPING AND EXPANDING COMMUNITY-BASED CLINICAL LEARNING ENVIRONMENTS IN COMMUNITY HEALTH CENTERS (CHCS) AND PARTNERING HOSPITALS AND SPECIALTY STAKEHOLDERS ACROSS OUR NATION TO TRAIN PRIMARY CARE RESIDENT AND FELLOW PHYSICIANS TO OFFER NONDISCRIMINATORY HEALTH SERVICES WHILE SERVING 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 AFTER GRADUATION, AS VALIDATED BY HRSA'S TEACHING HEALTH CENTER GME PROGRAM'S UNDENIABLE GRADUATE OUTCOMES FIFTEEN YEARS AFTER ITS INCEPTION. THIS VITAL RESPONSE TO THE PRIMARY CARE SHORTAGE MOST EFFECTIVELY TRAINS AND RETAINS PRIMARY CARE PHYSICIANS IN COMMUNITIES WHERE THEY ARE MOST NEEDED, WITH 86%, 62%, AND 31% OF THCGME GRADUATES REMAINING IN PRIMARY CARE PRACTICE, SERVING UNDERSERVED AND RURAL COMMUNITIES, AS COMPARED TO 23%, 26%, AND 5% OF TRADITIONAL GME GRADUATES RESPECTIVELY.</p> <p>WITH A NOTABLY HIGHER-THAN-NATIONAL-AVERAGE COMPLEMENT OF PRIMARY CARE PHYSICIANS SELECTING CAREERS IN HISTORICALLY UNDERSERVED SETTINGS, INCLUDING IN FQHCs AND RURAL COMMUNITIES, AFTER GRADUATION, HRSA'S THCGME PROGRAM AND TWCGME GME-SNC'S HISTORICAL GRADUATE PRACTICE PATTERN OUTCOMES DEMONSTRATE LOGICAL, DELIVERED SOLUTIONS TO RESOLVE AMERICA'S PRIMARY CARE CRISES. YET THIS PIONEERING PROGRAM'S FUNDING REMAINS VULNERABLE AND EGREGIOUSLY DISCORDANT AND FAR BELOW ITS VALUE AND IMPACT TO OUR COUNTRY. THIS UNFORTUNATELY UNRESOLVED INADEQUATE FUNDING DEBACLE AT THE FEDERAL LEVEL CONTINUES TO LEAVE THIS NOTABLY IMPACTFUL THCGME-SNC SOLUTION UNDER-RESOURCED, NONSENSICALLY UNDERMINING ITS NATIONAL COMMUNITY BENEFIT IMPACT, DESPITE ESCALATING PRIMARY CARE SHORTAGES ACROSS OUR COUNTRY. THIS BIZARRE TRAGEDY OF THE COMMONS REALITY IS ILLUMINATED BY THE JUST RELEASED 2025 NATIONAL RESIDENCY MATCH PROGRAM OUTCOMES THAT REVEALED UNFILLED MATCH POSITIONS IN PRIMARY CARE DISCIPLINES. THIS REPEATED REALITY HIGHLIGHTS PERSISTENT SHORTCOMINGS IN OUR HISTORICAL, NATIONAL GRADUATE MEDICAL EDUCATION (GME) SYSTEM CHAMPIONED BY TRADITIONAL ACADEMIC MEDICAL CENTERS CONTROLLING ISOLATED CMS CENTRIC GME SYSTEMS. GRADUATE MEDICAL EDUCATION (GME) EXPANSION LIMITED SOLELY TO THE CENTERS FOR MEDICARE &amp; MEDICAID SERVICES (CMS) PROGRAM CLEARLY WILL NOT FIX PRIMARY CARE WORKFORCE DEVELOPMENT FOR AMERICA.</p> <p>IN ESSENCE, RELYING SOLELY ON CMS FOR GME EXPANSION MAY PERPETUATE THE EXISTING NATIONAL GME SYSTEM'S LIMITATIONS IN SUPPORTING PRIMARY CARE, WHILE TARGETED PROGRAMS LIKE THCGME HAVE SHOWN MORE PROMISING OUTCOMES WITH LESS INVESTMENT.</p> <p>OUR NATIONAL PRIMARY CARE CRISES UNDERSCORES THE URGENT NEED FOR DELIBERATE SOLUTIONS LIKE HRSA'S THCGME PROGRAM AND TWCGME'S GME-SNC THAT AFFORDABLY DELIVER HIGH INTEGRITY, RESPONSIBLE PRIMARY CARE WORKFORCE DEVELOPMENT THAT IS RESPONSIVE TO THE HEALTH CARE NEEDS OF THE AMERICAN PEOPLE. TWCGME BELIEVES THAT THE EXISTING GME SYSTEM IS NOT ADEQUATELY STRUCTURED TO INCENTIVIZE OR SUPPORT PRIMARY CARE TRAINING. THERE ARE GAPS IN NATIONAL STRATEGIES FOR DEVELOPING A PRIMARY CARE WORKFORCE THAT ALIGNS WITH NATIONAL HEALTH CARE NEEDS AND ADDRESSING THESE GAPS IS THE SHARED RESPONSIBILITY OF ALL HEALTH CARE STAKEHOLDERS, INCLUDING OUR FEDERAL GOVERNMENT, THE ACGME'S SINGLE MEDICAL EDUCATION ACCREDITATION SYSTEM, CODA'S SINGLE DENTAL EDUCATION ACCREDITATION SYSTEM, AND GME SPONSORING INSTITUTIONS. AMERICA'S RAPIDLY EVOLVING HEALTH CARE LANDSCAPE AND THE SPECIFIC NEEDS OF UNDERSERVED POPULATIONS WILL NOT BE ADEQUATELY ADDRESSED WITHOUT TRANSFORMATIONAL, DELIBERATELY DESIGNED, AND INTENTIONALLY RESOURCED NATIONAL GME REFORM.</p> <p>ACCORDING TO DATA PUBLISHED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) IN MARCH 2024 SHOWS THAT THE NATION WILL FACE A PHYSICIAN SHORTAGE OF UP TO 86,000 PHYSICIANS BY 2036. THIS CONTINUING CRISIS COMPOUNDS THE PHYSICIAN AND PROVIDER BURNOUT CHALLENGES EXACERBATED BY THE 2020 GLOBAL PANDEMIC. TWCGME'S GME-SNC PHYSICIAN TRAINING MODEL, INSPIRED BY TEACHING HEALTH CENTER FRAMEWORKS AND COMMUNITY HEALTH ACADEMIC MEDICAL PARTNERSHIPS (CHAMPS), IS DESIGNED TO MITIGATE THE HEALTH, HEALTH CARE, AND HEALTH CARE CAREER ACCESS BARRIERS RESULTING FROM AND FURTHER PROPAGATING THIS NATIONAL SHORTAGE, WHILE GENERATING UNPRECEDENTED COLLABORATION AND COLLECTIVE ACTION STRATEGIES AT THE LOCAL COMMUNITY LEVEL FOR ADVANCEMENT OF THE QUINTUPLE AIM, ADAPTED FROM THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S TRIPLE AIM, OF IMPROVING HEALTH OUTCOMES, AND THE ACCESS, QUALITY, AFFORDABILITY, AND EXPERIENCE OF HEALTH CARE SERVICES DELIVERY FOR ALL STAKEHOLDERS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED</p>	<p>HRSA'S THCGME PROGRAM HAS BEEN AN EFFECTIVE TOOL IN ADDRESSING ONE OF THE MOST CRUCIAL ASPECTS OF THE PRIMARY CARE CLIFF: NONDISCRIMINATORY ACCESS TO AND AFFORDABILITY OF PRIMARY CARE PHYSICIAN SERVICES IN UNDERSERVED AREAS DUE TO A NATIONAL PRIMARY CARE PHYSICIAN SHORTAGE AND MIS-DISTRIBUTION. ADDITIONALLY, TEACHING HEALTH CENTER COMMUNITY-GOVERNED GME-SNC PLATFORMS MAGNETIZE AND OPTIMIZE THE EDUCATIONAL CAPACITY OF COMMUNITIES FOR INTERPROFESSIONAL HEALTH CARE WORKFORCE DEVELOPMENT BECAUSE THEY GENERATE UNPRECEDENTED COLLABORATION AND CHAMPS PARTNERSHIPS, EVIDENCED BY TWCGME'S THRIVING ACADEMIC INSTITUTIONAL AFFILIATIONS. TWCGME'S GME-SNC, AS A RESULT, HAS PROUDLY DELIVERED TO ITS AFFILIATE, TWCCCH, 54% OF ITS PRIMARY CARE PHYSICIAN WORKFORCE, INCLUDING INTERNAL MEDICINE, FAMILY MEDICINE, AND GERIATRICS PHYSICIANS, 92% OF ITS CERTIFIED REGISTERED NURSE PRACTITIONERS, AND 88% OF ITS PHYSICIAN ASSISTANTS. MOREOVER, 25% OF TWCCCH'S PUBLIC HEALTH DENTISTS RECENTLY COMPLETED NYU LANGONE'S CODA ACCREDITED ADVANCED EDUCATION GENERAL DENTISTRY (AEGD) RESIDENCY AT OUR HEALTH CENTER PARTICIPATING SITE, A PROGRAM THAT LAUNCHED IN 2020. ONE THIRD OF TWCCCH'S MEDICAL ASSISTANTS COMPLETED CLINICAL TRAINING WITH THE GME-SNC, SEVERAL THROUGH OUR PARTNERSHIP WITH NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT AND NEPA READINESS IN SKILLED EMPLOYMENT PROGRAMS. MISSION DRIVEN PARTNERSHIP WITH OUR NORTHEAST PENNSYLVANIA AHEC SUPPORTS INTERPROFESSIONAL STUDENTS ROTATING WITH US AND ENSURED TRAINING AND CERTIFICATION OF ALL 10 OF TWCCCH'S COMMUNITY HEALTH WORKERS. FIVE OF SEVENTY CERTIFIED RECOVERY SPECIALISTS TRAINED AND CERTIFIED THROUGH THE GME-SNC'S ENGAGEMENT AND PROJECT PROGRESS ARE CONTINUING PROVISION OF ADDICTION AND RECOVERY SERVICES AT TWCCCH. BECAUSE OF THESE TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION OUTCOMES, THE GME-SNC IS EXPLORING EXPANDED ACADEMIC PARTNERSHIPS TO INTEGRATE CLINICAL TRAINING FOR LPNS, DENTAL ASSISTANTS, CASE MANAGERS, AND INTEGRATED BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS, INCLUDING MENTAL HEALTH PEER SPECIALISTS, AS WELL AS A FAMILY MEDICINE CRNP PRIMARY CARE FELLOWSHIP. MANY ADDITIONAL INDIVIDUALS TRAINED IN THE GME-SNC ARE ACTIVELY PRACTICING IN REGIONAL PARTNERING ORGANIZATIONS, PREDOMINANTLY IN UNDERSERVED SETTINGS.</p> <p>TWCGME'S CURRENT SPONSORING INSTITUTIONAL AND PROGRAMMATIC PRIMARY HEALTH SERVICES CURRICULA ARE ROOTED IN COMMUNITY-IMMERSED, PUBLIC HEALTH NEEDS-RESPONSIVE, FULLY INTEGRATED, COMPREHENSIVE WHOLE PERSON PRIMARY CARE TRAINING FOR FAMILY MEDICINE, INTERNAL MEDICINE, PSYCHIATRY, AND PHYSICAL MEDICINE AND REHABILITATION RESIDENTS, AS WELL AS GERIATRIC MEDICINE, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWS. RESIDENTS AND FELLOWS ARE DEEPLY IMMERSED IN COMMUNITY-DRIVEN, RESPONSIVE SOLUTIONS TO THE RELENTLESS OPIOID EPIDEMIC, CONTINUING BATTLES WITH HIV/AIDS AND HEPATITIS C, ESCALATING PUBLIC HEALTH CHALLENGES RELATED TO MENTAL HEALTH STRUGGLES, OBESITY, DIABETES, CARDIOVASCULAR DISEASE, CANCER, AND THE EVER WIDENING GAPS IN EVIDENCE BASED CHILDHOOD AND ADULT VACCINATION RATES FOR PREVENTABLE ILLNESSES. OUR COMMUNITY-BASED TRAINING MODEL WITHIN ESSENTIAL COMMUNITY PROVIDER NETWORKS CONTINUED TO SUCCESSFULLY LEVERAGE 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 EDUCATIONAL OUTCOMES REPORTING AND CONTINUOUS 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 INTERPROFESSIONAL CARE TEAMS, LEVERAGING ENGAGED AND EMPOWERED PHYSICIANS IN PRACTICE AND TRAINING, STUDENTS, 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 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 AND CONTINUOUS, COMMUNITY ORIENTED QUALITY IMPROVEMENTS OF BOTH CARE DELIVERY AND EDUCATIONAL SYSTEMS. TWCGME'S SPONSORING INSTITUTIONAL COMMITMENT TO ADVANCING PUBLIC HEALTH POWERFULLY ALIGNS WITH THE MISSION OF COMMUNITY HEALTH CENTERS AND PARTNERING COMMUNITY-BASED HOSPITALS, AS WELL AS THE ACGME'S VISIONARY SPONSORING INSTITUTION 2025 AND ITS CLINICAL LEARNING ENVIRONMENT REVIEW PROGRAM FRAMEWORK FOCUSING ON PATIENT SAFETY, HEALTH CARE QUALITY, TEAMING, WELL-BEING, PROFESSIONALISM, AND SUPERVISION.</p> <p>TWCGME'S GME-SNC ENSURES THAT TRAINEES HAVE BROAD EXPOSURE TO SEAMLESS, CROSS-INSTITUTIONAL, INTERPROFESSIONAL MULTIDISCIPLINARY CLINICAL LEARNING ENVIRONMENTS THAT EXERCISE AND NURTURE THEIR ABILITIES TO CONNECT WITH PATIENTS AND FAMILIES, WHILE ENRICHING THEIR LONGITUDINAL AND TRANSITIONAL CARE DELIVERY SKILLS AND PREPARING THEM FOR ABLE, MODERN CLINICAL PRACTICE AND CAREERS OF PUBLIC SERVICE AS PUBLIC HEALTH ENTHUSIASTS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>A DECADE AND A HALF OF PIONEERING PRIMARY CARE GME-SNC INNOVATIONS, WITH FUTURISTIC MISSION DRIVEN WORK ON BEHALF OF AMERICA, DELIBERATELY CHALLENGED STATUS QUO HISTORICAL ACCREDITATION AND SINGLE FEDERAL AGENCY GME FUNDING BOUNDARIES, THEREBY RESULTING IN UNINTENDED AND EXTREMELY PAINFUL ACCREDITATION REPERCUSSIONS DISCUSSED IN MORE DETAIL BELOW. NOTABLY, DURING FISCAL YEAR 2023-2024, TWCGME CELEBRATED THE FULL RESTORATION OF ITS SPONSORING INSTITUTION'S CONTINUING ACCREDITATION STATUS BY THE ACGME. THE ACGME'S PLACEMENT OF TWCGME'S SPONSORING INSTITUTION ON PROBATIONARY ACCREDITATION STATUS IN JANUARY 2022 IGNITED AN ARDUOUS AND NECESSARY 18 MONTH DEEP DIVE INTO TWCGME'S INSTITUTIONAL AND GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) AUTHORITY AND COMPLIANCE WITH ACGME REQUIREMENTS AND ITS APPROPRIATE EXERCISE OF RESPECTIVE OVERSIGHT AUTHORITIES. IN DECEMBER 2023, TWCGME'S CORRECTIVE ACTION PLAN SUCCESSFULLY RESULTED IN THE ACGME INSTITUTIONAL REVIEW COMMITTEE'S FORMAL NOTIFICATION THAT TWCGME'S SPONSORING INSTITUTIONAL ACCREDITATION STATUS HAD BEEN FULLY RESTORED TO CONTINUED ACCREDITATION. ONLY ONE CITATION RELATED TO THE TRAGIC PROGRAM CLOSURES DISCUSSED BELOW REMAINED. THIS RESULT DIRECTLY REFLECTS TWCGME'S DEEPLY ROOTED COMMITMENT TO HIGH INTEGRITY ACCREDITATION AND FIDUCIARY OVERSIGHT RESPONSIBILITIES. INTEGRATING GMEC INTO THE WELL-SYSTEMATIZED CORPORATE GOVERNANCE STRUCTURE CATALYZED SIGNIFICANT IMPROVEMENTS AND ENHANCEMENTS TO POLICIES, PROCEDURES, AND PROCESSES RESULTING IN AUTHORITY AND OVERSIGHT QUALITY IMPROVEMENT ENRICHMENTS THAT HAVE BECOME SYSTEMATIZED INTO TWCGME'S DAILY OPERATIONS. TWCGME ALSO INCREASED THE RESIDENTS' AND FELLOWS' PROXIMITY TO AND EMPOWERED VOTING VOICE ON GMEC AT THE FUNDAMENTAL GOVERNANCE LEVEL. THIS ENHANCED THEIR UNDERSTANDING OF FIDUCIARY STEWARDSHIP RESPONSIBILITIES FOR FEDERAL FUNDING, AS WELL AS ACGME ACCREDITATION PROCESSES AND REQUIREMENTS. THIS PROXIMITY EMPOWERED AND EXPOSED THE RESIDENTS AND FELLOWS, AS FUTURE PUBLIC HEALTH ENTHUSIASTS AND PUBLIC SERVANTS, TO TWCGME'S AND TWCC'S GOVERNING BOARDS AND ITS EXECUTIVE LEADERSHIP, INCLUDING THE PRESIDENT &amp; CEO, THEREBY ENHANCING THEIR UNDERSTANDING OF THE SACRED ROLES AND RESPONSIBILITIES OF THE GME-SNC'S GOVERNANCE AND ADMINISTRATION AS STEWARDS OF FEDERAL GME RESOURCES AND PATIENT CARE DELIVERY REVENUES. THIS EXPOSURE ILLUMINATED AND GENERATED DEEPER, EXPERIENTIAL UNDERSTANDING AMONGST THE RESIDENTS AND FELLOWS OF THE GME-SNC'S MISSION DRIVEN ACTIVITIES TO MEET THE HIGHEST STANDARDS OF LEGAL, FINANCIAL AND ACCREDITATION REQUIREMENTS, AS WELL AS THE OPPORTUNITIES AND CHALLENGES OF HISTORICAL AND CURRENT REGULATORY EDUCATIONAL MANDATES, PRIORITIES, PREFERENCES, AND SOMETIMES UNINTENDED REPERCUSSIONS OF TRUE TRANSFORMATIONAL, PIONEERING INNOVATIONS.</p> <p>THE ACCREDITATION CHALLENGES DESCRIBED ABOVE DISTRESSED OUR WORKFORCE WHICH WAS EXPRESSED IN OUR ANNUAL ACGME SURVEYS. RESPONSIVELY, OUR SPONSORING INSTITUTION AND PROGRAMMATIC LEADERSHIP ALIGNED WITH OUR ENTERPRISE EXECUTIVE TEAM AND GOVERNING BOARDS TO LAUNCH A SURVEY SUBCOMMITTEE OF THE GMEC TO STEWARD PROCESSES TO IMPROVE RESIDENT AND FELLOW, AS WELL AS FACULTY, ACGME SURVEY RESULTS. TWCGME IMPLEMENTED AN INTERNAL CLIMATE SURVEY CYCLE WITH A SEMI-ANNUAL DISTRIBUTION OF RESIDENT/FELLOW AND FACULTY SURVEYS WITH A 14-DAY WINDOW FOR RESPONSES. A NEUTRAL THIRD PARTY WAS ENGAGED TO OVERSEE ALL ASPECTS OF THE INTERNAL CLIMATE SURVEY PROCESS AND TO GUARANTEE PRIVACY FOR RESPONDENTS AND OBJECTIVITY OF DATA ASSESSMENT. DATA RESULTS AND THIRD PARTY ANALYSES WERE SHARED WITH GMEC AND AMONGST PROGRAM DIRECTORS, FACULTY, AND RESIDENTS/FELLOWS. THIS INSPIRED ITERATIVE QUALITY IMPROVEMENT INITIATIVES THAT RESULTED IN A SIGNIFICANT OVERALL IMPROVEMENT IN LEARNER AND FACULTY UNDERSTANDING, ENGAGEMENT, AND SATISFACTION WITH TWCGME'S SPONSORING INSTITUTION'S PERFORMANCE.</p> <p>WHILE CELEBRATING THE PREPARATION AND SUBMISSION OF ACCREDITATION APPLICATIONS FOR AN ACGME APPROVED INTERNAL MEDICINE/GERIATRICS ADVANCING INNOVATION IN RESIDENCY EDUCATION (AIRE) PROGRAM AND A NEW REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM, TWCGME SADLY FOCUSED ON THE HIGH INTEGRITY WIND-DOWN OF THE ACGME'S SHORT-SIGHTED WITHDRAWN ACCREDITATION OF ITS TREASURED COMMUNITY BASED PSYCHIATRY RESIDENCY (ENDED JUNE 2024), REGIONAL FAMILY MEDICINE RESIDENCY (ENDING JUNE 2025), AND NATIONAL FAMILY MEDICINE RESIDENCY (NFMR)(ENDING JUNE 2026) PROGRAMS. AS PART OF THE RESPONSIBLE WIND-DOWN OF THESE PROGRAMS, TWCGME ENGAGED WITH HRSA THCGME LEADERSHIP IN ROBUST DISCUSSIONS AND ADVOCACY TO SECURE THE TRANSFERABILITY OF THCGME FUNDING FOR RESIDENTS TRANSFERRING TO OTHER THCGME PROGRAMS TO COMPLETE THEIR RESIDENCY TRAINING IN ORDER TO MINIMIZE ANY FURTHER DISRUPTION TO RESIDENTS IMPACTED BY THESE ACGME DECISIONS. THE PROGRAMMATIC DETAILS FOR EACH OF THESE PROGRAMS AND UNIQUE AND SPECIFIC DYNAMICS WITH THE ACGME ARE DETAILED BELOW. DESPITE OUR LONGITUDINAL, ITERATIVE STORY SHARING OUR ACCREDITATION EXPERIENCES AND LESSONS LEARNED WITH HRSA AND ITS THCGME PROGRAM LEADERSHIP OVER THE LAST DECADE, WE HUMBLLY RECOGNIZE THAT THIS FEEDBACK MAY BE MUCH TO DIGEST. WE WILL MAKE OURSELVES AVAILABLE SHOULD THERE BE ANY DESIRE FOR FURTHER INFORMATION OR CLARIFICATION.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>THE ACGME ACCREDITATION OF TWCGME'S COMMUNITY BASED PSYCHIATRY PROGRAMS IN PARTNERSHIP WITH GEISINGER COMMONWEALTH SCHOOL OF MEDICINE WAS A HISTORICAL TRIUMPH FOR NORTHEAST PENNSYLVANIA, ESPECIALLY GIVEN OUR NATIONAL, REGIONAL, AND LOCAL SHORTAGE OF PSYCHIATRISTS AND RISING MENTAL HEALTH AND SUBSTANCE USE DISORDER CHALLENGES IN COMMUNITIES ACROSS OUR NATION. CIRCUMSTANCES RELATED TO EVOLVING CORPORATIZATION, INCLUDING THE UNANTICIPATED, SHORT NOTICE CLOSURES OF TWO COMMUNITY INPATIENT PSYCHIATRIC FACILITIES, THE RELATED CAREER IMPLICATIONS FOR OUR INAUGURAL PROGRAM DIRECTOR, AND THE DISCORDANCE BETWEEN THE RESIDENTS' DEMAND FOR AUTONOMY AND UNSUPERVISED PRACTICE ALLOWED FOR CMS APPROVED PRIMARY CARE EXCEPTION ACTIVITIES AND HRSA'S THCGME PROGRAM, ALL CULMINATED IN AN ACUTE, MASSIVE COLLECTIVE DISTURBANCE. PROGRAM LEADERSHIP AND RESIDENTS ACUTELY EXPRESSED DISTRESS AND DISSATISFACTION GENERATING UNFORTUNATE TRIANGULATING DYNAMICS WITH THE ACGME AGAINST TWCGME. THIS ALL PRECIPITATED NUMEROUS PROMPT CORRECTIVE ACTIONS, BUT ALSO A SHORT TIMEFRAME SITE VISIT BY THE PSYCHIATRY RESIDENCY REVIEW COMMITTEE OF THE ACGME IN THE MIDDLE OF THE ACUTE CRISIS. DESPITE SIGNIFICANT PROGRESS, INCLUDING A PROGRAM DIRECTOR TRANSITION; DISCONTINUATION OF AN INADEQUATELY SUPERVISED CLINICAL LEARNING VENUE; ADDITION OF A MOST WELCOMED, WELL-SUPERVISED NEW PSYCHIATRY CLINICAL CONTINUITY LEARNING ENVIRONMENT; AND ENGAGEMENT OF SEVERAL NEW BOARD CERTIFIED OR ELIGIBLE PSYCHIATRY FACULTY, WE UNFORTUNATELY RECEIVED A NOTICE OF WITHDRAWAL OF ACCREDITATION FROM THE ACGME MORE THAN SIX MONTHS AFTER THE SITE VISIT AND AFTER COMPREHENSIVE CORRECTIVE ACTIONS HAD BEEN SUCCESSFULLY IMPLEMENTED. IN BETWEEN THE SITE VISIT AND THIS IRRESPONSIBLY DELAYED AND SURPRISING NOTIFICATION, TWCGME ACTUALLY SUCCESSFULLY RECRUITED A FULL CLASS OF NEW INTERN PSYCHIATRY PHYSICIAN LEARNERS THROUGH THE NATIONAL RESIDENCY MATCH PROGRAM (NRMP). THIS DYSFUNCTIONAL PROCESS CAUSED UNNECESSARY DISTRESS TO TWCGME'S SPONSORING INSTITUTION, NEW PROGRAM LEADERSHIP, THE PSYCHIATRY RESIDENTS AND NEWLY MATCHED INTERNS, AND THE ENTIRETY OF TWCGME'S HOUSE STAFF, BECAUSE IT GENERATED RESOURCE-INTENSE DYNAMICS OF BETRAYAL. PARTICULARLY TROUBLING WAS THE SITE VISITOR'S EXTENSIVE INTENTIONAL ENGAGEMENT OF THE FORMER PROGRAM DIRECTOR WHO HAD ALREADY BEEN TERMINATED FOR REFUSAL TO FOLLOW HRSA COMPLIANCE REQUIREMENTS AND THE TRIANGULATION OF THE RESIDENTS AGAINST THE SPONSORING INSTITUTION. GIVEN THE COMPLETION AND IMPLEMENTATION OF TWCGME'S COMPREHENSIVE REMEDIATION PLAN FOR THE PSYCHIATRY RESIDENCY PROGRAM AND AFTER CAREFUL DELIBERATION AS A STEWARD OF FEDERALLY FUNDED ACGME ACCREDITED GME REGARDING THE HISTORICAL EVENTS, COMMUNITY BENEFIT IMPACT, AND OPTICS OF CHALLENGING THE ACGME AFTER A NEARLY 5 DECADES OF HIGH INTEGRITY EXCELLENT ACCREDITATION, GMCC APPROVED TWCGME'S BOARD AND SPONSORING INSTITUTIONAL AND PROGRAMMATIC LEADERSHIP'S DESIRE TO APPEAL THE ACGME PSYCHIATRY REVIEW COMMITTEE'S DECISION TO WITHDRAW THE PROGRAM'S ACCREDITATION. THE APPEAL WAS DISAPPOINTINGLY UNSUCCESSFUL. THE REVIEW COMMITTEE WITHDREW THE PROGRAM'S ACCREDITATION EFFECTIVE JUNE 30, 2024 FOLLOWING WHAT WAS A ROBUST, EVIDENCE-BASED AND EXPENSIVE BUT SHOCKINGLY UNSUCCESSFUL APPEAL IN CHICAGO DELIVERED BY BOARD MEMBERS, THE DIO, THE PROGRAM DIRECTOR, A PSYCHIATRY RESIDENT, AND COUNSEL. WITHOUT ANY POSSIBLE OPPORTUNITY FOR FURTHER APPEAL, TWCGME HAD NO CHOICE BUT TO ACCEPT THE UNSUPPORTED DECISION, AND SO TURNED ITS ATTENTION AND EFFORTS TO ADMINISTRATIVELY SUPPORT THE RESPONSIBLE WIND-DOWN OF THE PROGRAM AND THE TRANSITIONS OF THE RESIDENTS INTO OTHER PROGRAMS. HRSA'S THCGME NATIONAL NETWORK WAS PARTICULARLY HELPFUL IN THE TRANSITION PROCESS. IN RESPONSE TO OUR REQUEST, THE ACGME PSYCHIATRY REVIEW COMMITTEE THANKFULLY BUT ODDLY PERMITTED OFF-CYCLE RESIDENTS TO COMPLETE THEIR CURRENT YEAR OF TRAINING WHICH WENT BEYOND THE JUNE 30, 2024 DEADLINE IN ORDER FOR THOSE RESIDENTS TO MAINTAIN BOARD ELIGIBILITY. IN FULL COMPLIANCE WITH ACGME REQUIREMENTS AND OUR MORAL AND ETHICAL COMMITMENTS TO THE RESIDENTS, TWCGME FORGED AND OPTIMIZED RELATIONSHIPS WITH OTHER ACGME SPONSORING INSTITUTIONS WHILE PROVIDING ADMINISTRATIVE SUPPORT TO ALL PSYCHIATRY RESIDENTS TO SECURE ALTERNATIVE TRAINING LOCATIONS. THIS RESIDENT CENTERED INITIATIVE WAS AMAZINGLY ACCOMPLISHED WITHOUT THE TRANSFER OF ANY MEDICARE OR HRSA GME FUNDING. ALL PSYCHIATRY RESIDENTS SUCCESSFULLY COMPLETED THEIR REQUIREMENTS WITH TWCGME AND EITHER GRADUATED OR MOVED ON TO DIFFERENT PROGRAMS TO COMPLETE THE REMAINDER OF THEIR TRAINING REQUIREMENTS. THE PROGRAM CLOSURE PROCESS WAS COMPLETED AT THE END OF JULY 2024. TWCGME CONTINUES TO GRIEVE AND PROCESS THIS LOSS OF A TREASURED COMMUNITY ASSET THAT WAS TRAINING 28 PSYCHIATRY RESIDENTS IN TOTAL WITHIN TEACHING HEALTH CENTER CLINICAL LEARNING VENUES IN A REGIONAL COMMUNITY AND A COUNTRY WITH A MAJOR SHORTAGE OF PSYCHIATRISTS AND UNDENIABLY RISING MENTAL HEALTH AND SUBSTANCE USE CHALLENGES. WE GRIEVE THE COLLABORATIVE CONVERSATIONS THAT DID NOT HAPPEN PROACTIVELY BETWEEN SPONSORING INSTITUTIONS LIKE TWCGME, THE ACGME, AND HRSA'S THCGME LEADERSHIP THAT COULD POSSIBLY HAVE PREVENTED THE UNNECESSARY TRAGEDY. SUCH CONVERSATIONS WILL BE VITAL FOR THE SURVIVAL AND GROWTH OF THCGME AND RELATED INITIATIVES, AIMING TO SOLVE NATIONAL DEBACLES LIKE THE SHORTAGE OF PSYCHIATRISTS. OUR ABOVE-DESCRIBED ACCREDITATION CHALLENGES ARE INEXTRICABLY LINKED TO THE CRITICAL WORKFORCE SHORTAGES THAT HRSA'S THCGME PROGRAM WAS DESIGNED TO ADDRESS. PARADOXICALLY, ACCREDITING AGENCIES MANDATE THESE SAME PROFESSIONALS AS NECESSARY RESOURCES FOR PROGRAM COMPLIANCE, REFLECTING THEIR CURRENT STRUCTURAL PREFERENCES. THE STRATEGIC AND INTENTIONALLY DESIGNED RESOLUTION OF THIS DISSONANCE THROUGH RELATED INNOVATIONS SUCH AS THE ACGME'S ENVISIONED COMMUNITY HEALTH ACADEMIC MEDICAL PARTNERSHIPS (CHAMPS) WILL BE CRUCIAL TO ADDRESS AMERICA'S PRIMARY HEALTH CARE CRISIS. THE VITAL ROLE OF COLLABORATIVE DISCUSSIONS BETWEEN THE FEDERAL GOVERNMENT AND ACCREDITING AGENCIES CANNOT BE OVERSTATED.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>DURING THE REPORTING PERIOD, TWCGME ALSO EXPERIENCED TWO ADDITIONAL UNFORTUNATE ACCREDITATION DECISIONS BY THE ACGME RESIDENCY REVIEW COMMITTEE FOR FAMILY MEDICINE (RRC-FM). SIMILAR TO THE FATE OF OUR PSYCHIATRY RESIDENCY AND DISCRETE FROM THE SOMEWHAT PYRRHIC VICTORY OF THE NFMR PROGRAM SUBSEQUENTLY DESCRIBED, WE ARE DISHEARTENED TO REPORT THE ACGME FAMILY MEDICINE REVIEW COMMITTEE ALSO WITHDREW ACCREDITATION OF TWCGME'S REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM DURING THE REPORTING PERIOD. IN CONTRAST TO THE ACGME'S DECISION TO ALLOW TRAINING OUT OF ALL NFMR RESIDENTS, THE DECISION TO WITHDRAW ACCREDITATION FOR OUR REGIONAL FAMILY MEDICINE PROGRAM WILL BE WITHDRAWN AS OF JUNE 30, 2025. MIRRORING OTHER PROGRAMS AFFECTED BY DELAYED AND UNTIMELY ACGME NOTIFICATIONS OF ACCREDITATION WITHDRAWAL, THE ACGME RRC-FM SURPRISINGLY ISSUED ITS ADVERSE ACCREDITATION DECISION MONTHS AFTER A SITE VISIT, PROMPTED BY THE CHALLENGES DESCRIBED BELOW. UNFORTUNATELY, THIS OCCURRED WITHOUT INTERIM COMMUNICATION, ENABLING TWCGME'S NRMP ENGAGEMENT AND FULL RECRUITMENT OF A NEW INTERN CLASS. THIS FORCE-MULTIPLIED THE UNFORTUNATE DYNAMICS OF BETRAYAL DISCUSSED ABOVE. AN EVOLUTION FROM ONE OF THE FIRST FAMILY MEDICINE RESIDENCY PROGRAMS IN THE NATION BORN IN THE 1970S, THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM WAS INITIALLY HOUSED IN A COMMUNITY-BASED PROGRAM SPONSORED BY WILKES-BARRE GENERAL HOSPITAL AND SERVING LUZERNE COUNTY, PA. WHEN THE HOSPITAL WAS PURCHASED BY FOR-PROFIT COMMONWEALTH HEALTH SYSTEMS IN THE LATE 2000S, THE NEW FOR-PROFIT OWNERS STRUGGLED TO CONTINUE THE EDUCATIONAL PROGRAM. TWCGME STEPPED IN TO SAVE THE LEGACY COMMUNITY-BASED FAMILY MEDICINE RESIDENCY, AND ALSO AFTER MUCH TENSION, TO SAVE THE FACULTY PRACTICE CLINIC THAT SERVED AS THE FAMILY MEDICINE RESIDENCY PRACTICE AND ESSENTIAL COMMUNITY PROVIDER OF NONDISCRIMINATORY PRIMARY HEALTH SERVICES FOR OVER 5,000 UNIQUE PATIENTS. THE SINGLE ACCREDITATION SYSTEM LED TO THE MERGER OF THIS LONG-STANDING PROGRAM WITH TWCGME'S NEWER, AOA-ACCREDITED THCGME FUNDED FAMILY MEDICINE RESIDENCY PROGRAM THAT WAS SERVING LACKAWANNA COUNTY, PA INTO ONE 12-12-12 ACGME ACCREDITED FAMILY MEDICINE RESIDENCY PROGRAM. CULTURAL CONNECTIVITY WAS A LONGSTANDING SOURCE OF TENSION, AS ONCE INSULAR PROGRAMS NOW HAD TO LEARN TO WORK TOGETHER. NEVERTHELESS, THE PROGRAM EVOLVED AND THRIVED THROUGH LEADERSHIP TRANSITIONS TO CONTINUE TO TRAIN AND GRADUATE COMPETENT FAMILY MEDICINE RESIDENTS, BOASTING CONTINUED 100% FIRST TIME BOARD PASS RATES AND CELEBRATING STRONG RETENTION OF GRADUATES IN REGIONAL COMMUNITY BASED PRACTICE. DURING THE LAST FISCAL YEAR DUE TO THE CONTINUED CONSOLIDATION, COMMODITIZATION, AND CORPORATIZATION OF LARGE REGIONAL HEALTH SYSTEMS THAT RESULTED IN THE ELIMINATION OF CRITICALLY NEEDED ACUTE CARE SERVICES AND, THEREFORE, EDUCATIONAL ROTATIONS, THERE WERE REQUIRED COMPONENTS OF FAMILY MEDICINE TRAINING THAT TWCGME WAS UNEXPECTEDLY UNABLE TO URGENTLY MEET. FOR EXAMPLE, TWO LOCAL HOSPITALS ELIMINATED INPATIENT PEDIATRIC SERVICES, PRECLUDING A MANDATORY EDUCATIONAL EXPERIENCE FOR FAMILY MEDICINE RESIDENCY TRAINEES. ADDITIONALLY, THE CONTEMPORANEOUS CLOSURE OF OBSTETRIC SERVICES AT A LOCAL HOSPITAL PRESENTED YET ANOTHER EDUCATIONAL CHALLENGE, NECESSITATING TWCGME'S IMMEDIATE BUT TIME NECESSITATING OUTREACH FOR PAID ENGAGEMENT OF OBSTETRIC AND GYNECOLOGY NEW FACULTY EDUCATORS TO CLOSE THE UNANTICIPATED ACGME-MANDATED EDUCATIONAL GAPS. UNFORTUNATELY, RESIDENT DISTRESS EXPRESSED ON THE ACGME RESIDENT SURVEY AND DURING A TRIGGERED RRC-FM SITE VISIT LED TO THE WITHDRAWAL OF ACCREDITATION DECISION WHICH CAME MANY MONTHS AFTER CORRECTIVE ACTIONS HAD RESOLVED ALL ISSUES WITHIN WEEKS. BECAUSE OF TWCGME'S HISTORICAL EXPERIENCE AND EXPENSES ASSOCIATED WITH AN UNPRODUCTIVE ACGME APPEAL PROCESS, GMEC, THE GOVERNING BOARD AND SPONSORING INSTITUTIONAL LEADERSHIP SADLY ACCEPTED THE REGIONAL FAMILY MEDICINE RESIDENCY PROGRAM'S SUNSET DATE OF JUNE 30, 2025. IN FULL COMPLIANCE WITH ACGME REQUIREMENTS AND TWCGME'S MORAL AND ETHICAL COMMITMENTS TO THE RESIDENTS, TWCGME HAS BEEN PROVIDING AND CONTINUES TO PROVIDE ADMINISTRATIVE SUPPORT TO ALL REGIONAL FAMILY MEDICINE RESIDENTS TO SECURE ALTERNATIVE TRAINING LOCATIONS FOR THOSE WHO WILL NOT BE GRADUATING WITH TWCGME AS OF JUNE 30, 2025. HAVING ALREADY SOLVED ALL CAUSAL ACCREDITATION GAPS IN ACGME REQUIREMENTS FOR REGIONAL FAMILY MEDICINE EDUCATION WITH THE APPOINTMENT OF A NEW PROGRAM DIRECTOR AND THE SECURED ENGAGEMENT OTHER HEALTH SYSTEMS AND NEW FACULTY IN OUR GME-SNC MODEL FOR EDUCATION, TWCGME HAS ALREADY SUBMITTED A NEW FAMILY MEDICINE RESIDENCY PROGRAM APPLICATION TO THE ACGME FAMILY MEDICINE REVIEW COMMITTEE FOR WHICH A SEEMINGLY SUCCESSFUL RRC-FM ACCREDITATION SITE VISIT HAS TAKEN PLACE. BECAUSE TIMING DID NOT ALIGN WITH THE RRC-FM NATIONAL SCHEDULED REVIEWS THAT ARE NOTABLY LIMITED TO A TWICE YEARLY PROCESS, TWCGME IS STILL AWAITING NEWS FROM THE ACGME FAMILY MEDICINE REVIEW COMMITTEE ON THE OUTCOME OF THAT APPLICATION, WHICH IS EXPECTED DURING LATE FISCAL YEAR 2024-2025 OR EARLY IN 2025-2026. AS A RESULT, THE COMMUNITY NOW GRIEVES A GAP IN PRESENCE AND IMPACT OF A TREASURED REGIONAL FAMILY MEDICINE RESIDENCY AND THE WHOLE PERSON, NONDISCRIMINATORY ESSENTIAL COMMUNITY PROVIDER HEALTH SERVICES HISTORICALLY IN PLACE FOR OVER 50 YEARS.</p> <p>TWCGME'S PIONEERING AND OVERWHELMINGLY SUCCESSFUL NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) PROGRAM ALSO HAD ITS ACCREDITATION WITHDRAWN DESPITE ITS ELEVEN YEARS OF INNOVATION AND PROVEN SUCCESS AS DEMONSTRATED IN THE FOLLOWING SUMMARY OF TESTIMONY OF A NFMR FQHC PARTICIPATING SITE LEADER. THE WRIGHT CENTER HAS LONG BEEN AN INSPIRATIONAL, LEGACY LEADER IN GRADUATE MEDICAL EDUCATION IN CREATING PRIMARY CARE RESIDENCY PROGRAMS IN UNDERSERVED AND RURAL COMMUNITIES IN PENNSYLVANIA TO BUILD AND TRAIN THE CLINICAL WORKFORCE TO SERVE CLINICALLY UNDERSERVED COMMUNITIES. THE INTENT OF THE GME-SNC PLATFORMED NFMR PROGRAM MODEL HAS ALWAYS BEEN TO SUPPORT A PIPELINE APPROACH TO GME THAT TOOK FQHCs WITH INTEREST BUT NO EXPERIENCE AND INSUFFICIENT RESOURCES THROUGH AN ITERATIVE AND DELIBERATE PROCESS OF SUPPORT AND MENTORSHIP, TO ALLOW THEM EVENTUALLY TO SPIN OFF THEIR OWN GME RESIDENCY PROGRAMS AND, ULTIMATELY, THEIR OWN GME-SNC SPONSORING INSTITUTIONS. THE INNOVATIVE WORK OF TWCGME IN CREATING THE NFMR THAT NOW IS SUCCESSFULLY LAUNCHING INDEPENDENT FM RESIDENCIES AT PARTNERING FQHCs ACROSS THE NATION IS EMBLEMATIC OF THE TWCGME'S VITAL GME-SNC MODEL THAT IS POSITIVELY AFFECTING HEALTH CARE WORKFORCE DEVELOPMENT ON A NATIONAL LEVEL WHILE GREATLY IMPROVING ACCESS TO HEALTH SERVICES IN VULNERABLE COMMUNITIES SERVED THROUGHOUT THE COUNTRY.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>NEVERTHELESS, AFTER A DECADE OF BACK AND FORTH NONSENSICAL, REPEATED CONVERSATIONS ON ITS ACCREDITATION ROLLER COASTER WITH RECURRING YET PREVIOUSLY RESOLVED CITATIONS, THE RRC-FM FINALLY AND DISAPPOINTINGLY DELIVERED THE ACGME'S CLEAR ARTICULATION OF ITS ARBITRARY AND CAPRICIOUS REFUSAL TO ALLOW A CONSORTIUM MODEL AT THE LEVEL OF A RESIDENCY PROGRAM, DESPITE THE NFMR'S UNPRECEDENTED JOURNEY THROUGH THE SINGLE ACCREDITATION SYSTEM, NEAR PERFECT FIRST TIME BOARD PASS RATES, AND UNDENIABLY IMPACTFUL PRIMARY CARE GRADUATE OUTCOMES. CONSEQUENTLY, TWCGME CONCEDED, SUBMITTING AN APPLICATION FOR A NEW FAMILY MEDICINE RESIDENCY PROGRAM UNDER ITS SPONSORING INSTITUTION FOR OUR NFMR PARTNER SITE AT HEALTH SOURCE IN OHIO, AND SUPPORTING NEW SPONSORING INSTITUTIONAL AND FAMILY MEDICINE RESIDENCY APPLICATIONS SUBMITTED BY OUR NFMR PARTNERS EL RIO IN ARIZONA AND HEALTHPOINT IN WASHINGTON STATE. TWCGME ALSO CONTINUES AT THE TIME OF THIS WRITING TO SUPPORT A SIMILAR ACGME APPLICATION FOR EMERGENCE OF A NEW FAMILY MEDICINE RESIDENCY PROGRAM AT OUR NFMR PARTNER AT UNITY HEALTH IN WASHINGTON, DC.</p> <p>DESPITE ITS HISTORICAL ACHIEVEMENT OF TRANSITIONING FROM ITS ORIGINAL ACCREDITATION BY THE AMERICAN OSTEOPATHIC ASSOCIATION THROUGH THE SINGLE ACCREDITATION SYSTEM TO THE STATUS OF FULL CONTINUING ACCREDITATION BY THE ACGME, THE RRC-FM ULTIMATELY RESURRECTED PREVIOUSLY NEGOTIATED AND RESOLVED CITATIONS TO JUSTIFY ITS DECISION TO WITHDRAW ACCREDITATION ALTOGETHER, SUMMATIVELY COMMUNICATING THE ACGME'S UNWILLINGNESS TO ALLOW A CONSORTIUM MODEL LIKE NFMR AT THE PROGRAMMATIC LEVEL (I.E., WITH FOUR SITES IN VARIOUS GEOGRAPHICAL REGIONS ACROSS THE COUNTRY AND A SINGLE PROGRAM DIRECTOR HOUSED IN A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA)), DESPITE ITS ACCEPTANCE OF CONSORTIUM PLATFORMS FOR SPONSORING INSTITUTIONS. ASTONISHINGLY, NFMR'S 98% BOARD PASS RATE ON FIRST ATTEMPT AND ITS UNPRECEDENTED 32.3%, 43%, AND 55.6% GRADUATE RETENTION RATES IN THEIR HOST OR OTHER FQHCs OR OTHER PRIMARY CARE SYSTEMS SERVING MEDICALLY UNDERSERVED POPULATIONS WERE DISMISSED FACTORS IN THE ACCREDITATION DECISION. HOWEVER, THE ACGME FAMILY MEDICINE REVIEW COMMITTEE INDICATED ITS SUPPORT FOR THE ESTABLISHMENT OF FOUR INDIVIDUAL PROGRAMS AT EACH OF THE EXISTING NFMR SITES AND ALSO RECOMMENDED THAT ALL ENGAGED RESIDENTS BE ALLOWED TO FINISH THEIR TRAINING AND GRADUATE FROM THE ESTABLISHED PROGRAM. EXTENDING THE NFMR'S ACCREDITATION UNTIL THE LAST TRAINEE GRADUATES WITH PLANNED PROGRAM CLOSURE ON JUNE 30, 2026 NOTABLY SUPERSEDES HISTORICAL ACGME CONTINUED OPERATIONAL ALLOWANCES FOR PROGRAMS WITH WITHDRAWN ACCREDITATION. COMPASSIONATELY, THE ACGME IS CURRENTLY, AS OF THE TIME OF THIS 990 SUBMISSION, PERMITTING THE TEACH-OUT OF RESIDENTS IN THE HISTORICALLY SUCCESSFUL NFMR PROGRAM TO AVOID FURTHER DISRUPTING THE RESIDENTS' EDUCATION AND CAREER PATHS, ENABLING EACH CLASS TO CONTINUE TRAINING WITHOUT INTERRUPTION. THIS GENEROUS ALLOWANCE HOWEVER DOES NOT OFFSET THE TRAGIC AND AVOIDABLE EMOTIONAL IMPACT ON ALL TRAINEES AND STAKEHOLDERS INVOLVED. NEVERTHELESS, NFMR'S NATIONALLY SIGNIFICANT DEMONSTRATED OUTCOMES TO DATE UNDENIABLY PROVE DELIVERY OF ITS INCREDIBLE, HOPEFUL, ENVISIONED POTENTIAL TO ADDRESS OUR NATION'S PRIMARY CARE SHORTAGE AND MIS-DISTRIBUTION AND RELATED HEALTH, HEALTH CARE, AND HEALTH CARE CAREER ACCESS CHALLENGES.</p> <p>JOYFULLY, TWO OF THE FOUR NATIONAL PARTICIPATING SITES IN THE NFMR PROGRAM, WITH ENDORSEMENT AND SUPPORT FROM TWCGME, ACHIEVED INDEPENDENT ACGME SPONSORING INSTITUTION AND FAMILY MEDICINE RESIDENCY PROGRAM ACCREDITATION. TWCGME IS PROUD TO HAVE BEEN A PART OF THIS MOMENTOUS ACCOMPLISHMENT FOR BOTH FQHC TRAINING SITE PARTNERS, MADE POSSIBLE BY ORIGINALLY EMBARKING ON THE INNOVATION JOURNEY TOGETHER IN 2011 AND HAVING COLLABORATIVELY FOSTERED THE NFMR AS A PEER LEARNING TRIUMPH FOR THE COMMUNITIES SERVED FOR MORE THAN A DECADE. THESE NOTABLE ACHIEVEMENTS PROVE SUPPORTED GME-SNCS ARE REPLICABLE AND SCALABLE ACROSS AMERICA. HEALTHSOURCE OF OHIO, ANOTHER ONE OF THE FOUR TRAINING SITES IN THE NFMR PROGRAM, DILIGENTLY APPLIED FOR AND ACHIEVED ACGME ACCREDITATION OF ITS OWN FAMILY MEDICINE RESIDENCY PROGRAM WITH TWCGME AS ITS SPONSORING INSTITUTION. THE ACGME FAMILY MEDICINE REVIEW COMMITTEE PROMPTLY AWARDED THE NEW PROGRAM ITS INITIAL ACCREDITATION STATUS, USHERING IN THE NEXT EXCITING CHAPTER OF HEALTHSOURCE OF OHIO'S PHYSICIAN WORKFORCE DEVELOPMENT JOURNEY WITH TWCGME TO MEET THE PRIMARY HEALTH NEEDS OF THE PATIENTS AND FAMILIES IN THE COMMUNITIES IT SERVES. UNITY HEALTH CARE IN WASHINGTON, D.C., REMAINS ENGAGED IN THE NFMR PROGRAM WITH TWCGME AS ITS SPONSORING INSTITUTION, AND IS ACTIVELY EXPLORING ITS NEXT CHAPTER OF PHYSICIAN WORKFORCE DEVELOPMENT AMID ITS UNDULATING URBAN ECOSYSTEM AND RECENTLY ANNOUNCED CEO LEADERSHIP TRANSITION. TWCGME IS ALSO EXCITED TO BE EXPLORING THE EXPANSION OF ITS GME-SNC TO INCLUDE NEW RESIDENCY TRAINING SITE PARTNERS WITHIN THE ACGME-APPROVED DISTRIBUTED LEARNING CONSORTIUM MODEL OF ONE SPONSORING INSTITUTION OVERSEEING INDIVIDUAL BUT GEOGRAPHICALLY AND MEDICAL SPECIALTY VARIED PROGRAMS.</p> <p>WE MUST ACKNOWLEDGE THAT OVER-RESPONSIBILITIES AND UNDER-RESOURCED INNOVATIVE SOLUTIONS LIKE HRSA'S TEACHING HEALTH CENTER GME PROGRAM, IF NOT APPROPRIATELY RESOURCED OVER TIME, WILL BE TRAUMA-ORGANIZED, IRONICALLY PROPAGATING THE VERY TRAUMA THEY WERE DESIGNED TO ADDRESS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>DESPITE THE TRAUMATIC AND EXTREMELY PAINFUL CHALLENGES RELATED TO PIONEERING THCGME INNOVATIONS THAT CHALLENGE THE HISTORICAL STATUS QUO, WE ARE AS COMMITTED TO PUBLIC HEALTH WORKFORCE DEVELOPMENT AS EVER TO THE ACGME'S VISIONARY CHAMPS AND SPONSORING INSTITUTION 2025 FRAMEWORKS. WE FIRMLY STAND BY OUR VISION IN OUR ORIGINAL HRSA THCGME GRANT APPLICATION (THE TEACHING HEALTH CENTER HIGHWAY TO THE RELEVANCE OF GME IN COMMUNITIES), "TO RENEW PRIMARY CARE PHYSICIAN MANPOWER WITH GRADUATES RESPONSIVE TO THE NEEDS OF INDIVIDUAL PATIENTS, FAMILIES, AND THEIR COMMUNITIES, RICH IN SOCIAL RESPONSIBILITY AND SKILLED IN SERVANT LEADERSHIP OF INTER-PROFESSIONAL DELIVERY TEAMS WITHIN MEDICAL HOMES." ON THE OTHER SIDE OF THIRTEEN YEARS OF PASSIONATE AND INSPIRING COLLABORATIVE WORK WITH THE HRSA THCGME PROGRAM, INCLUDING OUR PIONEERING GRANT APPLICATION (THE NATIONAL TEACHING HEALTH CENTER HIGHWAY TO THE RELEVANCE OF GME IN COMMUNITIES), WE ARE HUMBLLED AND AWESTRUCK AT WHAT HAS BEEN ACHIEVED. WE CREDIT OUR THCGME JOURNEY AND THE DIRECT MENTORSHIP BY OUR NFMR FQHC PARTNERS FOR OUR SUCCESSFUL HRSA DESIGNATION OF THE WRIGHT CENTER FOR COMMUNITY HEALTH AS A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE, A DESIGNATION WHICH HAS CHANGED ESSENTIAL COMMUNITY PROVIDER WHOLE PERSON PRIMARY HEALTH SERVICES IN NORTHEAST PENNSYLVANIA IN UNIMAGINABLE WAYS, WITH COMMUNITY BENEFIT IMPACT ON GENERATIONS WE KNOW CANNOT BE OVERSTATED. WE HAVE RENEWED THE PRIMARY CARE PHYSICIAN WORKFORCE IN UNDERSERVED COMMUNITIES ACROSS OUR COUNTRY, AND THAT PUBLIC HEALTH IMPACT TOO CANNOT BE OVERSTATED. WE HAVE GRATEFULLY AND UNAPOLOGETICALLY LIVED OUR MISSION TO IMPROVE THE HEALTH AND WELFARE OF THE COMMUNITIES WE SERVE THROUGH RESPONSIVE WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE THROUGH OUR TEACHING HEALTH CENTER INITIATIVES.</p> <p>IN ITS CHNA-RESPONSIVE, RECENTLY LAUNCHED, AND NOW THRIVING ACGME ACCREDITED PHYSICAL MEDICINE AND REHABILITATION (PM&amp;R) RESIDENCY PROGRAM, TWCGME FURTHER ENHANCED ITS WORK IN BUILDING ROBUST COMMUNITY HEALTH ACADEMIC MEDICAL PARTNERSHIPS (CHAMPS) WITH ALLIED SERVICES BY INTEGRATING THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) FOR IMPORTANT PEDIATRIC REHABILITATION CLINICAL ROTATIONS THAT ARE NOT AVAILABLE FOR RESIDENTS OF THE PROGRAM REGIONALLY. THIS IMPORTANT COLLABORATION REQUIRED FINANCIAL INVESTMENT AND STRATEGIC LOGISTICAL PLANNING TO SECURE STABLE HOUSING FOR RESIDENTS, TRAVEL ARRANGEMENTS, ETC. THE SUCCESSFUL INTEGRATION OF CHOP INTO TWCGME'S GME-SNC CONTRIBUTED TO THE PM&amp;R PROGRAM'S MOST RECENT SUCCESSFUL ACGME ACCREDITATION SITE VISIT, YIELDING A TOP LEVEL CONTINUED ACCREDITATION STATUS FOR THE PROGRAM THAT ALLOWED IMPLEMENTATION OF PLANNED EXPANSION FROM 20 TO 28 RESIDENT TRAINEES STARTING NEXT ACADEMIC YEAR 2025. THESE ACCOMPLISHMENTS DEMONSTRATE TWCGME'S INNOVATIVE AND RESILIENT SPIRIT, AS WELL AS ITS LEARNING CULTURE AND SUCCESSFUL APPLICATION OF LESSONS LEARNED.</p> <p>DURING THE REPORTING PERIOD, RESPONSIVE TO THE INCREASING LOCAL AND NATIONAL NEEDS OF AN AGING POPULATION, TWCGME'S GERIATRIC MEDICINE FELLOWSHIP SUCCESSFULLY ENGAGED GERIATRICS BOARD CERTIFIED PHYSICIAN FACULTY APPROPRIATE TO MEET ACCREDITATION REQUIREMENTS TO TRAIN SIX FULLY FUNDED, AND ACGME ACCREDITED FULL-TIME EQUIVALENT (FTE) FELLOW POSITIONS, NOTABLY, TWCGME ALSO SUCCESSFULLY RECEIVED APPROVAL FROM THE ACGME AND ASSOCIATION OF DIRECTORS OF GERIATRICS ACADEMIC PROGRAMS (ADGAP) FOR AN ADVANCING INNOVATIONS IN ADVANCING RESIDENCY EDUCATION (AIRE) MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP (MED-GERI PATHWAY). ACCORDING TO ADGAP, THE COMBINED MED-GERI PATHWAY PROVIDES AN ALTERNATIVE FOR TRAINING GERIATRICIANS BY INTEGRATING THE CLINICAL EXPERIENCES REQUIRED IN A GERIATRICS FELLOWSHIP ACROSS THE INTERNAL MEDICINE (IM) OR FAMILY MEDICINE (FM) RESIDENCY CONTINUUM AND MEETING GERIATRIC COMPETENCIES IN AN INNOVATIVE FOUR-YEAR (48 MONTH) PROGRAM, AFTER WHICH GRADUATES WILL BE ELIGIBLE FOR DUAL BOARD CERTIFICATION IN EITHER INTERNAL OR FAMILY MEDICINE AND GERIATRIC MEDICINE. THE AIRE COMPETENCY BASED COMBINED TRAINING MODEL ALLOWS FOR THE EARLY EXPOSURE TO GERIATRICS PRINCIPLES OF CARE AND ENHANCED PROFESSIONAL DEVELOPMENT OPPORTUNITIES DURING THE FELLOWSHIP YEAR. TWCGME ENGAGED WITH HRSA TO SHARE THE EXCITING NEWS OF THE INNOVATIVE MED-GERI PATHWAY AS A PREFERRED MODEL FOR RECRUITMENT AND TRAINING OF GERIATRIC-COMPETENT INTERNAL MEDICINE PHYSICIANS, A NATIONALLY SIGNIFICANT OPPORTUNITY. UNFORTUNATELY, HRSA DECLINED ALLOWANCE OF TWCGME'S EXISTING HRSA-FUNDED GERIATRIC MEDICINE FELLOWSHIP THCGME PROGRAM TO BE APPLIED IN THE MED-GERI PATHWAY UNTIL 2026, DESPITE RECRUITMENT TO THE AIRE PROGRAM GENERATING A GREATER NUMBER OF HIGHER QUALITY CANDIDATES IN THE NATIONAL RESIDENCY MATCH PROGRAM (NRMP). THANKFULLY, TWCGME'S CONSORTIUM ENGAGED PROGRAMMATIC RESOURCES FROM A CMS GME FUNDED HOSPITAL PARTNER FOR THE AIRE MED-GERI PROGRAM. AIRE POSITIONS FILLED IN THE RECENT MATCH, ALLOWING THE INITIATIVE'S LAUNCH IN ACADEMIC YEAR 2025. THE IMPORTANCE OF DEVELOPING QUALIFIED, COMPASSIONATE GERIATRICIANS AND INTERNISTS WITH GERIATRIC MEDICINE COMPETENCIES HAS NEVER BEEN SO URGENT: BASED ON 2023 DATA, PENNSYLVANIA STILL RANKS 9TH OUT OF THE 50 STATES FOR THE PERCENTAGE OF THE STATE POPULATION 65 AND OLDER. THE CONTINUED DEVELOPMENT OF GERIATRIC MEDICINE COMPETENCIES SUPPORTS THE SHIFT INTO AGE-FRIENDLY HEALTH SERVICES BY HELPING PRIMARY CARE DOCTORS ALIGN WITH WHAT MATTERS TO OLDER ADULTS. NOTABLY, TWCCCH, THE 8TH HEALTH CARE 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 THE CURRENT AND FUTURE PRIMARY CARE HEALTH WORKFORCE TRAINING AT TWCGME.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>TWCGME CONTINUED TO CONNECT CLINICAL EDUCATIONAL PROGRAMMING WITH TWCCCH AND AFFILIATED HOSPITAL OPERATIONS, ASPIRING TOWARDS THE VISION OF THE ACGME SPONSORING INSTITUTION 2025 THAT CALLS FORTH THE SEAMLESS INTEGRATION OF CLINICAL AND EDUCATIONAL PROGRAMMING. THIS INCLUDES WORKING TOWARD A MORE SUCCESSFUL INTEGRATION OF DENTAL, MENTAL, AND BEHAVIORAL HEALTH INTO PRIMARY HEALTH SERVICES DELIVERY. WITH THE INCREASED FOCUS ON VALUE-BASED CARE (VBC) IN CLINICAL DELIVERY SITES AND CONCORDANT DYNAMICS IN VALUE BASED PAYMENT CHANGES, TWCGME INTEGRATED VBC INITIATIVES INTO ITS SPONSORING INSTITUTIONAL POPULATION HEALTH CURRICULUM TO ENHANCE THE EDUCATION OF RESIDENTS AND FELLOWS TO BEST PREPARE THEM FOR THE FUTURE. DURING THE REPORTING PERIOD, TWCGME ALSO INVESTED SIGNIFICANT EFFORT IN PREPAREDNESS FOR A SUCCESSFUL AND IMPACTFUL ACGME CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) SITE VISIT WITH OUR AMBULATORY AND HOSPITAL PARTNERS. THE CLER PROGRAM WAS IMPLEMENTED BY THE ACGME AS PART OF THE NEXT ACCREDITATION SYSTEM IN RECOGNITION OF THE "PUBLIC'S NEED FOR A PHYSICIAN WORKFORCE CAPABLE OF MEETING THE CHALLENGES OF A RAPIDLY EVOLVING HEALTH CARE ENVIRONMENT." THEREFORE, THE ACGME CLER PROGRAM PROVIDES PERIODIC FEEDBACK TO CLINICAL SETTINGS AFFILIATED WITH ACGME-ACCREDITED PROGRAMS AND INSTITUTIONS, ADDRESSING THE FOLLOWING SIX AREAS OF IMPORTANCE TO RESIDENT AND FELLOW PHYSICIAN TRAINING: PATIENT SAFETY; HEALTH CARE QUALITY; TEAMING; SUPERVISION; WELL-BEING; AND PROFESSIONALISM. GMEC LAUNCHED A CLER SUBCOMMITTEE LED BY CLINICAL LEADERSHIP OF TWCCCH (TWCGME'S PRIMARY AMBULATORY CLINICAL TRAINING ENVIRONMENT PARTNER). TWCGME'S CLER MATERIALS HAVE BEEN UPDATED TO REFLECT VERSION 3.0 OF CLER PATHWAYS TO EXCELLENCE, RELEASED BY THE ACGME IN FEBRUARY 2024. CLER MOCK SITE VISITS OCCURRED AT: GEISINGER COMMUNITY MEDICAL CENTER (GCMC) AND TWCCCH'S MID VALLEY CLINIC LOCATIONS IN JANUARY 2024; 501 S. WASHINGTON AVE. IN SCRANTON IN MARCH 2024; AND REGIONAL HOSPITAL IN JUNE 2024. MOCK SITE VISIT REPORTS WERE DEVELOPED FOR AND SHARED WITH EACH SITE. THE CLER SUBCOMMITTEE CONTINUES TO MEET QUARTERLY AS TWCGME AWAITS THE MOST WELCOMED ANNOUNCEMENT OF A FUTURE CLER SITE VISIT BY ACGME.</p> <p>TWCGME IS PLEASED TO REPORT THAT, TWELVE YEARS AFTER COMMENCING AND CONTRIBUTING TO ADVOCACY FOR FEDERALLY-DESIGNATED COMMUNITY HEALTH CENTERS TO BE ELIGIBLE TO OPERATE ADVANCED EDUCATION IN GENERAL DENTISTRY RESIDENCY PROGRAMS AS SPONSORING INSTITUTIONS, THE COMMISSION ON DENTAL ACCREDITATION (CODA) HAS FINALLY REVISED STANDARD 1-1. NOW, ORGANIZATIONS THAT "RECEIVE REGULAR ON-SITE INSPECTIONS THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION OPERATIONAL SITE VISIT (HRSA-OSV) PROCESS" ARE ELIGIBLE TO SPONSOR AEGD PROGRAMS, EXPANDING THE ABILITY FOR COMMUNITY HEALTH CENTERS TO DEVELOP THE PRIMARY CARE WORKFORCE AMERICA NEEDS. MEANWHILE, TWCGME CONTINUED TO SUPPORT ITS AFFILIATE TWCCCH'S FLOURISHING ADVANCED GENERAL EDUCATION DENTISTRY RESIDENCY IN PARTNERSHIP WITH NYU LANGONE'S CODA ACCREDITED CONSORTIUM PROGRAM, NOTABLY NOTING CODA'S ALLOWANCE OF A CONSORTIUM AT A PROGRAM LEVEL DISALLOWED BY THE ACGME AS DEMONSTRATED IN THE UNFORTUNATE FATE OF OUR NFMR PROGRAM.</p> <p>DURING THE REPORTING PERIOD IN PARTNERSHIP WITH TWCCCH, TWCGME PROUDLY INTRODUCED A 12-MONTH NURSE PRACTITIONER POSTGRADUATE FELLOWSHIP PROGRAM IN FAMILY MEDICINE THAT PROVIDED HANDS-ON CLINICAL TRAINING EXPERIENCE FOR LICENSED NURSE PRACTITIONERS WHO ARE ENTERING THEIR FIRST YEAR OF PRACTICE. THE FOCUS OF THE FELLOWSHIP IS TO PROVIDE NURSE PRACTITIONERS WHO WANT TO REMAIN IN FAMILY PRACTICE WITH THE PRIMARY CARE EXPERIENCE THEY NEED TO PROVIDE HIGH-QUALITY PRIMARY AND PREVENTATIVE CARE TO THE COMMUNITIES SERVED BY TWCCCH. THE NURSE PRACTITIONERS CHOSEN FOR THE FELLOWSHIP WILL RECEIVE INCREASED CLINICAL EXPOSURE DURING THE FIRST YEAR OF THEIR PRACTICE AND SPECIALTY CLINICAL EXPERIENCES, WHILE SUPERVISING ADVANCED PRACTICE NURSE PRACTITIONERS DEVELOP MENTORSHIP AND LEADERSHIP SKILLS THROUGH ENGAGEMENT IN CLINICAL TRAINING, WEEKLY DIDACTIC SESSIONS, AND COMPETENCY BASED CURRICULUM AND EVALUATION PROCESSES. THIS NEW FELLOWSHIP PROVIDES CLINICAL TRAINING EXPERIENCE IN FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS, MENTAL AND BEHAVIORAL HEALTH, DENTAL SERVICES, INFECTIOUS DISEASE, AND ADDICTION TREATMENT AND RECOVERY SERVICES AT TWCCCH'S CLINICAL PRACTICES. THIS PRIMARY CARE NURSE PRACTITIONER FELLOWSHIP IS ONLY THE FOURTH IN PENNSYLVANIA, WITH OTHER PROGRAMS HAILING FROM THE LARGER COMMUNITIES IN PHILADELPHIA, ERIE, AND LANCASTER. MOST EXCITING IS THE DEMONSTRATED INTEREST BY PATIENTS SERVED BY TWCCCH IN PURSUING THIS POST-DOCTORAL TRAINING.</p> <p>TWCGME AND TWCCCH ARE PROUD TO SHARE TESTIMONY OF MISSION DELIVERY IN RECRUITING AND ONBOARDING TWO LEARNERS AS FULL TIME FACULTY ATTENDING. ONE WAS A GRADUATE OF TWCGME'S FAMILY MEDICINE RESIDENCY PROGRAM WHO BECAME A FACULTY ATTENDING AT THE WILKES-BARRE LOCATION OF TWCGME'S PRIMARY AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH), PROVIDING NON-DISCRIMINATORY, FULLY INTEGRATED, WHOLE PERSON PRIMARY HEALTH SERVICES. ALSO IN WILKES-BARRE, TWCGME AND TWCCCH WELCOMED TO ITS FULL-TIME DENTAL STAFF A GRADUATE OF THE ADVANCED EDUCATION IN GENERAL DENTISTRY PROGRAM. ADDING THESE AMAZING GRADUATES TO OUR PROVIDER CARE TEAMS AS CLINICAL LEADERS AND TEACHERS OF THE NEXT GENERATION OF FAMILY MEDICINE PHYSICIANS AND DENTISTS IS TRULY A TESTAMENT OF TWCGME'S CRUCIAL PRIMARY CARE WORKFORCE DEVELOPMENT OUTCOMES ADDRESSING THE SHORTAGE AND MIS-DISTRIBUTION, AND RELATED HEALTH, HEALTH CARE, AND HEALTH CARE CAREER NEEDS AND CHALLENGES IN NORTHEASTERN PENNSYLVANIA.</p> <p>DURING THE REPORTING PERIOD, TWCGME CONTINUED TO STRATEGICALLY CLARIFY ITS COLLECTIVE IMPACT VISION FOR A MULTI-INSTITUTIONAL CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN). THE IMPENDING TRANSFER OF OWNERSHIP OF A NUMBER OF LOCAL HOSPITAL AND OUTPATIENT HEALTH CARE ASSETS IN NORTHEASTERN PENNSYLVANIA IS INCREASING THE SIGNIFICANCE OF THE CEIN INITIATIVE. COLLABORATIVE PARTNERSHIPS, WITH PERMISSION FROM THE PA DEPARTMENT OF HUMAN SERVICES, ENABLED TWCGME AND TWCCCH TO LAUNCH ENRICHED PRIMARY CARE SERVICES WITH SPECIALTY INTEGRATION THAT EXPANDED NON-DISCRIMINATORY ACCESS FOR PATIENTS TO GASTROENTEROLOGY AND CARDIOLOGY PHYSICIAN FACULTY, WHILE ALSO ENRICHING THE EDUCATION OF PRIMARY CARE RESIDENTS AND SPECIALTY FELLOWS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>TWCGME CONTINUED ITS PASSIONATE, DEEP INVESTMENT IN THE TRANSFORMATIONAL WORK TO PROGRESS ON OUR THREE YEAR JOURNEY TOWARDS SANCTUARY MODEL CERTIFICATION. SEVERAL ACCOMPLISHMENTS THIS YEAR DEMONSTRATED TWCGME'S PROGRESS FROM A CLASSIC PRIMARY CARE ORIENTED, HISTORICALLY OVER-RESPONSIBILITIED AND UNDER-RESOURCED, TRAUMA-ORGANIZED ENTERPRISE TO BECOME AN ADVERSITY-COMPETENT, RESILIENCE-SKILLED EMPLOYER, PROVIDER OF WHOLE PERSON HEALTH SERVICES, AND HEALTH CARE WORKFORCE DEVELOPMENT ENTERPRISE. THE SANCTUARY MODEL IS A BLUEPRINT FOR CLINICAL AND ORGANIZATIONAL CHANGE AND TRANSFORMATIONAL CULTURE SHIFT WHICH PROMOTES PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY FROM ADVERSITY THROUGH THE ACTIVE CREATION OF AN ADVERSITY-INFORMED AND COMPETENT COMMUNITY. AN ADVERSITY-COMPETENT, RESILIENCE-SKILLED ORGANIZATION IS ONE THAT RECOGNIZES THE INHERENT VULNERABILITY OF ALL HUMAN BEINGS TO THE EFFECTS OF ADVERSE EXPERIENCES 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. "SANCTUARY" CAN BE OFFERED AS A GUIDING CONSTRUCTIVE FRAMEWORK FOR TRANSFORMATION FROM SURVIVAL-MODE ORIENTED, OFTEN DIVISIVE CARE DELIVERY AND EDUCATIONAL PLATFORMS TO RESILIENCE-FOCUSED AND COMPETENT SYSTEMATIZED APPROACHES FOR TEAMING THAT PROMOTE PSYCHOLOGICAL SAFETY, TRUST, PARTICIPATORY CITIZENSHIP, DEMOCRATIZATION, SOCIAL RESPONSIBILITY AND ACCOUNTABILITY, AND SOCIAL LEARNING. TWCGME BEGAN ITS DEEP INVESTMENT AND ROLL-OUT OF SANCTUARY TRAINING IN EARNEST IN AUGUST 2022. SINCE THAT TIME, TWCGME HAS IMPLEMENTED MULTIPLE COHORTS OF 5-DAY IMMERSION TRAINING EVENTS TO SPREAD LEARNING ACROSS THE ORGANIZATION, INCLUDING GOVERNING BOARD MEMBERS AND EXECUTIVE MANAGEMENT AS WELL AS EMPLOYEES AND RESIDENT AND FELLOW PHYSICIANS IN TRAINING. IN JANUARY 2024, A 3-DAY TRAIN THE TRAINER REQUIREMENT WAS COMPLETED. ADDITIONALLY, DURING THE REPORTING PERIOD, TWCGME AND TWCCCH BOARD MEMBERS RECEIVED SHORT BURSTS OF TRAINING IN EVERY REGULAR BOARD MEETING. THE EXECUTIVE MANAGEMENT TEAM, AS THE SANCTUARY STEERING COMMITTEE, APPROVED THE REQUIRED TRAINING FOR ALL STAFF TO OCCUR ON A ROTATING SCHEDULE DURING WORK HOURS AS A TESTAMENT TO THE INVESTMENT OF THE ENTERPRISE IN THE SUCCESS OF THE MODEL. SANCTUARY LANGUAGE HAS BEEN FULLY INTEGRATED INTO TWCGME'S AND TWCCCH'S OPERATIONAL POLICIES AND PROCEDURES MANUALS.</p> <p>WITH COSTS OF PROVIDING HEALTH INSURANCE FOR EMPLOYEES CONTINUING TO CLIMB BEYOND MULTIPLES OF AVERAGE INFLATION WITHOUT BOUNDARIES AND THE INCREASING CONCERN ABOUT THE ROLE PHARMACY BENEFIT MANAGERS (PBMS) PLAY IN THE COSTS OF COMMERCIAL HEALTH INSURANCE PREMIUMS, TWCGME AND TWCCCH BEGAN EXPLORING THE VIABILITY OF SELF-INSURING FOR HEALTH BENEFITS AND INTERNALIZING PHARMACY SERVICES. TWCGME ANTICIPATES THAT THESE INITIATIVES WILL BRING ADDITIONAL BENEFITS TO PATIENTS, LEARNERS AND STAFF SUCH AS ENSURING TIMELY AND AFFORDABLE MEDICATION ACCESS. THE WRIGHT CENTER ENTERPRISE ALSO EXPLORED THE FEASIBILITY OF ENGAGEMENT IN OR WITH INSURANCE BROKERAGE ACTIVITIES TO ENSURE THAT PATIENTS, LEARNERS, AND STAFF HAVE THE BEST INFORMATION POSSIBLE TO MAKE INFORMED COVERAGE DECISIONS. THESE FUTURISTIC INITIATIVES SHOW PROMISING POTENTIAL TO BETTER STEWARD THE PRECIOUS PUBLIC RESOURCES WE RECEIVE TO IMPLEMENT THE SHARED MISSION OF TWCGME AND TWCCCH WHILE ALSO OFFERING ADDITIONAL RESOURCES TO ALL STAKEHOLDERS.</p> <p>HAVING FINALLY RECOUPED TWCGME'S DECADE-LONG INVESTMENTS IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION FOR THE FIRST TIME, TWCGME HAD THE OPPORTUNITY TO EXPLORE HOW SHARED SAVINGS FROM PARTICIPATION IN MEDICARE'S SHARED SAVINGS PROGRAM WOULD BE BEST STEWARDED. CONCLUDING THAT INVESTING THOSE DOLLARS BACK INTO THE POPULATION SERVED, TWCGME (KACO OWNER/PARTNER) PASSED THROUGH THE MAJORITY OF SHARED SAVINGS TO TWCCCH (KACO PARTICIPANT) WHICH USES THOSE RESOURCES TO ENRICH THE HEALTH SERVICES DELIVERED TO PATIENTS. ENRICHED SERVICES INCLUDE EXPANDING CASE MANAGEMENT, PRINCIPAL ILLNESS NAVIGATION, COMMUNITY HEALTH WORKER, AND PHARMACY SERVICES, AS EXAMPLES.</p> <p>TO FURTHER ENHANCE INTERNAL CONTROLS FOR FINANCIAL MANAGEMENT, TWCGME'S CONTROLLER WAS ADVANCED TO THE POSITION OF CHIEF FINANCIAL OFFICER (CFO). BRINGING THE SKILL SET OF AN EXPERIENCED CONTROLLER TO THE CFO ROLE HAS ALREADY DEMONSTRATED ITS VALUE THAT CANNOT BE OVERSTATED. ADDITIONALLY, TWCGME HIRED A NEW VP OF ACADEMIC AFFAIRS/ASSOCIATE DESIGNATED INSTITUTIONAL OFFICIAL IN DECEMBER 2023 TO SUPPORT CEIN DEVELOPMENT AND TO LEAD AN ACTIONABLE STRATEGY TO ALIGN THE VARIOUS COMPONENTS OF EDUCATIONAL PROGRAMMING FOR GRADUATE MEDICAL EDUCATION (GME), UNDERGRADUATE MEDICAL EDUCATION (UME), INTERPROFESSIONAL MEDICAL EDUCATION (IME), AND CONTINUING MEDICAL EDUCATION (CME). CREATION OF THE OFFICE OF ACADEMIC AFFAIRS WAS THE FIRST STEP IN THE CONSOLIDATION OF ALL EDUCATIONAL PROGRAMMING UNDER ONE DEPARTMENT, WHICH WAS RESTRUCTURED TO BETTER ACHIEVE TWCGME'S BOARD-APPROVED STRATEGIC GOALS.</p> <p>TWCGME'S PUBLIC HEALTH POLICY AND ADVOCACY DEPARTMENT UNDERTOOK MANY ACTIVITIES THROUGHOUT THE YEAR TO EDUCATE ELECTED OFFICIALS AND GOVERNMENT ADMINISTRATORS ON THE VALUE OF OUR COMMUNITY-IMMERSED GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) AS A POWERFUL AND FISCALLY RESPONSIBLE STEWARD AND SOLUTION TO THE AMERICAN PRIMARY CARE CRISIS. TWCGME ALSO RESPONDED TO MULTIPLE REQUESTS FOR INFORMATION FROM STATE AND FEDERAL AGENCIES, SHARING LESSONS AND INSIGHTS FROM THE TRENCHES OF THE PRIMARY CARE DELIVERY AND HEALTH CARE WORKFORCE SERVICE SITES TO INFORM POLICY DEVELOPMENT AT THE STATE AND FEDERAL LEVELS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>DURING THE REPORTING PERIOD, TWCGME ENGAGED IN ACTIVITIES OF THE AMERICAN COLLEGE OF PHYSICIANS AND THE PENNSYLVANIA AND NORTHEAST PENNSYLVANIA MEDICAL SOCIETIES, PASSIONATELY PROMOTING THE CONCEPT OF "PARTICIPATORY CITIZENSHIP" EMPOWER OUR STAFF AND LEARNERS TO BETTER UNDERSTAND OUR PUBLIC HEALTH RESPONSIBILITIES AND THE IMPORTANT ROLE EACH INDIVIDUAL PLAYS IN CONTRIBUTING TO OUR COLLECTIVE MISSION DELIVERY IMPACT. TWCGME ALSO CONTINUED ITS SUPPORT OF STAFF AND LEARNER ENGAGEMENT ON RELEVANT EXTERNAL COMMITTEES WITH ASSOCIATIONS SUCH AS THE ACGME, THE AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), THE PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), THE AREA HEALTH EDUCATION CENTER (AHEC), AND IN FORUMS IN SUPPORT OF ITS "PARTICIPATORY CITIZENSHIP" PHILOSOPHY. HOSTING ACP DAYS OF GIVING AUGMENTED THE COMMUNITY VOLUNTEER ACTIVITIES REQUIRED OF TWCGME AND TWCCCH EMPLOYEES.</p> <p>TWCGME CONTINUED TO FORMALLY SUPPORT TWCCCH'S CLINICAL TRAINING PARTNERSHIP WITH A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE (SOMA), HOSTING 30 OSTEOPATHIC MEDICAL STUDENTS FOR DIDACTICS AND CLINICAL TRAINING IN SCRANTON, PENNSYLVANIA. TWCGME ALSO CONTINUED ITS FORMAL SUPPORT OF TWCCCH ENTERING ITS SECOND YEAR AS A TRAINING SITE FOR THE PUBLIC HEALTH ORIENTED CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP), ITS SIMILARLY DESIGNED HOMETOWN SCHOLARS PIPELINE PARTNERSHIP WITH A.T. STILL UNIVERSITY SCHOOL OF HEALTH SCIENCES, NACHC, AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST CALIFORNIA. ADDITIONALLY, TWCGME CONTINUED ITS SUPPORT FOR TWCCCH TO DEVELOP AND TRAIN ITS OWN MEDICAL ASSISTANTS (MAS) IN PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA), AND ALSO COMMUNITY HEALTH WORKERS (CHWS) THROUGH BOTH THE AHEC-AFFILIATED COMMUNITY HEALTH WORKER TRAINING PROGRAM AND THE NATIONAL HEALTH CORPS, AS WELL AS THE LOCAL READINESS IN SKILLED EMPLOYMENT (RISE) ACADEMIC INITIATIVE.</p> <p>TWCCCH, IN PARTNERSHIP WITH TWCGME, PRESENTED ITS WILKES-BARRE HEALTH CITY HUB NEW MARKETS TAX CREDIT (NMTC) PROJECT IN MAY 2024 IN MIAMI, FLORIDA TO MULTIPLE COMMUNITY DEVELOPMENT ENTITIES (CDES), AND SINCE THAT TIME, SEVERAL HAVE GAUGED INTEREST. TWCCCH ALSO RECEIVED A SECOND REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT FROM THE GOVERNOR FOR THIS IMPORTANT GME-SNC PROJECT IN WILKES-BARRE, PA. TWCCCH ALSO SUBMITTED A SECOND RACP GRANT APPLICATION FOR ITS TEACHING HEALTH CENTER FQHC LOOK-ALIKE IN JERMYN, PA.</p> <p>TWCGME CONTINUED ITS WORK TOWARD THE DEVELOPMENT AND DEPLOYMENT OF AN EFFECTIVE PARTNER SATISFACTION SURVEY, IN ADDITION TO ITS MISSION-CRITICAL INTERNAL CLIMATE RESIDENT AND FACULTY SURVEYS. DURING THIS PERIOD, THE INSTITUTE FOR PUBLIC POLICY AND ECONOMIC DEVELOPMENT IN WILKES-BARRE, PA (NOW KNOWN AS "THE INSTITUTE") WAS ENGAGED TO DESIGN AND ADMINISTER MULTIPLE SURVEYS, INCLUDING BUT NOT LIMITED TO THE ABOVE AS WELL AS THE SEMI-ANNUAL EMPLOYEE SATISFACTION SURVEY, AND ALSO THE ANNUAL AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) MEDICAL OFFICE SURVEYS ON PATIENT SAFETY CULTURE (MOSOPS) AND PATIENT-CENTERED MEDICAL HOME ASSESSMENT (PCMH-A) SURVEYS.</p> <p>DURING THE COVERED PERIOD, THE AUDIT COMMITTEE OF THE BOARD APPROVED THE NEW COMPLIANCE PROGRAM, WHICH PROMPTED THE APPOINTMENT OF A NEW CHIEF COMPLIANCE OFFICER AND THE POSTING AND HIRING OF A DIRECTOR OF CLINICAL COMPLIANCE. THE POSITION OF DIRECTOR OF EDUCATIONAL COMPLIANCE WAS APPROVED FOR INCLUSION IN THE 2024-2025 FISCAL YEAR, AND CANDIDATES WERE ACTIVELY INTERVIEWED. ADDITIONALLY, THE BALANCED SCORE CARD (BSC)/KEY PERFORMANCE INDICATORS (KPIs) WERE PUBLISHED TO THE BOARD OF DIRECTORS THROUGH THE GOVERNANCE WEB-BASED PORTAL IN THE SPRING OF 2024 TO ENSURE THAT GOVERNANCE HAD FULL VISIBILITY INTO ORGANIZATIONAL PERFORMANCE METRICS UPON DEMAND.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>TWCGME, AN INDEPENDENT NON-PROFIT SPONSORING INSTITUTION ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), TRAINS NEARLY 200 MEDICAL RESIDENTS AND FELLOWS EACH YEAR THROUGH ITS UNIQUE GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC), WHICH IS FUNDED BY THREE FEDERAL GME FUNDING 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 HEALTH CARE ORGANIZATIONS THAT PROVIDE CLINICAL LEARNING ENVIRONMENTS FOR RESIDENTS/FELLOWS, WHO HAVE ALREADY GRADUATED FROM MEDICAL SCHOOL AND JOINED TWCGME TO COMPLETE POSTGRADUATE CLINICAL AND EDUCATIONAL TRAINING THAT MAKES THEM ELIGIBLE FOR INDEPENDENT PRACTICE AND TO SIT FOR BOARD CERTIFYING EXAMINATIONS WITH THE AMERICAN BOARD OF MEDICAL SPECIALTIES AND/OR THE AMERICAN OSTEOPATHIC ASSOCIATION. TWCGME'S RESIDENCY AND FELLOWSHIP PROGRAMS ARE STRATEGICALLY DESIGNED TO RESPOND TO PRIMARY CARE AND PUBLIC HEALTH WORKFORCE NEEDS, WHILE EMPOWERING LEARNERS AS INNOVATORS AND NIMBLE PUBLIC HEALTH SERVANT LEADERS WHO RESPOND TO THE NEEDS OF THE LOCAL COMMUNITIES THEY SERVE BOTH IN TWCCH FQHC LOOK-ALIKE AND RYAN WHITE CLINICS AND IN PARTNERING HOSPITALS AND SPECIALTY OFFICES THROUGHOUT LACKAWANNA, WAYNE, AND LUZERNE COUNTIES IN NORTHEAST PENNSYLVANIA. RESIDENT PHYSICIANS IN OUR PIONEERING 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, TUSCAN, ARIZONA, AND SEATTLE, WASHINGTON.</p> <p>DURING THE REPORTING PERIOD, TWCGME'S REGIONAL FAMILY MEDICINE RESIDENCY, NATIONAL FAMILY MEDICINE RESIDENCY, INTERNAL MEDICINE RESIDENCY, PSYCHIATRY RESIDENCY, AND GERIATRICS FELLOWSHIP WERE WHOLLY OR PARTIALLY FUNDED BY HRSA THROUGH THE TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM, WHICH FUNDS PRIMARY CARE MEDICAL AND DENTAL RESIDENCY AND FELLOWSHIP PROGRAMS. THESE HRSA-FUNDED THCGME PROGRAMS OFFER AMPLE OPPORTUNITY FOR PHYSICIAN TRAINEES TO BE IMMERSSED IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND FQHC LOOK-ALIKES (FQHC-LALS) AS THEIR ESSENTIAL COMMUNITY PROVIDER, PRIMARY CARE AMBULATORY CLINICAL LEARNING ENVIRONMENTS. AS ONE OF THE LARGEST HRSA-FUNDED THCGME-SNCS, 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, D.C. THESE HEALTH CENTERS SHARE A PRIMARY CARE AND PUBLIC HEALTH-ORIENTED PARTNERSHIP NOT ONLY WITH TWCGME BUT ALSO WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, 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 CONGRUENCE OF THE PHYSICIAN WORKFORCE WITH THE POPULATION SERVED BY RECRUITING FROM, RETAINING IN, AND THEREBY RESTORING PRIMARY CARE HEALTH WORKFORCE, ESSENTIAL COMMUNITY PROVIDERS OF PRIMARY HEALTH SERVICES, AND THE COMMUNITIES THEY SERVE.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>IN NORTHEAST PENNSYLVANIA, TWCGME'S RESIDENT AND FELLOW PHYSICIAN LEARNERS TRAIN EXPERIENTIALLY IN REGIONAL HOSPITALS OWNED AND OPERATED BY COMMONWEALTH HEALTH SYSTEMS, GEISINGER HEALTH SYSTEM, AND THE WILKES-BARRE VETERANS AFFAIRS MEDICAL CENTER (WBVAMC), AS WELL AS ALLIED SERVICES AND JOHN HEINZ INPATIENT REHABILITATION FACILITIES (IRF) AND THEIR 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 WERE 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 WERE WHOLLY FUNDED BY HRSA'S TEACHING HEALTH CENTER GME PROGRAM AND RECEIVED NO RESOURCES FROM CMS GME AFFILIATES OR THE WBVAMC. GME FUNDING FOR THE INTERNAL MEDICINE RESIDENCY, AS WELL AS THE GASTROENTEROLOGY AND CARDIOVASCULAR DISEASE FELLOWSHIPS, WAS PROVIDED TO TWCGME DIRECTLY BY THE WBVAMC AND THROUGH CMS-FUNDED HOSPITALS VIA AFFILIATION AGREEMENTS. GME FUNDING FOR THE PHYSICAL MEDICINE &amp; REHABILITATION RESIDENCY WAS PROVIDED TO TWCGME THROUGH CMS-FUNDED ACUTE AND IRF HOSPITALS VIA AFFILIATION AGREEMENTS. THE GME-SNC TRACKS AND METICULOUSLY REPORTS ROTATIONAL RECONCILED FTES BY PROGRAM ACROSS SPECIFIED FEDERAL GME COST CENTERS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION</p>	<p>WITH A FERVENT COMMITMENT TO AUTHENTICITY AND THE HIGHEST STEWARDSHIP 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; FOSTER SHARED PURPOSE AND ACCOUNTABILITY AND MUTUALLY REINFORCING COLLECTIVE IMPACT-ORIENTED ACTION STRATEGIES; AND DEMONSTRATE TRUSTED TRANSFORMATIONAL STEWARDSHIP OF PUBLIC RESOURCES TO ADDRESS COMMUNITY HEALTH NEEDS AND PROMOTE THE HEALTH AND WELFARE OF COMMUNITIES SERVED.</p> <p>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:</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT: OBSTETRICS &amp; GYNECOLOGY RESIDENCY PROGRAM (TOTAL: \$99,989)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FROM THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND AFFILIATED WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC). GRANT FUNDS WILL BE UTILIZED TO SUPPORT THE DEVELOPMENT OF A NEW COMMUNITY-BASED OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM IN AN AREA WHERE PRIMARY CARE, OB/GYN SERVICES, AND RELATED WORKFORCE PROGRAMMING ARE LIMITED. THE MISSION-DRIVEN PROGRAM WILL IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE WHOLE-PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT: PEDIATRIC MEDICINE (TOTAL: \$124,638)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FROM THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM THAT IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND AFFILIATED WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC). GRANT FUNDS WILL BE UTILIZED TO SUPPORT THE DEVELOPMENT OF A NEW COMMUNITY-BASED PEDIATRIC RESIDENCY PROGRAM IN AN AREA WHERE PRIMARY CARE, PEDIATRIC SERVICES, AND RELATED WORKFORCE PROGRAMMING ARE LIMITED. THE MISSION-DRIVEN PROGRAM WILL IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE WHOLE-PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. CHILDREN LIVING IN THE SERVICE AREA REPRESENT A UNIQUE AND VULNERABLE POPULATION WITH DISCRETE HEALTH, HEALTH CARE, GEOGRAPHIC, AND ECONOMIC DISADVANTAGES AND HEALTH RELATED SOCIAL NEEDS.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) -TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT: FAMILY MEDICINE - BROOKLYN, NY (TOTAL: \$148,296)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FROM THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED FAMILY MEDICINE (FM) RESIDENCY PROGRAM THAT WAS INTENDED TO BE ACCREDITED BY THE ACCREDITATION COUNCIL ON GRADUATE MEDICAL EDUCATION (ACGME) IN THE MEDICALLY UNDERSERVED SETTING OF BROOKLYN, NEW YORK. THIS PROJECT WAS A PARTNERSHIP WITH WYCKOFF HEIGHTS MEDICAL CENTER (WYCKOFF) EXPLORING THE INTENTION AND FEASIBILITY OF ADDING A PLANNED WYCKOFF FAMILY MEDICINE RESIDENCY PROGRAM TO TWCGME'S SPONSORING INSTITUTION CONSORTIUM. THE PROGRAM WAS TO BE LOCATED IN A COMMUNITY-BASED CLINICAL SITE IN BUSHWICK, BROOKLYN, DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). DUE TO INSURMOUNTABLE INTERNAL CHALLENGES AT WYCKOFF HEIGHTS MEDICAL CENTER, THE ENVISIONED PROJECT COULD NOT COME TO FRUITION AS INTENDED.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - RURAL RESIDENCY PLANNING AND DEVELOPMENT: FAMILY MEDICINE (TOTAL: \$208,007)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), IN CONCERT WITH THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FOHRP), AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) FROM THE RURAL RESIDENCY PLANNING AND DEVELOPMENT PROGRAM (RRPD) TO COLLABORATIVELY SUPPORT CREATION OF A RURAL FAMILY MEDICINE RESIDENCY PROGRAM IN PARTNERSHIP WITH WAYNE MEMORIAL HEALTH CENTER THAT WILL RESPOND TO THE HEALTH NEEDS OF THE COMMUNITIES IN RURALLY DESIGNATED WAYNE COUNTY, PA. THE POPULATION IN THIS COUNTY, ALSO DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA), IS NOTABLY STRUGGLING WITH OBESITY AND ITS CARDIOVASCULAR AND MULTIPLE OTHER COMORBIDITIES, PHYSICAL INACTIVITY, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS. THE PROPOSED RURAL FAMILY MEDICINE RESIDENCY 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, DENTAL, BEHAVIORAL/MENTAL HEALTH, AND SPECIALTY HEALTH SERVICES, INCLUDING HEPATITIS C TREATMENT, RYAN WHITE AND INFECTIOUS DISEASE SERVICES, AS WELL AS SUBSTANCE ABUSE RECOVERY SUPPORT SERVICES INCLUDING MEDICATION-ASSISTED TREATMENT (MAT).</p>

Return Reference - Identifier	Explanation
	<p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PRIMARY CARE TRAINING AND ENHANCEMENT - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH (TOTAL: \$613,171)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) VIA THE PRIMARY CARE TRAINING AND ENHANCEMENT GRANT FOR RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH PROGRAM TO PROVIDE PRIMARY CARE 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 PROGRAM (NFMR) SITES IN UNDERSERVED COMMUNITIES IN WASHINGTON, DC, OHIO, WASHINGTON, AND ARIZONA. THROUGH THIS FUNDING, TWCGME/NFMR WILL ASSURE CONSISTENT AND COST-EFFECTIVE DELIVERY OF A CHALLENGING AND SATISFYING LOCAL TRAINING EXPERIENCE IN THE MENTAL AND BEHAVIORAL HEALTH CONDITIONS FOR THE PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS SERVED BY THE FOUR PARTNERING FQHCS.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PRIMARY CARE TRAINING AND ENHANCEMENT - LANGUAGE AND DISABILITY ACCESS (TOTAL: \$407,228)</p> <p>PURPOSE OF ASSISTANCE: THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDS TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) VIA THE PRIMARY CARE TRAINING AND ENHANCEMENT GRANT FOR LANGUAGE AND DISABILITY ACCESS PROGRAM TO INCREASE ACCESS TO HIGH-QUALITY PRIMARY CARE SERVICES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY (LEP) AND INDIVIDUALS WITH PHYSICAL AND/OR INTELLECTUAL OR DEVELOPMENTAL DISABILITIES (PIDD). THROUGH THIS PROGRAM, TWCGME WILL DEVELOP AND IMPLEMENT CURRICULA FOR INTERNAL MEDICINE RESIDENTS, FACULTY, AND PRECEPTORS TO EDUCATE THESE PRIMARY CARE PHYSICIANS ON BEST PRACTICES IN THE CARE OF PATIENTS WITH LEP AND PIDD AND TO PROVIDE OPPORTUNITIES FOR CLINICAL STAFF EDUCATION AND PIDD-RELATED FACILITY UPGRADES IN COMMUNITY-BASED SETTINGS.</p>
<p>FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES</p>	<p>(EXPENSES \$1,350,332 INCLUDING GRANTS OF \$1,229,773)(REVENUE \$8,048,111)</p> <p>OTHER - COMMON PAYMASTER:  IN ACCORDANCE WITH IRS REGULATIONS, TWCGME ACTS AS THE COMMON PAYMASTER FOR ITS PRIMARY AFFILIATE, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH), A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE. TO OPERATIONALIZE THIS COMMON PAYMASTER FUNCTION, TWCGME AND TWCCCH HAVE ESTABLISHED SHARED MISSION-DRIVEN COVENANTS AND STAFFING LEASE AGREEMENTS FOR THE PROVISION OF VARIOUS SERVICES. TWCCCH COMPENSATED TWCGME THROUGH INTERCOMPANY ALLOCATION METHODOLOGIES FOR THESE SERVICES, WHICH INCLUDE CLINICAL, EXECUTIVE, ADMINISTRATIVE, AND BACK-OFFICE SUPPORT, ENCOMPASSING HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING AND COMMUNICATIONS, FINANCE, BILLING, GRANTS, GOVERNANCE SUPPORT, GOVERNMENT RELATIONS, LEGAL, AND OTHER RELATED SERVICES. THE REVENUE RECORDED FOR THESE SUPPORT SERVICES, AS PERFORMED BY TWCGME ON BEHALF OF TWCCCH, IS REPRESENTED ON LINE 2B OF THE STATEMENT OF REVENUE (\$6,325,776).</p> <p>IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO STAFFING LEASE AGREEMENTS WITH TWCCCH FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL AND INFORMATION OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCCH. THE SERVICES OF TWCCCH'S CHIEF EXECUTIVE AND CHIEF MEDICAL AND INFORMATION OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES FOR TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP OF CLINICAL EDUCATIONAL INTEGRATION, RESPECTIVELY. TWCGME REPORTS ALL REMAINING EMPLOYEES ON ITS FORM W-3. THEREFORE, ALL FULL-TIME EQUIVALENTS (FTES) ARE ACCURATELY ALLOCATED TO EACH RESPECTIVE ENTITY, AVOIDING DUPLICATION, BASED ON A SHARED MISSION COVENANT AND RELATED STAFFING LEASE AGREEMENTS.</p> <p>TWCCCH REIMBURSED TWCGME FOR THESE SERVICES THROUGH WELL-VALIDATED FTE-BASED INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE SHARED MISSION-DRIVEN STAFFING LEASE AGREEMENTS, TWCCCH LEASES CLINICAL STAFF, MANAGEMENT SERVICES, AND BACK OFFICE SUPPORT SERVICES FROM TWCGME INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING AND COMMUNICATIONS, FINANCE, GRANTS, GOVERNANCE SUPPORT, GOVERNMENTAL RELATIONS, LEGAL AND OTHER ADMINISTRATIVE SUPPORT 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'S FORM 990, SECTION IX (STATEMENT OF FUNCTIONAL EXPENSES), COLUMN C.</p> <p>OTHER - OFFICE OF RESEARCH SUPPORT AND COMPLIANCE:  TWCGME FACILITATES OPPORTUNITIES FOR TRAINEES, STAFF, AND FACULTY TO PARTICIPATE IN COMMUNITY-ORIENTED PRIMARY CARE SCHOLARLY ACTIVITY AND RESEARCH, CONTINGENT UPON FUNDING AVAILABILITY. DURING THE REPORTING PERIOD, TWO STAFF MEMBERS SUPPORTED THIS DEPARTMENT, COLLABORATING WITH ONE RESIDENT PHYSICIAN PROGRAM CHIEF AND TWO RESIDENT PHYSICIAN LEADERS TO ADVANCE SCHOLARLY ACTIVITY, WHICH IS SUBSEQUENTLY REPORTED TO THE ACGME TO FULFILL TRAINING PROGRAM AND SPONSORING INSTITUTIONAL ACCREDITATION REQUIREMENTS. FURTHERMORE, TWCGME OPERATES AN INSTITUTIONAL REVIEW BOARD (IRB). THE IRB'S MISSION IS TO SAFEGUARD THE RIGHTS, WELFARE, AND INFORMED PARTICIPATION OF HUMAN SUBJECTS INVOLVED IN RESEARCH CONDUCTED WITHIN TWCGME EDUCATIONAL OR TWCCCH CLINICAL LEARNING ENVIRONMENTS, PARTNER ORGANIZATIONS' CLINICAL SETTINGS, OR BY TWCGME RESIDENTS, FELLOWS, AND FACULTY IN THE COMMUNITIES SERVED. THE IRB COMPRISES PHYSICIANS, EDUCATORS, ACADEMIC AND CLINICAL RESEARCH EXPERTS, AND COMMUNITY MEMBERS.</p>

Return Reference - Identifier	Explanation
FORM 990, PART IV, LINE 28C - BUSINESS TRANSACTIONS	<p>IN NOVEMBER 2017, TWCGME, AND ITS AFFILIATED ORGANIZATION, TWCCCH, 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 THE CHAIR OF TWCGME'S BOARD OF DIRECTORS, AND SERVED AS A VOLUNTEER DIRECTOR ON TWCGME'S AFFILIATED ENTITIES, INCLUSIVE OF BUT NOT LIMITED TO TWCCCH. ON JULY 12, 2019, MR. FERRARIO 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 TWCCCH 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 TWCCCH AT 501 SOUTH WASHINGTON AVENUE, SCRANTON, PENNSYLVANIA FOR FQHC LOOK-ALIKE PRIMARY HEALTH SERVICES 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, UTILIZING ADDITIONAL SPACE ON THE SECOND FLOOR OF THE PROPERTY FOR EDUCATIONAL AND OTHER ACTIVITIES. 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.</p>
FORM 990, PART V, LINE 2A - COMMON PAYMASTER	<p>TWCGME IS AFFILIATED WITH TWCCCH (EIN: 23-2772504), SHARING A MISSION TO IMPROVE THE HEALTH AND WELFARE OF OUR COMMUNITIES THROUGH RESPONSIVE WHOLE PERSON HEALTH SERVICES FOR ALL AND THE SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TO STREAMLINE OPERATIONAL EFFICIENCY, TWCGME SERVES AS THE COMMON PAYMASTER FOR BOTH TWCGME AND TWCCCH, ADHERING TO IRS REGULATIONS FOR W-2 REPORTING. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF MEDICAL AND INFORMATION OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCCH. THE SERVICES OF TWCCCH'S CHIEF EXECUTIVE AND CHIEF MEDICAL AND INFORMATION OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES FOR TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP OF CLINICAL EDUCATIONAL INTEGRATION, RESPECTIVELY. TWCGME REPORTS ALL REMAINING EMPLOYEES ON ITS FORM W-3. THEREFORE, ALL FULL-TIME EQUIVALENTS (FTES) ARE ACCURATELY ALLOCATED TO EACH RESPECTIVE ENTITY, AVOIDING DUPLICATION, BASED ON A SHARED MISSION COVENANT AND RELATED STAFFING LEASE AGREEMENTS.</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>PRIOR TO FISCAL YEAR 2023 - 2024, THE ORGANIZATION HAD TWO CLASSES OF MEMBERS WHO HAD THE RIGHT TO APPOINT MEMBERS OF THE BOARD OF DIRECTORS. THE AMENDED AND RESTATED BYLAWS REMOVED THE MEMBERSHIP FROM THE ORGANIZATION.</p>
FORM 990, PART VI, LINE 6 - ORGANIZATION MEMBERS	<p>NO. ALTHOUGH PREVIOUSLY, TWCGME WAS ORGANIZED AS A MEMBER NON-PROFIT CORPORATION, ON FEBRUARY 10, 2023 DURING A DULY CALLED AND HELD MEMBER MEETING, TWCGME'S MEMBERSHIP VOTED AFFIRMATIVELY TO ABOLISH THE MEMBERSHIP ALTOGETHER GIVEN THE DUPLICATIVE NATURE OF MEMBER REPRESENTATIVES BEING THE SAME PERSONS AS THOSE SERVING ON THE GOVERNING BODY, I.E., THE BOARD OF DIRECTORS. TWCGME'S BOARD OF DIRECTORS VOTED AFFIRMATIVELY TO AMEND THE BYLAWS AND REFLECT THE ORGANIZATIONAL CHANGE OF ABOLISHING CORPORATE MEMBERSHIP, AND TO AMEND AND RESTATE TWCGME'S ARTICLES OF INCORPORATION APPROPRIATELY.</p>
FORM 990, PART VI, LINE 7A - MEMBER POWERS	<p>NO. ALTHOUGH TWCGME WAS PREVIOUSLY ORGANIZED AS A MEMBER NON-PROFIT CORPORATION, ON FEBRUARY 10, 2023, DURING A DULY CALLED AND HELD MEMBER MEETING, TWCGME'S MEMBERSHIP VOTED AFFIRMATIVELY AND UNANIMOUSLY TO ABOLISH THE MEMBERSHIP STRUCTURE GIVEN THE DUPLICATIVE NATURE OF MEMBER REPRESENTATIVES BEING THE SAME PERSONS AS THOSE SERVING ON THE GOVERNING BOARD OF DIRECTORS. TWCGME'S BOARD OF DIRECTORS VOTED AFFIRMATIVELY AND UNANIMOUSLY TO AMEND THE NON-PROFIT CORPORATION'S BYLAWS TO REFLECT THE ORGANIZATIONAL CHANGE OF ABOLISHING CORPORATE MEMBERSHIP AND TO AMEND AND RESTATE TWCGME'S ARTICLES OF INCORPORATION APPROPRIATELY.</p> <p>PRIOR TO FISCAL YEAR 2023-2024, THERE HAD BEEN CORPORATE MEMBERS WHO HAD THE RIGHT TO APPOINT MEMBERS OF THE BOARD OF DIRECTORS. THE PREVIOUS CORPORATE MEMBERSHIP STRUCTURE PROVIDED THAT CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATED TWCGME'S SPONSORING INSTITUTIONAL CONSORTIUM FOR AT LEAST TEN RESIDENT AND/OR FELLOW PHYSICIAN FTES IN GME TRAINING HAD THE RIGHT TO APPOINT ONE CLASS II-A DIRECTOR TO TWCGME'S BOARD. ADDITIONALLY, CLASS I MEMBERS WHO, THROUGH AFFILIATION, COMPENSATED TWCGME'S SPONSORING INSTITUTIONAL CONSORTIUM FOR AT LEAST TWENTY-FIVE RESIDENT AND/OR FELLOW PHYSICIAN FTES IN GME TRAINING HAD THE RIGHT TO APPOINT TWO CLASS II-A DIRECTORS TO TWCGME'S BOARD OF DIRECTORS. AT THAT TIME, PER TWCGME BYLAWS, NO CLASS I MEMBER WAS PERMITTED TO APPOINT MORE THAN TWO VOTING DIRECTORS ON TWCGME'S BOARD, AND NO CLASS I MEMBER WAS PERMITTED TO APPOINT DIRECTORS TO ANY CLASS OTHER THAN CLASS II-A.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	TWCGME'S FORM 990 IS PREPARED BY THE SENIOR LEADERSHIP TEAM OF THE FINANCE AND ENTERPRISE INTEGRITY DEPARTMENTS WITH DETAILED REVIEW AND INPUT FROM THE EXECUTIVE MANAGEMENT TEAM AND PRESIDENT & CEO. THE DRAFT FORM 990 IS THEN REVIEWED BY AN INDEPENDENT, CONTRACTED CPA FIRM. THE REFINED FORM 990 IS THEN DISTRIBUTED TO THE AUDIT/COMPLIANCE AND EXECUTIVE COMMITTEES OF THE BOARD OF DIRECTORS AND SUBSEQUENTLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW, INPUT, AND APPROVAL FOR FEDERAL FILING. UPON COMPLETION OF THIS REVIEW, NECESSARY REVISIONS, AND APPROVAL, THE FORM 990 IS FINALIZED, 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 ARE KEPT IN A SECURE LOCATION AT EVERY REQUIRED OPERATIONAL SITE WHERE THEY MAY BE REVIEWED IN HARD COPY UPON REQUEST, CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.
FORM 990, PART VI, LINE 12A - 12B, & 12C - CONFLICT OF INTEREST POLICY	A WRITTEN CONFLICT OF INTEREST POLICY CREATED AND RECOMMENDED BY THE SVP FOR ENTERPRISE INTEGRITY HAS BEEN AND APPROVED BY THE PRESIDENT AND CEO AND BOARD OF DIRECTORS. THE SVP OF ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER WORK TOGETHER TO ENSURE IT IS REVIEWED, UPDATED IF NECESSARY, AND RENEWED ANNUALLY OR MORE FREQUENTLY WHEN NECESSARY OR APPROPRIATE. THE SVP FOR ENTERPRISE INTEGRITY, ALONG WITH THE GOVERNANCE AND CHIEF COMPLIANCE OFFICERS, ENSURE THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL GOVERNING BOARD MEMBERS ("DIRECTORS") AND OFFICERS. TOGETHER, THIS TEAM, ALONG WITH THE VP OF HUMAN RESOURCES, ENSURES THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY EXECUTIVE MANAGEMENT AND ALL STAFF, INCLUDING BUT NOT LIMITED TO KEY EMPLOYEES OF THE ORGANIZATION. SHOULD A CONFLICT OF INTEREST OR POTENTIAL CONFLICT ARISE DURING THE YEAR AMONG DIRECTORS AND OFFICERS, THE GOVERNANCE OFFICER AND THE SVP FOR ENTERPRISE INTEGRITY ENSURE THE CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED TO REFLECT THE POSSIBLE CONFLICT. POTENTIAL CONFLICTS OF DIRECTORS AND OFFICERS, IF ANY, ARE FULLY DISCLOSED, VETTED BY INTERNAL COUNSEL AND THE AUDIT/COMPLIANCE COMMITTEE, AND REVIEWED BY THE BOARD WITH OUTSIDE ETHICS CONSULTATION OBTAINED WHEN APPROPRIATE. EDUCATION ON CONFLICTS OF INTEREST IS PROVIDED TO NEW DIRECTORS AND OFFICERS DURING BOARD ORIENTATION AND TO THE FULL BOARD ANNUALLY DURING THE REVIEW, UPDATE, AND RENEWAL OF THE CONFLICT OF INTEREST POLICY. DIRECTORS' AND OFFICERS' COMPLIANCE WITH THE POLICY IS MONITORED BY THE AUDIT/COMPLIANCE COMMITTEE OF THE BOARD AND SUPPORTED BY THE GOVERNANCE OFFICER AND SVP FOR ENTERPRISE INTEGRITY. EDUCATION ON CONFLICTS OF INTEREST, INCLUDING ANY REVISIONS TO THE CONFLICT OF INTEREST POLICY, IS PROVIDED TO NEW EMPLOYEES DURING ORIENTATION, AND ANNUALLY DURING THE PERFORMANCE REVIEW PROCESS. ADHERENCE BY STAFF TO THE CONFLICT OF INTEREST POLICY IS MONITORED BY MANAGERS WITH THE SUPPORTIVE OVERSIGHT OF THE VP OF HUMAN RESOURCES, THE SVP FOR ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	TWCGME CONTRACTS WITH ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH), FOR THE SERVICES OF TWCGME'S PRESIDENT AND CEO, WHO IS EMPLOYED BY AND SERVES AS PRESIDENT AND CEO OF TWCCH. CONSEQUENTLY, TWCGME DOES NOT DIRECTLY COMPENSATE THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCCH BOARDS COLLABORATIVELY DETERMINE THE RESPECTIVE CHIEF EXECUTIVE'S COMPENSATION, ENGAGING A THIRD-PARTY EXTERNAL CONSULTANT TO CONDUCT A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY GENERALLY EVERY THREE TO FIVE YEARS. DURING CONTRACT NEGOTIATIONS WITH THE PRESIDENT AND CEO, THE RELEVANT COMPONENTS OF THE STUDY ARE APPROPRIATELY AGED AND SUPPLEMENTED BY DATA FROM SOURCES SUCH AS THE AMERICAN JOB CENTER NETWORK, MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA), FORM 990S OF COMPARABLE ORGANIZATIONS, AND COMPENSATION SURVEYS FROM THE PENNSYLVANIA AND NATIONAL ASSOCIATIONS OF COMMUNITY HEALTH CENTERS, AMONG OTHER RELEVANT REGIONAL AND NATIONAL BENCHMARKS. ANNUALLY, THE EXECUTIVE COMMITTEES COLLABORATIVELY CONDUCT A THOROUGH PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE AND THE RESPECTIVE ORGANIZATIONS, ASSESSING THE APPROPRIATENESS OF SALARY AND BENEFIT ADJUSTMENTS. THESE ADJUSTMENTS, IF MADE BETWEEN CONTRACT TERMS, ARE BENCHMARKED AGAINST PUBLICLY AVAILABLE COMPARABLE DATA. ULTIMATELY, THE CHIEF EXECUTIVE'S COMPENSATION IS DETERMINED BASED ON A ROBUST PERFORMANCE EVALUATION, ORGANIZATIONAL PERFORMANCE, AND CAREFUL CONSIDERATION OF THE INDEPENDENT COMPENSATION STUDY, MARKET COMPARABILITY, AND FINANCIAL FEASIBILITY. THE EXECUTIVE COMMITTEES' DELIBERATIONS AND DECISIONS REGARDING EXECUTIVE COMPENSATION ARE METICULOUSLY DOCUMENTED IN MEETING MINUTES WITHIN 60 DAYS OF THE EVALUATION'S COMPLETION AND THE COMPENSATION DETERMINATION.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE COMPENSATION OF ALL OTHER EMPLOYEES, INCLUDING KEY EMPLOYEES, IS DETERMINED BY THE CHIEF EXECUTIVE (TWCGME PRESIDENT & CEO) AND THE HUMAN RESOURCES DEPARTMENT, GUIDED BY A FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED GENERALLY EVERY THREE TO FIVE YEARS. THE VP OF HR AND THE PRESIDENT & CEO MAY ALSO CONSIDER ADDITIONAL DATA IN DETERMINING COMPENSATION LEVELS 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 CENTERS AND NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS, AMONG OTHER REGIONAL AND NATIONAL BENCHMARKS. AS WITH THE SERVICES OF TWCGME'S CHIEF EXECUTIVE, TWCGME ALSO LEASES THE SERVICES OF TWCCH'S CHIEF MEDICAL AND INFORMATION OFFICER AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SVP OF CLINICAL EDUCATIONAL INTEGRATION. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCGME AND TWCCH ALSO INCLUDES THE SERVICES OF THIS POSITION, LIKE ALL EXECUTIVE POSITIONS, IN ITS FORMAL, PERIODIC OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY COMPLETED GENERALLY EVERY THREE TO FIVE YEARS.

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	TWCGME'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE KEPT IN A SECURE LOCATION AND ARE AVAILABLE FOR PUBLIC INSPECTION 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. HARD COPIES ARE PROVIDED UPON REQUEST FOR REVIEW. TWCGME'S THREE MOST RECENTLY FILED 990S, ALONG WITH THREE SEQUENTIAL ANNUAL REPORTS, ARE ALSO AVAILABLE ON ITS WEBSITE IN A DOWNLOADABLE FORMAT.
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 STAFFING LEASE AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES. TWCCH REIMBURSED TWCGME FOR THESE SERVICES THROUGH WELL-VALIDATED FTE-BASED INTERCOMPANY ALLOCATION METHODOLOGIES. THROUGH THESE SHARED MISSION-DRIVEN STAFFING LEASE AGREEMENTS, TWCCH LEASES CLINICAL STAFF, MANAGEMENT SERVICES, AND BACK OFFICE SUPPORT SERVICES FROM TWCGME INCLUDING, BUT NOT LIMITED TO, HUMAN RESOURCES, INFORMATION TECHNOLOGY, MARKETING AND COMMUNICATIONS, FINANCE, GRANTS, GOVERNANCE SUPPORT, GOVERNMENTAL RELATIONS, LEGAL AND OTHER ADMINISTRATIVE SUPPORT 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'S FORM 990, SECTION IX (STATEMENT OF FUNCTIONAL EXPENSES), COLUMN C.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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 AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✓
(2) THE WRIGHT CENTER ALLIANCE (81-2982874) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	12 TYPE I	TWCGME	✓	
(3) PATIENT ENGAGEMENT COUNCIL (81-3053323) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	✓	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

**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) .....													
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(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

Return Reference - Identifier	Explanation
<p>SCHEDULE R, PART II - PRIMARY ACTIVITY</p>	<p>NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER MEDICAL GROUP DBA THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH)</p> <p>TWCCH, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, OPERATES AS A HRSA-DESIGNATED FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER. IT OFFERS NON-DISCRIMINATORY, SAFETY-NET, COMPREHENSIVE, AND FULLY INTEGRATED WHOLE-PERSON PRIMARY HEALTH AND RYAN WHITE/INFECTIOUS DISEASE SERVICES, ENSURING ACCESS REGARDLESS OF INSURANCE STATUS, GEOGRAPHIC LOCATION, OR ABILITY TO PAY. AS A HRSA-RECOGNIZED PIONEERING TEACHING HEALTH CENTER, TWCCH SERVES AS THE PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENT IN NORTHEAST PENNSYLVANIA FOR TWCGME'S RESIDENT AND FELLOW PHYSICIAN TRAINEES, AS WELL AS MEDICAL STUDENTS FROM THE GEISINGER COMMONWEALTH SCHOOL OF MEDICINE, A.T. STILL UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (SOMA), AND THE CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (CCPAP), ALONGSIDE INTERPROFESSIONAL HEALTH CARE LEARNERS FROM OVER A DOZEN REGIONAL ACADEMIC INSTITUTIONS EDUCATING AND TRAINING FUTURE HEALTH CARE PROFESSIONALS. TOGETHER, TWCGME AND TWCCH ARE THE BACKBONE OF A GRADUATE MEDICAL EDUCATION SAFETY NET CONSORTIUM AIMING TO ADDRESS OUR NATIONAL PRIMARY CARE SHORTAGE AND MIS-DISTRIBUTION AND RELATED HEALTH, HEALTH CARE, AND HEALTH CARE CAREERS ACCESS NEEDS AND CHALLENGES. THE ORGANIZATIONS SHARE A MISSION TO IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE, WHOLE PERSON HEALTH SERVICES FOR ALL AND SUSTAINABLE RENEWAL OF AN INSPIRED AND COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.</p> <p>NAME OF RELATED ORGANIZATION: PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT &amp; COMMUNITY ENGAGEMENT (TWCPCE)</p> <p>TWCCH SERVES AS THE SOLE CORPORATE MEMBER OF TWCPCE, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION. TWCPCE'S MISSION IS TO EMPOWER AND ENGAGE PATIENTS IN PROMOTING THE HEALTH AND WELFARE OF OUR COMMUNITIES WHILE ADVANCING THE OUTCOMES AND EXPERIENCE OF HEALTH CARE AND RELATED SERVICES AND WORKFORCE DEVELOPMENT. IT AIMS TO IMPROVE COMMUNITY HEALTH THROUGH EDUCATION, ADVOCACY, PATIENT-CENTERED SERVICES, AND TARGETED INITIATIVES THAT ADDRESS PATIENT AND COMMUNITY RESOURCE NEEDS THAT NEGATIVELY IMPACT HEALTH OUTCOMES.</p> <p>NAME OF RELATED ORGANIZATION: THE WRIGHT CENTER ALLIANCE (ALLIANCE)</p> <p>THE WRIGHT CENTER ALLIANCE, A PENNSYLVANIA TAX-EXEMPT NON-PROFIT CORPORATION, WAS ESTABLISHED AS A SUPPORTING PARENT ORGANIZATION TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME). ITS PURPOSE IS TO ALIGN, ENABLE, AND OPTIMIZE THE SHARED MISSION DELIVERY AND COMMUNITY BENEFIT IMPACT OF ALL AFFILIATED NON-PROFIT WRIGHT CENTER ENTITIES.</p>

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

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 20 24

**2023**

Department of the Treasury  
Internal Revenue Service

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

Name of filer <b>THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION</b>	EIN or SSN <b>23-2007832</b>
Name and title of officer or person subject to tax <b>LINDA THOMAS-HEMAK, MD, PRESIDENT &amp; CEO</b>	

**Part I Type of Return and Return Information**

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>47,901,407</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 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 MAZARS, LLP to enter my PIN 

0	7	8	3	2
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax *Linda Thomas-Hemak MD* Date 5/14/25

**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.

3	2	1	2	8	2	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 *Kystra Averb* Date 05/13/2025

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

PUBLIC DISCLOSURE COPY

Form 990-T

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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning 07/01, 2023, and ending 06/30, 20 24

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).

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed, B Exempt under section 501(C)(3), C Book value of all assets at end of year 37,454,889, D Employer identification number 23-2007832, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

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-subsiary controlled group? Yes No

L The books are in care of (SEE STATEMENT) Telephone number (570) 343-2383

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 5 main rows for Part III: Tax and Payments. Columns include sub-row (1a-1d, 3a-3e), description, and amount. Total amount is 0.

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

**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.

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.

## Part I — Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information  
 Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

## Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)

- The books are in the care of ► **SANDRA YASTREMSKI, 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.

- I request an automatic 6-month extension of time until **05/15**, 20 **25**, 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**, 20 **23**, and ending **06/30**, 20 **24**.
- If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0

**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 (continued)**

<b>6a</b> Payments: Preceding year's overpayment credited to the current year . . . . .	<b>6a</b>	0	
<b>b</b> Current year's estimated tax payments. Check if section 643(g) election applies . . . . . <input type="checkbox"/>	<b>6b</b>	0	
<b>c</b> Tax deposited with Form 8868 . . . . .	<b>6c</b>	0	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	<b>6d</b>	0	
<b>e</b> Backup withholding (see instructions). . . . .	<b>6e</b>	0	
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941) . . . . .	<b>6f</b>	0	
<b>g</b> Elective payment election amount from Form 3800 . . . . .		0	
<b>h</b> Payment from Form 2439 . . . . .	<b>6h</b>	0	
<b>i</b> Credit from Form 4136 . . . . .	<b>6i</b>	0	
<b>j</b> Other (see instructions) . . . . .	<b>6j</b>	0	
<b>7 Total payments.</b> Add lines 6a through 6j . . . . .	<b>7</b>		0
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>	<b>8</b>		0
<b>9 Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	<b>9</b>		0
<b>10 Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	<b>10</b>		0
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 0 <b>Refunded</b>	<b>11</b>		0

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

<b>1</b> At any time during the 2023 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	Yes	No
<b>2</b> 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.		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year . . . . \$ _____		
<b>4</b> 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.		
<b>5</b> 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	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
<b>6a</b> Reserved for future use . . . . .		
<b>b</b> Reserved for future use . . . . .		

**Part V Supplemental Information**

Provide any additional information. See instructions.

(SEE STATEMENT)

**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.

*Linda Thomas Hemker* 5/14/25 **MD, PRESIDENT & CEO**

Signature of officer Date Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KRYSTAL CREACH</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <b>P01248198</b>
	Firm's name <b>FORVIS MAZARS, LLP</b>	Firm's EIN <b>44-0160260</b>			
	Firm's address <b>910 E ST LOUIS #200 PO BOX 1190, SPRINGFIELD, MO 65806-2523</b>	Phone no. <b>(417) 865-8701</b>			

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	SANDRA YASTREMSKI, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505

Return Reference	Amount	Explanation
<b>990-T CORE FORM</b>		
FORM 990-T, PART I, LINE 1	0	THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC §512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07/01, 2023, and ending 06/30, 20 24

# 2023

Department of the Treasury  
Internal Revenue Service

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

Name of filer: **THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION** EIN or SSN: **23-2007832**

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

## Part I Type of Return and Return Information

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

1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	_____
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	_____
6a	Form 990-T check here	<input checked="" type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	<u>0</u>
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 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 MAZARS, LLP to enter my PIN 

0	7	8	3	2
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax: Linda Thomas-Hemak MA Date: 5/14/25

## 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.

3	2	1	2	8	2	6	0	2	6	0
---	---	---	---	---	---	---	---	---	---	---

  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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: Kyoko Averb Date: 05/13/2025

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

# **IRS Tax Determination**

Internal Revenue Service

District  
Director

RECEIVED

DEC 1 1978

SCRANTON-TEMPLE  
RESIDENCY PROGRAM

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

Department of the Treasury

P. O. Box 959  
Scranton, PA 18501

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

NOV 29 1978

Our Letter dated: November 16, 1976

Gentlemen:

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

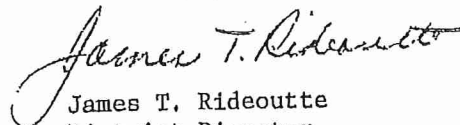
Your exempt status under section 501(c)(3) of the Code is still in effect.

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

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

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

Sincerely yours,

  
James T. Rideoutte  
District Director

wceme Name Change Filing

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

The Wright Center for Graduate Medical Education

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

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

ENTITY NUMBER: 628234

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

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

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

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

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

- Business Corporation (§ 1915)  
 Nonprofit Corporation (§ 5915)

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

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

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



Fee: \$70

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

1. The name of the corporation is: <b>SCRANTON-TEMPLE RESIDENCY PROGRAM</b>
2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department): (a) Number and Street City State Zip County <b>746 JEFFERSON AVENUE SCRANTON PENNSYLVANIA 18510 LACKAWANNA</b> (b) Name of Commercial Registered Office Provider County e/o
3. The statute by or under which it was incorporated: <b>PA NONPROFIT CORPORATION LAW OF 1933</b>
4. The date of its incorporation: <b>2/17/1976</b>
5. Check, and if appropriate complete, one of the following: <input type="checkbox"/> The amendment shall be effective upon filing these Articles of Amendment in the Department of State. <input checked="" type="checkbox"/> The amendment shall be effective on <b>JULY 1, 2010</b> at <b>12:01 AM</b> Date Hour

2010 JUN 30 PM 4: 00

RECEIVED TIME PA DEPT OF STATE  
JUN, 30, 2010 9:55PM

DSCB:13-1913/5915-2

6. Check one of the following:

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

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

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

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

8. Check if the amendment restates the Articles:

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

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

28th day of June  
2010

The Wright Center for Graduate Medical Education

Name of Corporation

*Randa M. Bungle*

Signature

Chairman of the Board

Title