

Return of Organization Exempt From Income Tax

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

2024

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 20 25

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

G Gross receipts \$ 50,260,124

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

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

H(c) Group exemption number _____

K Form of organization: Corporation Trust Association Other

L Year of formation: 1976

M State of legal domicile: PA

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>(SEE ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 18	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 442	
	6	Total number of volunteers (estimate if necessary)	6 20	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 24,465,550	Current Year 19,087,169
	9	Program service revenue (Part VIII, line 2g)	20,897,932	20,686,734
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	639,193	1,121,122
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,898,732	1,941,160
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,901,407	42,836,185
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,664,526	2,175,580
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	30,760,440	27,925,973
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,273,155	12,107,975
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	46,698,121	42,209,528	
19	Revenue less expenses. Subtract line 18 from line 12	1,203,286	626,657	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 37,454,889	End of Year 38,277,002
	21	Total liabilities (Part X, line 26)	19,773,144	19,699,641
	22	Net assets or fund balances. Subtract line 21 from line 20	17,681,745	18,577,361

Part II Signature Block

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

Sign Here

Signature of officer: Linda Thomas Hemak MD Date: 1/5/26

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

Paid Preparer Use Only

Print/Type preparer's name: KRYSTAL CREACH Preparer's signature: KRYSTAL CREACH Date: _____

Check if self-employed PTIN: P01248198

Firm's name: FORVIS MAZARS, LLP Firm's EIN: 44-0160260

Firm's address: 910 E ST LOUIS 200 PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone no.: (417) 865-8701

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

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 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.

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	Name of exempt organization, employer, or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Taxpayer identification number (TIN) 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE, STE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 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	Form 990-T (governmental entities)	15

- 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, 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 26, 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 24, and ending 06/30, 20 25.
- If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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 ON 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 \$ 12,556,943 including grants of \$ 0) (Revenue \$ 0)
(SEE ON SCHEDULE O)

4b (Code:) (Expenses \$ 9,653,243 including grants of \$ 0) (Revenue \$ 12,473,623)
(SEE ON SCHEDULE O)

4c (Code:) (Expenses \$ 1,864,039 including grants of \$ 541,654) (Revenue \$ 0)
(SEE ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 1,762,728 including grants of \$ 1,633,926) (Revenue \$ 9,436,716)

4e Total program service expenses 25,836,953

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 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"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 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"/>
8 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"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 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"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e 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"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a 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 type="checkbox"/>	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
13 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"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 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"/>
19 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"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c 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>		✓
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 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>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 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>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	✓	
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>		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	442		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
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"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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	✓		✓				265,914	797,741	48,680
(2) JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYSICIAN	15.0 40.0				✓			148,593	445,779	48,455
(3) JUMEE BAROOAH, MD DIO & PHYSICIAN / NON VOTING	40.0 15.0				✓			404,675	142,183	43,293
(4) DOUGLAS KLAMP, MD CMEO / PHYSICIAN	20.0 35.0				✓			132,113	245,353	47,909
(5) WILLIAM DEMPSEY, MD CHIEF OF POPULATION HEALTH VALUE BASED CARE	10.0 45.0					✓		55,577	314,935	48,670
(6) JENNIFER WALSH, ESQ SVP ENT COMP INTEG	55.0 0.0				✓			367,684	0	34,937
(7) RONALD DANIELS, CPA CHIEF ADMINISTRATIVE OFFICER	55.0 0.0				✓			366,099	0	33,275
(8) MAUREEN LITCHMAN, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	15.0 40.0					✓		98,356	229,498	30,350
(9) ERIN MCFADDEN, MD FACULTY PHYSICIAN	5.0 50.0					✓		24,437	281,027	38,802
(10) TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	25.0 30.0				✓			136,815	154,281	43,601
(11) VINOD SHARMA, MD FORMER PROGRAM DIRECTOR / PHYSICIAN	0.0 55.0						✓	0	303,887	13,277
(12) MEAGHAN RUDDY, PHD SVP ENTERPRISE WELLNESS	50.0 5.0				✓			253,763	25,097	34,758
(13) BRIAN EBERSOLE VP OF ACADEMIC AFFAIRS/ADIO	55.0 0.0					✓		264,089	0	41,929
(14) SANDRA YASTREMSKI, CPA CHIEF FINANCIAL OFFICER	55.0 0.0			✓				253,492	0	37,594

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) STEPHANIE GILL, MD PROGRAM DIRECTOR / PHYSICIAN	10.0 45.0				✓		42,408	207,053	40,887	
(16) CHARLES DECK, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	10.0 45.0					✓	52,534	210,137	21,895	
(17) RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	10.0 45.0				✓		45,749	195,037	23,277	
(18) IVAN CVOROVIC, MD DIRECTOR OF HOSPITAL SERVICES	5.0 50.0				✓		15,083	200,385	26,548	
(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	5.0 0.0	✓		✓			0	0	0	
(23) ARIANE CONABOY, DO DIRECTOR	1.0 0.0	✓					0	0	0	
(24) CHRISTOPHER HOWE DIRECTOR BEG 12/24	1.0 0.0	✓					0	0	0	
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal							2,927,381	3,752,393	658,137	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							2,927,381	3,752,393	658,137	

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 19

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

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	510,649
HEALTH POINT, 923 AUBURN WAY NORTH, AUBURN, WA 98002	PROFESSIONAL FEES	443,521
HEALTH SOURCE OF OHIO, 424 WARDS CORNER RD, SUITE 200, LOVELAND, OH 45140	PROFESSIONAL FEES	338,081
EL RIO HEALTH, 1230 S CHERRYBELL STRA, TUCSON, AZ 85713	PROFESSIONAL FEES	334,865
A.T. STILL UNIVERSITY OF HEALTH SCIENCES, INC, 800 W. JEFFERSON STREET, KIRKSVILLE, MO 63501	PROFESSIONAL FEES	298,359
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	12	

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	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events					
	1d	Related organizations	126,000				
	1e	Government grants (contributions)	18,946,004				
	1f	All other contributions, gifts, grants, and similar amounts not included above	15,165				
	1g	Noncash contributions included in lines 1a-1f	\$ 15,165				
	1h	Total. Add lines 1a-1f	19,087,169				
	Program Service Revenue	2a	RESIDENCY PROGRAM REVENUE Business Code 611310	12,473,623	12,473,623		
2b		SUPPORT SERVICE REVENUE Business Code 561000	7,663,328	7,663,328			
2c		IRB & RESEARCH FEES Business Code 611310	4,200	4,200			
2d		OTHER REVENUE Business Code 611310	545,583	545,583			
2e							
2f		All other program service revenue	0	0	0	0	
2g		Total. Add lines 2a-2f	20,686,734				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	642,562			642,562	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	1,074,992			
			(ii) Personal				
			6b	Less: rental expenses	357,437		
	6c	Rental income or (loss)	717,555	0			
	6d	Net rental income or (loss)	717,555			717,555	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7,545,062			
			(ii) Other				
			7b	Less: cost or other basis and sales expenses	7,066,502		
	7c	Gain or (loss)	478,560	0			
	7d	Net gain or (loss)	478,560			478,560	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	8b	Less: direct expenses					
8c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	INCOME ON EQUITY INVESTEE Business Code 900099	1,223,605	1,223,605			
	11b						
	11c						
	11d	All other revenue	0	0	0	0	
	11e	Total. Add lines 11a-11d	1,223,605				
12	Total revenue. See instructions	42,836,185	21,910,339	0	1,838,677		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,175,580	2,175,580		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,295,413	1,157,774	2,137,639	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,733,979	13,181,163	6,552,816	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	968,360	297,287	671,073	
9 Other employee benefits	2,370,538	1,526,818	843,720	
10 Payroll taxes	1,557,683	809,493	748,190	
11 Fees for services (nonemployees):				
a Management				
b Legal	88,473	10,905	77,568	
c Accounting	101,299		101,299	
d Lobbying	102,991		102,991	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	53,910		53,910	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	2,701,687	1,405,145	1,296,542	0
12 Advertising and promotion	212,875	18,755	194,120	
13 Office expenses	558,734	9,498	549,236	
14 Information technology	1,208,199	125,213	1,082,986	
15 Royalties				
16 Occupancy	346,328	1,085	345,243	
17 Travel	62,943	42,693	20,250	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	654,780	380,460	274,320	
20 Interest	159,538		159,538	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	743,548		743,548	
23 Insurance	950,241	928,262	21,979	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>LEARNING ENVIRONMENTS - THC</u>	3,524,906	3,524,906		
b <u>DUES & MEMBERSHIPS</u>	360,792	233,343	127,449	
c <u>RECRUITMENT EXPENSE</u>	135,370	8,090	127,280	
d <u>REPAIRS & MAINTENANCE</u>	100,532		100,532	
e All other expenses	40,829	483	40,346	0
25 Total functional expenses. Add lines 1 through 24e	42,209,528	25,836,953	16,372,575	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	29,292	1	62,860
	2 Savings and temporary cash investments	12,228,331	2	11,085,333
	3 Pledges and grants receivable, net	1,845,694	3	1,528,767
	4 Accounts receivable, net	1,790,532	4	2,885,574
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	398,810	9	180,650
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,229,329		
	b Less: accumulated depreciation	10b 5,485,401	3,476,687	10c 2,743,928
	11 Investments—publicly traded securities	11,601,359	11	12,827,568
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	228,537	13	304,325
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,855,647	15	6,657,997
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,454,889	16	38,277,002	
Liabilities	17 Accounts payable and accrued expenses	3,408,203	17	2,710,461
	18 Grants payable		18	
	19 Deferred revenue	0	19	72,455
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	8,719,020	23	8,768,208
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	7,645,921	25	8,148,517
	26 Total liabilities. Add lines 17 through 25	19,773,144	26	19,699,641
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,681,745	27	18,577,361
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	17,681,745	32	18,577,361	
33 Total liabilities and net assets/fund balances	37,454,889	33	38,277,002	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,836,185
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,209,528
3	Revenue less expenses. Subtract line 2 from line 1	3	626,657
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,681,745
5	Net unrealized gains (losses) on investments	5	268,959
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,577,361

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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	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) FRANCES LANGAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) HOLLY BINNIG, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(30) KEVIN MITCHELL, MBA ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(31) KEVIN REED ----- DIRECTOR END 12/24	1.0 ----- 0.0	✓						0	0	0
(32) MICHAEL CURRAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) MICHAEL PAGLIA, MD ----- DIRECTOR END 05/25	1.0 ----- 0.0	✓						0	0	0
(34) RENEE MULLIGAN ----- DIRECTOR END 09/24	1.0 ----- 0.0	✓						0	0	0
(35) RENEE ZEHEL, PHD ----- DIRECTOR BEG 02/25	1.0 ----- 0.0	✓						0	0	0
(36) ROBERT COLE, PHD ----- DIRECTOR BEG 02/25	1.0 ----- 0.0	✓						0	0	0
(37) SHARON OBADIA, DO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(38) TERI OOMS ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,651,071	19,850,852	21,445,463	24,465,550	19,087,169	108,500,105
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	17,692,901	17,576,749	19,268,341	22,057,986	21,910,339	98,506,316
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	41,343,972	37,427,601	40,713,804	46,523,536	40,997,508	207,006,421
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						207,006,421

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	41,343,972	37,427,601	40,713,804	46,523,536	40,997,508	207,006,421
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,096,841	1,131,212	1,327,020	1,761,099	1,717,554	7,033,726
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	1,096,841	1,131,212	1,327,020	1,761,099	1,717,554	7,033,726
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	862,117	1,226,144	1,930,902	0	0	4,019,163
13 Total support. (Add lines 9, 10c, 11, and 12.)	43,302,930	39,784,957	43,971,726	48,284,635	42,715,062	218,059,310
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	94.93 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	95.16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	3.00 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	3.00 %
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. 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
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2024

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER REVENUE	862,117	1,226,144	1,930,902	0	0	4,019,163

**Schedule B
(Form 990)**

(Rev. January 2025)
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

Name of the organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 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

- 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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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		\$ 16,976,537	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 761,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,207,884	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 126,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 15,165	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----		\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
5	MEDICAL TRAINING TECHNOLOGY ----- ----- -----	\$ 15,165	05/30/2025
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- -----	\$ -----	-----
(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 THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Employer identification number 23-2007832
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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
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

2024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	102,991													
c	Total lobbying expenditures (add lines 1a and 1b)	102,991													
d	Other exempt purpose expenditures	25,836,953													
e	Total exempt purpose expenditures (add lines 1c and 1d)	25,939,944													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	79,484	97,822	99,134	102,991	379,431
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					0

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

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

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

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

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

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

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

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

Part IV

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

Return Reference - 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 FEDERAL AND STATE PUBLIC HEALTH IMPROVEMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE FUNDING OF TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION PROGRAM, AND OTHER FEDERAL AND STATE PUBLIC HEALTH 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 CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO POLICYMAKERS, LEGISLATORS AND ADMINISTRATORS TO ADVOCATE 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 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCGME'S PRESIDENT & CEO, 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 \$69,991 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 IN DUES PAID TO AATHC WAS DEDICATED TO REPORTABLE LOBBYING ACTIVITIES.</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 MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT POLICIES AND PROGRAMS, INCLUDING LEGISLATION SUPPORTING THE 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 FOR THESE SERVICES, AMOUNTS THAT 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 CONTACT WITH STATE AND FEDERAL LEGISLATORS AND/OR THEIR STAFF MEMBERS, AND DRAFTED LETTERS AND COMMENTS FOR SUBMISSION TO POLICYMAKERS, LEGISLATORS AND ADMINISTRATORS TO ADVOCATE 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 FISCAL YEAR, THERE WAS A SMALL GROUP OF OTHER PAID STAFF, INCLUDING BUT NOT LIMITED TO TWCCH'S PRESIDENT & CEO, WHO PARTICIPATED IN ADVOCACY AND LOBBYING ACTIVITIES TO PROMOTE SPECIFIC MISSION-ALIGNED PUBLIC HEALTH IMPROVEMENT AND WORKFORCE DEVELOPMENT LEGISLATION ON SEVERAL OCCASIONS. IN ALL, TWCCH DIRECTLY SPENT \$70,802 ON REPORTABLE LOBBYING ACTIVITIES.</p>

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for art and historical treasures.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

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
1a Land				
b Buildings				
c Leasehold improvements		4,010,550	1,569,378	2,441,172
d Equipment		4,218,779	3,916,023	302,756
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,743,928

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, 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)		
Total. (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	2,843,275
(2) RESTRICTED CASH	33,920
(3) ROU - LEASE ASSET	3,780,802
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	6,657,997

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	4,271,894
(3) ROU - LEASE LIABILITY	3,876,623
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,148,517

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 42,836,185.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 42,209,528.

Part XIII Supplemental Information

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

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

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	(a) Description	(b) Amount
	RENTAL EXPENSES	- 357,437
	TOTAL	- 357,437
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES	357,437
	TOTAL	357,437

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**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 N MAIN STREET, PITTSTON, PA 18640	23-2952488	501(C)(3)	36,000				SEE NARRATIVE
(2) HEALTH POINT CHC 923 AUBURN WAY NORTH, AUBURN, WA 98002	91-0884412	501(C)(3)	72,561				SEE NARRATIVE
(3) EL RIO HEALTH 1230 S CHERRYBELL STRA, TUCSON, AZ 85713	86-0285857	501(C)(3)	34,592				SEE NARRATIVE
(4) (SEE STATEMENT)	86-1069555	501(C)(3)	7,500				SEE NARRATIVE
(5) (SEE STATEMENT)	23-2890364	501(C)(3)	500,000				SEE NARRATIVE
(6) (SEE STATEMENT)	31-0884250	501(C)(3)	64,325				SEE NARRATIVE
(7) (SEE STATEMENT)	23-2180889	501(C)(3)	268,645				SEE NARRATIVE
(8) (SEE STATEMENT)	52-1572431	501(C)(3)	101,531				SEE NARRATIVE
(9) (SEE STATEMENT)	23-2772504	501(C)(3)	1,090,426				SEE NARRATIVE
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9

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

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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 GRANT 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 THE POTENTIAL IMPACT OF COMMUNITY BENEFIT 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, THE ORGANIZATION MAPS 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 THE IMPLEMENTATION, MONITORING, AND COMPLIANCE OF SPONSORED PROJECTS. 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	HEALTH SOURCE OF OHIO 424 WARDS CORNER ROAD, SUITE #200, LOVELAND, OH 45140
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	WAYNE MEMORIAL COMMUNITY HEALTH CENTERS 110 PARK STREET, HONSDALE, PA 18431
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	UNITY HEALTHCARE, INC. 1100 NEW JERSEY AVENUE, SOUTH EAST, SUITE 500, WASHINGTON, DC 20003
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	THE WRIGHT CENTER MEDICAL GROUP 501 S. WASHINGTON AVENUE, SUITE 1000, SCRANTON, PA 18505

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>AMERICA250PA (\$36,000) SPONSORSHIP AND PURCHASE OF COMMEMORATIVE LIBERTY TREES AND LIBERTY BELLS IN LACKAWANNA, LUZERNE, WAYNE, WYOMING, AND SUSQUEHANNA COUNTIES IN RECOGNITION OF THE 250TH ANNIVERSARY OF THE FOUNDING OF THE UNITED STATES. THIS INITIATIVE SUPPORTS REGIONAL EFFORTS TO HONOR THE NATION'S SEMI QUINCENTENNIAL BY PROMOTING CIVIC PRIDE, HISTORICAL REFLECTION, PARTICIPATORY CITIZENSHIP, AND COMMUNITY ENGAGEMENT. THE LIBERTY TREES AND BELLS SERVE AS VISIBLE SYMBOLS OF AMERICAN INDEPENDENCE AND RESILIENCE, PROVIDING OPPORTUNITIES FOR RESIDENTS, SCHOOLS, LOCAL GOVERNMENTS, AND COMMUNITY ORGANIZATIONS TO PARTICIPATE IN EDUCATIONAL PROGRAMMING AND PUBLIC EVENTS CELEBRATING THE COUNTRY'S HISTORY AND SHARED DEMOCRATIC VALUES.</p> <p>HEALTHPOINT COMMUNITY HEALTH CENTER (CHC) (\$72,561) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH INITIATIVE WAS AWARDED TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION AND SUBSEQUENTLY PROVIDED TO HEALTHPOINT, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, THROUGH A SUBAWARD. THIS FUNDING SUPPORTS FAMILY MEDICINE RESIDENCY TRAINING IN INTEGRATED MENTAL AND BEHAVIORAL HEALTH CARE, WITH A PARTICULAR EMPHASIS ON CONDITIONS AFFECTING PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. HEALTHPOINT SERVES COMMUNITIES THROUGHOUT KING COUNTY, INCLUDING SEATTLE, EXPANDING ACCESS TO COMPREHENSIVE BEHAVIORAL HEALTH SERVICES IN UNDERSERVED AREAS WHILE STRENGTHENING THE PRIMARY CARE WORKFORCE.</p> <p>EL RIO HEALTH (\$34,592) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH INITIATIVE WAS AWARDED TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION AND SUBSEQUENTLY PROVIDED TO EL RIO HEALTH, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, THROUGH A SUBAWARD. THIS FUNDING SUPPORTS PRIMARY CARE FAMILY MEDICINE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH, WITH A PARTICULAR EMPHASIS ON CONDITIONS AFFECTING PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. EL RIO HEALTH PROVIDES CARE PRIMARILY TO LOW-INCOME INDIVIDUALS AND FAMILIES ACROSS COMMUNITIES THROUGHOUT PIMA COUNTY IN SOUTH-CENTRAL ARIZONA, EXPANDING ACCESS TO INTEGRATED BEHAVIORAL HEALTH SERVICES WHILE STRENGTHENING THE PRIMARY CARE WORKFORCE IN UNDERSERVED AREAS.</p> <p>HOSPICE OF THE SACRED HEART (\$7,500) SPONSORSHIP OF A FUNDRAISING EVENT BENEFITING HOSPICE OF THE SACRED HEART TO SUPPORT PALLIATIVE AND HOSPICE CARE SERVICES FOR INDIVIDUALS FACING SERIOUS OR LIFE-LIMITING ILLNESSES. HOSPICE OF THE SACRED HEART PROVIDES LEARNING OPPORTUNITIES FOR OUR RESIDENTS AND FELLOWS THROUGHOUT THE YEAR.</p> <p>SCRANTON AREA FONDATION (\$500,000) THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION WAS ONE OF SEVERAL ORGANIZATIONS ACROSS THE REGION TO PROVIDE A SPONSORSHIP TO SCRANTON AREA FOUNDATION FOR THE SCRANTON HEALTHCARE WORKFORCE PRESERVATION FUND TO IDENTIFY FUTURE OPPORTUNITIES TO MAINTAIN HEALTHCARE SERVICES AND WORKFORCE DEVELOPMENT OPPORTUNITIES IN THE REGION AS A RESULT OF THE UNCERTAINTY OF OPERATIONS AT FACILITIES OWNED AND OPERATED AS COMMONWEALTH HEALTH SYSTEMS.</p> <p>HEALTHSOURCE OF OHIO (\$64,325) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH INITIATIVE WAS AWARDED TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION AND SUBSEQUENTLY PROVIDED TO HEALTHSOURCE OF OHIO, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, THROUGH A SUBAWARD. THIS FUNDING SUPPORTS PRIMARY CARE FAMILY MEDICINE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH, WITH A PARTICULAR EMPHASIS ON BEHAVIORAL HEALTH CONDITIONS AFFECTING PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. HEALTHSOURCE OF OHIO SERVES APPALACHIAN COMMUNITIES ACROSS SOUTHWESTERN OHIO, PRIMARILY LOW-INCOME RURAL POPULATIONS, EXPANDING ACCESS TO INTEGRATED BEHAVIORAL HEALTH SERVICES WHILE STRENGTHENING THE RURAL PRIMARY CARE WORKFORCE.</p> <p>WAYNE MEMORIAL COMMUNITY HEALTH CENTERS (\$268,645) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) RURAL RESIDENCY PLANNING AND DEVELOPMENT - FAMILY MEDICINE PROGRAM WAS AWARDED TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION AND SUBSEQUENTLY PROVIDED TO WAYNE MEMORIAL COMMUNITY HEALTH CENTERS THROUGH A SUBAWARD TO SUPPORT THE DEVELOPMENT OF A RURAL FAMILY MEDICINE RESIDENCY PROGRAM. THE PROGRAM IS DESIGNED TO ADDRESS THE HEALTH CARE NEEDS OF RESIDENTS IN RURALLY DESIGNATED WAYNE COUNTY, WHICH IS ALSO DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). THE COUNTY FACES SIGNIFICANT PUBLIC HEALTH CHALLENGES, INCLUDING HIGH RATES OF OBESITY AND RELATED CARDIOVASCULAR AND OTHER CHRONIC COMORBIDITIES, PHYSICAL INACTIVITY, MENTAL HEALTH CONDITIONS, AND SUBSTANCE USE DISORDERS. THE PROPOSED RURAL FAMILY MEDICINE RESIDENCY PROGRAM WILL RESPOND TO THESE NEEDS THROUGH A FULL-SCOPE FAMILY MEDICINE TRAINING MODEL. RESIDENTS WILL RECEIVE EDUCATION AND HANDS-ON CLINICAL EXPERIENCE IN DELIVERING COMPREHENSIVE, WHOLE-PERSON PRIMARY CARE, INCLUDING INTEGRATED MEDICAL, DENTAL, AND BEHAVIORAL HEALTH SERVICES. TRAINING WILL ALSO INCLUDE SPECIALTY SERVICES SUCH AS HEPATITIS C TREATMENT, RYAN WHITE HIV CARE, INFECTIOUS DISEASE MANAGEMENT, AND SUBSTANCE USE DISORDER RECOVERY SERVICES, INCLUDING MEDICATION-ASSISTED TREATMENT (MAT).</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE</p>	<p>UNITY HEALTH CARE, INC. (\$101,531) FUNDING FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH INITIATIVE WAS AWARDED TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION AND SUBSEQUENTLY PROVIDED TO UNITY HEALTH CARE, A NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PARTNER, THROUGH A SUBAWARD. THIS FUNDING SUPPORTS PRIMARY CARE FAMILY MEDICINE RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH, WITH A PARTICULAR EMPHASIS ON CONDITIONS AFFECTING PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS. AS THE LARGEST NETWORK OF COMMUNITY HEALTH CENTERS IN WASHINGTON, DC, UNITY HEALTH CARE SERVES PREDOMINANTLY LOW-INCOME URBAN COMMUNITIES, EXPANDING ACCESS TO INTEGRATED BEHAVIORAL HEALTH SERVICES WHILE STRENGTHENING THE PRIMARY CARE WORKFORCE IN UNDERSERVED AREAS.</p> <p>THE WRIGHT CENTER MEDICAL GROUP (\$1,090,426) CONTRIBUTION OF ACCOUNTABLE CARE ORGANIZATION SHARED SAVINGS TO AFFILIATE ORGANIZATION.</p>

**SCHEDULE J
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number

23-2007832

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</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 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>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	<input checked="" type="checkbox"/>
	4b	<input checked="" type="checkbox"/>
	4c	<input checked="" type="checkbox"/>
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	<input checked="" type="checkbox"/>
	5b	<input checked="" type="checkbox"/>
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	<input checked="" type="checkbox"/>
	6b	<input checked="" type="checkbox"/>
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	<input checked="" type="checkbox"/>
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	<input checked="" type="checkbox"/>
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	LINDA THOMAS-HEMAK, MD PRESIDENT & CEO	(i)	229,970	30,000	5,944	7,000	5,170	278,084	0
		(ii)	689,910	90,000	17,831	21,000	15,510	834,251	0
2	JIGNESH SHETH, MD SVP CLINICAL OPERATIONS / PHYSICIAN	(i)	135,719	7,079	5,795	7,019	5,095	160,707	0
		(ii)	407,156	21,238	17,385	21,056	15,285	482,120	0
3	JUMEE BAROOAH, MD DIO & PHYSICIAN / NON VOTING	(i)	368,161	19,241	17,273	20,746	11,291	436,712	0
		(ii)	129,354	6,760	6,069	7,289	3,967	153,439	0
4	DOUGLAS KLAMP, MD CMEO / PHYSICIAN	(i)	121,372	6,300	4,441	9,705	7,063	148,881	0
		(ii)	225,406	11,700	8,247	18,024	13,117	276,494	0
5	WILLIAM DEMPSEY, MD CHIEF OF POPULATION HEALTH VALUE BASED CARE	(i)	50,225	1,452	3,900	4,449	2,852	62,878	0
		(ii)	284,613	8,225	22,097	25,210	16,159	356,304	0
6	JENNIFER WALSH, ESQ SVP ENT COMP INTEG	(i)	327,090	17,000	23,594	26,522	8,415	402,621	0
		(ii)	0	0	0	0	0	0	0
7	RONALD DANIELS, CPA CHIEF ADMINISTRATIVE OFFICER	(i)	323,813	17,000	25,286	25,989	7,286	399,374	0
		(ii)	0	0	0	0	0	0	0
8	MAUREEN LITCHMAN, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	86,391	4,166	7,799	7,005	2,100	107,461	0
		(ii)	201,580	9,720	18,198	16,345	4,900	250,743	0
9	ERIN MCFADDEN, MD FACULTY PHYSICIAN	(i)	21,693	886	1,858	1,883	1,221	27,541	0
		(ii)	249,472	10,188	21,367	21,660	14,038	316,725	0
10	TIMOTHY BURKE, DO PROGRAM DIRECTOR / PHYSICIAN	(i)	129,683	6,937	195	10,773	9,719	157,307	0
		(ii)	146,239	7,823	219	12,149	10,960	177,390	0
11	VINOD SHARMA, MD FORMER PROGRAM DIRECTOR / PHYSICIAN	(i)	0	0	0	0	0	0	0
		(ii)	280,833	0	23,054	8,485	4,792	317,164	0
12	MEAGHAN RUDDY, PHD SVP ENTERPRISE WELLNESS	(i)	220,692	11,830	21,241	18,200	13,430	285,393	0
		(ii)	21,826	1,170	2,101	1,800	1,328	28,225	0
13	BRIAN EBERSOLE VP OF ACADEMIC AFFAIRS/ADIO	(i)	251,825	6,413	5,851	22,432	19,497	306,018	0
		(ii)	0	0	0	0	0	0	0
14	SANDRA YASTREMSKI, CPA CHIEF FINANCIAL OFFICER	(i)	218,328	11,750	23,414	18,083	19,511	291,086	0
		(ii)	0	0	0	0	0	0	0
15	STEPHANIE GILL, MD PROGRAM DIRECTOR / PHYSICIAN	(i)	42,362	0	46	3,520	3,431	49,359	0
		(ii)	206,829	0	224	17,187	16,749	240,989	0
16	SEE NEXT PAGE	(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					
⁽¹⁶⁾ CHARLES DECK, MD ASSOCIATE PROGRAM DIRECTOR / PHYSICIAN	(i)	52,203	0	331	4,190	189	56,913	0
	(ii)	208,812	0	1,325	16,760	756	227,653	0
⁽¹⁷⁾ RAJIV BANSAL, MD DIRECTOR OF HOSPITAL SERVICES	(i)	45,717	0	32	1,788	2,635	50,172	0
	(ii)	194,900	0	137	7,622	11,232	213,891	0
⁽¹⁸⁾ IVAN CVOROVIC, MD DIRECTOR OF HOSPITAL SERVICES	(i)	14,328	743	12	1,306	552	16,941	0
	(ii)	190,354	9,871	160	17,353	7,337	225,075	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 FOR 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. EMPLOYEE ELIGIBILITY FOR A PERFORMANCE IMPROVEMENT PLAN IS DETERMINED AT THE DIRECT SUPERVISOR'S DISCRETION. FOR THE 2024-2025 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 FELL BELOW BUDGET.</p>

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OMB No. 1545-0047

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The Wright Center for Graduate Medical Education

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<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, 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 (FQHC LAL), THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH), 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 COVERED PERIOD INCLUDE INTERNAL MEDICINE, FAMILY MEDICINE, AND PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCIES, AS WELL AS GERIATRICS, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY FELLOWSHIPS. IT ALSO INCLUDES LEARNERS IN ITS INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY, COMMONLY KNOWN AS THE COMBINED MED-GERI PATHWAY.</p> <p>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 FQHC LAL, TWCCCH, AS WELL AS FOUR PARTNERING NATIONAL FQHCS, NUMEROUS CMS GME-FUNDED COMMUNITY-BASED HOSPITAL SYSTEMS, OUR REGIONAL VETERAN AFFAIRS MEDICAL CENTER, TWO CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) GME-FUNDED INPATIENT REHABILITATION FACILITIES (IRFS), OUR REGIONAL NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER (NEPA AHEC), COMMUNITY RESOURCE AGENCIES INCLUDING THE INSTITUTE, AND ALSO PATIENTS OF TWCCCH AND MEMBERS OF THE COMMUNITIES SERVED AT LARGE. TWCGME AND TWCCCH ALSO PROUDLY HOSTED MORE THAN 200 INTERPROFESSIONAL STUDENTS FOR CLINICAL AND EDUCATIONAL EXPERIENCES FROM MORE THAN 10 ACADEMIC-AFFILIATED INSTITUTIONS OF HIGHER EDUCATION, INCLUDING GEISINGER COMMONWEALTH SCHOOL OF MEDICINE (GCSOM) AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA) AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-CCPAP), AND LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM). PARTNERING COMMUNITY HEALTH CENTERS, GEISINGER, AND ATSU-SOMA HAVE AN EMPOWERED VOTING PRESENCE ON TWCGME'S GOVERNING BOARD OF DIRECTORS, AS DO COMMONWEALTH HEALTH SYSTEMS AND NEPA AHEC.</p> <p>COMMITTED TO COMMUNITY HEALTH NEEDS-RESPONSIVE, WHOLE-PERSON HEALTH SERVICES AND HEALTH CARE WORKFORCE DEVELOPMENT, TWCCCH AND TWCGME ARE THE ORIGINATORS AND OPERATORS OF A REPLICABLE, SCALABLE, AND PROVEN GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT IS INCREASINGLY BEING ADOPTED NATIONALLY AS A SOLUTION TO THE PRIMARY CARE AND PUBLIC HEALTH WORKFORCE CRISES FACING COMMUNITY-BASED SYSTEMS OF CARE. THROUGH THE ORGANIZATION'S GME-SNC FRAMEWORK, ITS MISSION IS OPERATIONALIZED BY SEAMLESSLY INTEGRATING LEARNING, WORKFORCE DEVELOPMENT, AND CARE DELIVERY, LEVERAGING THE PRESENCE OF PHYSICIAN AND INTERPROFESSIONAL HEALTH CARE LEARNERS TO DRIVE CONTINUOUS IMPROVEMENT, EXPAND ACCESS, AND SUSTAIN EXCELLENCE IN COMMUNITY-BASED PRIMARY CARE.</p> <p>THE GME-SNC MODEL EMBRACES COMMUNITY HEALTH CENTERS AS INTEGRATED ACADEMIC PRIMARY CARE AND WORKFORCE DEVELOPMENT PLATFORMS, POSITIONING FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS) AND FQHC LOOK-ALIKES AS HIGH-PERFORMING LEARNING ORGANIZATIONS RATHER THAN RELEGATING THEM TO THE MARGINS OF WORKFORCE DESIRABILITY. IN THIS MODEL, COMMUNITY HEALTH CENTERS SERVE AS ENGINES OF EXCELLENCE, INNOVATION, AND ACCESS, ADVANCING INTENTIONAL, LOCALLY GROUNDED SOLUTIONS FOR PHYSICIAN RECRUITMENT, RETENTION, AND LONG-TERM WORKFORCE SUSTAINABILITY.</p> <p>ROOTED IN THE BELIEF THAT COMMUNITIES MUST HAVE THE CAPACITY TO IDENTIFY, GOVERN, AND SOLVE THEIR OWN HEALTH AND WORKFORCE CHALLENGES, AND INSPIRED BY THE PRINCIPLES OF COLLECTIVE ACTION, SHARED LEARNING, AND COMMUNITY-GOVERNED INNOVATION ARTICULATED BY NOBEL PRIZE-WINNING ECONOMIST AND POLITICAL SCIENTIST ELINOR OSTROM, THE GME-SNC MODEL REFLECTS THE CONVICTION THAT "WE" IS MORE POWERFUL THAN "I." THROUGH INTENTIONAL REENGINEERING OF TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (THC GME-SNC) GOVERNANCE STRUCTURES IN ACCORDANCE WITH OSTROM'S POLITICAL AND ECONOMIC THEORIES OF COOPERATION AND COLLABORATION TO STEWARD COMMON-POOL RESOURCES-WORK THAT DECISIVELY DISPROVED GARRETT HARDIN'S "TRAGEDY OF THE COMMONS"-THE GME-SNC MODEL PROMOTES MUTUALLY REINFORCING, CONSENSUS-DRIVEN STRATEGIES THAT ENABLE COMMUNITIES TO ADDRESS COMPLEX PUBLIC HEALTH AND HEALTH CARE WORKFORCE CHALLENGES SUSTAINABLY.</p>

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<p>FORM 990, PART I, LINE 1 - BRIEF MISSION CONTINUED</p>	<p>BY PROMOTING A CULTURE OF UNIFIED PARTICIPATORY CITIZENSHIP AND SHARED LEARNING AMONG GOVERNING BOARDS, CLINICAL CARE TEAMS, STAFF, PATIENTS, AND COMMUNITY-BASED INTERPROFESSIONAL LEARNERS, THE GME-SNC MODEL STIMULATES AND LEVERAGES EACH STAKEHOLDER GROUP'S MEANINGFUL CONTRIBUTIONS TO CONTINUOUS IMPROVEMENT IN CARE DELIVERY AND WORKFORCE DEVELOPMENT.</p> <p>THE COLLECTIVE IMPACT OF THIS APPROACH STRENGTHENS TALENT DEVELOPMENT, RECRUITMENT, AND RETENTION FOR COMMUNITY HEALTH CENTERS, AFFILIATED ORGANIZATIONS, AND THE BROADER COMMUNITIES THEY SERVE, WHILE ADVANCING A DURABLE, COMMUNITY-ANCHORED RESPONSE TO NATIONAL PRIMARY CARE WORKFORCE SHORTAGES, MISDISTRIBUTION, AND RELATED BARRIERS TO HEALTH CARE ACCESS AND CAREERS.</p> <p>BUILDING ON THIS MISSION-DRIVEN FOUNDATION, THE ORGANIZATION'S GME-SNC MODEL HAS BEEN ADVANCED, TESTED, AND PROVEN THROUGH MORE THAN A DECADE OF LIVED EXPERIENCE, MOST NOTABLY THROUGH THE CREATION, EVOLUTION, AND SUCCESSFUL MATURATION OF TWCGME'S PIONEERING NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) PROGRAM. THROUGH THIS WORK, COMMUNITY-ANCHORED CLINICAL LEARNING ENVIRONMENTS DEMONSTRATED THAT FQHCs AND FQHC LOOK-ALIKES CAN FUNCTION NOT AS PERIPHERAL TRAINING SITES, BUT AS HIGH-PERFORMING ACADEMIC AND WORKFORCE DEVELOPMENT PLATFORMS CAPABLE OF TRAINING, RETAINING, AND SUSTAINING A PRIMARY CARE WORKFORCE RESPONSIVE TO LOCAL NEEDS.</p> <p>EVEN AMID SIGNIFICANT REGULATORY DISRUPTION AND PAINFUL PROGRAMMATIC TRANSITIONS, THE GME-SNC MODEL DID NOT RETREAT; IT EVOLVED AS DESIGNED. NFMR PARTNER SITES SUCCESSFULLY PROGRESSED INTO INDEPENDENT, ACGME-ACCREDITED SPONSORING INSTITUTIONS AND RESIDENCY PROGRAMS, WHILE OTHERS ADVANCED TOWARD THAT GOAL, AFFIRMING THE MODEL'S SCALABILITY, REPLICABILITY, AND DURABILITY.</p> <p>THESE REMARKABLE OUTCOMES REFLECT REAL COMMUNITIES THAT NOW TRAIN THEIR OWN PHYSICIANS, STEWARD THEIR OWN RESOURCES, AND STRENGTHEN ACCESS TO WHOLE-PERSON PRIMARY CARE, LIVING PROOF THAT INTENTIONAL, COMMUNITY-GOVERNED WORKFORCE DEVELOPMENT CAN DELIVER LASTING PUBLIC BENEFIT.</p>
<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 (TWCCH), 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. TWCGME, ALONG WITH ITS PRIMARY AFFILIATE, TWCCH, COLLABORATIVELY SHARE A PASSIONATE PURPOSE TO DEMONSTRATE AN "ACHIEVABLE BY ALL" TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL THAT COCREATES TRANSFORMATIONAL HEALTH CARE TEAMS OF LEADERS WHO EMPOWER PEOPLE, FAMILIES, AND COMMUNITIES TO OWN AND OPTIMIZE THEIR HEALTH, HEALTH CARE DELIVERY SYSTEMS, AND DEVELOPMENT OF THEIR INTERPROFESSIONAL HEALTH CARE WORKFORCE. 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 MISDISTRIBUTION, 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 PIONEER AMONG THCGME CONSORTIUM GRANTEES 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), PARTNERING HOSPITALS, AND SPECIALTY STAKEHOLDERS ACROSS THE NATION TO TRAIN PRIMARY CARE RESIDENTS AND FELLOW PHYSICIANS TO DELIVER HEALTH SERVICES FOR ALL 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 16 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 95% OF THCGME GRADUATES REMAINING IN PRIMARY CARE PRACTICE, 86% SERVING MEDICALLY UNDERSERVED, AND 15% SERVING RURAL COMMUNITIES COMPARED TO 24%, 26%, AND 5% OF TRADITIONAL GME GRADUATES, RESPECTIVELY.</p>

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED	<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, EGREGIOUSLY DISCORDANT, AND FAR BELOW ITS VALUE AND IMPACT ON 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 2025 NATIONAL RESIDENCY MATCH PROGRAM OUTCOMES THAT REVEALED UNFILLED MATCH POSITIONS IN PRIMARY CARE DISCIPLINES.</p> <p>THIS PERSISTENT REALITY HIGHLIGHTS PERSISTENT SHORTCOMINGS IN OUR HISTORICAL, NATIONAL GRADUATE MEDICAL EDUCATION (GME) SYSTEM CHAMPIONED BY TRADITIONAL ACADEMIC MEDICAL CENTERS THAT CONTROL ISOLATED, CMS-CENTRIC GME SYSTEMS. EXPANDING GRADUATE MEDICAL EDUCATION (GME) SOLELY THROUGH THE CMS PROGRAM WILL NOT FIX PRIMARY CARE WORKFORCE DEVELOPMENT IN AMERICA.</p> <p>IN ESSENCE, RELYING SOLELY ON CMS FOR GME EXPANSION MAY PERPETUATE THE LIMITATIONS OF THE EXISTING NATIONAL GME SYSTEM IN SUPPORTING PRIMARY CARE. AT THE SAME TIME, TARGETED PROGRAMS LIKE THCGME HAVE SHOWN MORE PROMISING OUTCOMES WITH LESS INVESTMENT.</p> <p>OUR NATIONAL PRIMARY CARE CRISIS UNDERSCORES THE URGENT NEED FOR DELIBERATE SOLUTIONS SUCH AS HRSA'S THCGME PROGRAM AND TWCGME'S GME-SNC TO 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 THE FEDERAL GOVERNMENT, 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>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 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>

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FORM 990, PART III, LINE 1 - ORGANIZATION MISSION CONTINUED	<p>HRSA'S THCGME PROGRAM HAS BEEN AN EFFECTIVE TOOL FOR ADDRESSING ONE OF THE MOST CRUCIAL ASPECTS OF THE PRIMARY CARE CLIFF: ACCESS TO AND AFFORDABILITY OF WHOLE-PERSON PRIMARY CARE SERVICES IN UNDERSERVED AREAS, DRIVEN BY A NATIONAL SHORTAGE OF PRIMARY CARE PHYSICIANS AND MISDISTRIBUTION. ADDITIONALLY, TEACHING HEALTH CENTER, COMMUNITY-GOVERNED GME-SNC PLATFORMS ATTRACT AND OPTIMIZE THE EDUCATIONAL CAPACITY OF COMMUNITIES FOR INTERPROFESSIONAL HEALTH CARE WORKFORCE DEVELOPMENT BY GENERATING UNPRECEDENTED COLLABORATION AND CHAMPS PARTNERSHIPS, AS 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, 50% OF TWCCCH'S PUBLIC HEALTH DENTISTS RECENTLY COMPLETED NYU LANGONE HEALTH'S CODA-ACCREDITED ADVANCED EDUCATION GENERAL DENTISTRY (AEGD) RESIDENCY AT OUR HEALTH CENTER PARTICIPATING SITE, A PROGRAM LAUNCHED IN 2020. ONE-THIRD OF TWCCCH'S MEDICAL ASSISTANTS COMPLETED CLINICAL TRAINING WITH THE GME-SNC, SEVERAL THROUGH OUR PARTNERSHIP WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT AND NEPA READINESS IN SKILLED EMPLOYMENT (RISE) PROGRAMS. OUR MISSION-DRIVEN PARTNERSHIP WITH THE NEPA AHEC SUPPORTS INTERPROFESSIONAL STUDENTS ROTATING WITH US AND ENSURES THE TRAINING AND CERTIFICATION OF ALL 15 TWCCCH COMMUNITY HEALTH WORKERS. FIVE OF 70 CERTIFIED RECOVERY SPECIALISTS TRAINED AND CERTIFIED THROUGH GME-SNC'S ENGAGEMENT AND PROJECT PROGRESS ARE CONTINUING TO PROVIDE 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 PEDIATRIC DENTISTRY RESIDENCY PROGRAM AND 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 RESIDENTS IN FAMILY MEDICINE, INTERNAL MEDICINE, AND PHYSICAL MEDICINE AND REHABILITATION, AS WELL AS FOR FELLOWS IN GERIATRIC MEDICINE, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY. 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, AND CANCER, AS WELL AS 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 LEVERAGE CROSS-INSTITUTIONAL COLLABORATIVE LEARNING AND BROAD EXPOSURE FOR 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 IMPROVEMENT. 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-PERFORMING LICENSED PCMH FACULTY PRACTICE AND ROLE-MODELING WITHIN THESE SAFETY-NET LEARNING ENVIRONMENTS EFFICIENTLY OPTIMIZE WORKFLOW REDISTRIBUTION, ENABLING EVERY TEAM MEMBER, INCLUDING FRONT-LINE STAFF AND LEARNERS, TO ENGAGE IN PURPOSEFUL, MEANINGFUL PRACTICE WHILE CONTRIBUTING TO ITERATIVE, CONTINUOUS, COMMUNITY-ORIENTED QUALITY IMPROVEMENTS IN BOTH CARE DELIVERY AND EDUCATIONAL SYSTEMS. TWCGME'S SPONSORING INSTITUTION'S COMMITMENT TO ADVANCING PUBLIC HEALTH STRONGLY ALIGNS WITH THE MISSION OF COMMUNITY HEALTH CENTERS AND PARTNERING COMMUNITY-BASED HOSPITALS, AS WELL AS WITH THE ACGME'S VISIONARY SPONSORING INSTITUTION 2025 AND ITS CLINICAL LEARNING ENVIRONMENT REVIEW PROGRAM FRAMEWORK, WHICH FOCUSES 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>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES</p>	<p>DURING THE COVERED PERIOD, THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION'S (TWCGME) SPONSORING INSTITUTION RECEIVED OFFICIAL NOTIFICATION ON MAY 15, 2025, AND AGAIN ON JANUARY 12, 2026, THAT IT HAD ACHIEVED CONTINUED ACCREDITATION STATUS FROM THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME), REFLECTING THE SUSTAINED EFFECTIVENESS OF GOVERNANCE, OVERSIGHT, AND COMPLIANCE ENHANCEMENTS IMPLEMENTED IN PRIOR YEARS.</p> <p>THIS CONTINUED ACCREDITATION PROVIDED THE OPERATIONAL AND GOVERNANCE STABILITY NECESSARY FOR TWCGME TO ADVANCE AND EXPAND, AND TO DEMONSTRATE NATIONALLY ITS TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM (GME-SNC) MODEL, AS DESCRIBED BELOW.</p> <p>BUILDING ON ITS SPONSORING INSTITUTION ACCREDITATION FOUNDATION, TWCGME'S SCALABLE AND REPLICABLE GME-SNC MODEL WAS ADVANCED, TESTED, AND PROVEN THROUGH THE CREATION AND EVOLUTION OF TWCGME'S PIONEERING NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) PROGRAM. THAT WORK SUCCEEDED THROUGH MORE THAN A DECADE OF COURAGEOUS, VALUES-DRIVEN EFFORT THAT INTENTIONALLY CHALLENGED LONG-STANDING ASSUMPTIONS ABOUT WHERE AND HOW PHYSICIANS SHOULD BE TRAINED, WHO SHOULD GOVERN GRADUATE MEDICAL EDUCATION, AND WHOSE NEEDS SHOULD MATTER MOST IN DESIGNING THE NATION'S HEALTH CARE WORKFORCE. THIS WORK WAS UNDERTAKEN WITH FULL AWARENESS OF THE REGULATORY AND FINANCIAL RISK BORNE BY THE SPONSORING INSTITUTION IN SERVICE OF PUBLIC NEED, AND WITH AN EXPLICIT COMMITMENT TO STEWARD SIGNIFICANT PUBLIC INVESTMENT RESPONSIBLY. ROOTED IN THE TEACHING HEALTH CENTER GME LEGISLATION AND ALIGNED WITH THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)-SUPPORTED COMMUNITY HEALTH ACADEMIC MEDICAL PARTNERSHIPS (CHAMPS) FRAMEWORK, THE GME-SNC WAS CONCEIVED AS AN ACT OF PARTICIPATORY CITIZENSHIP, AN AUDACIOUS COMMITMENT TO PLACE COMMUNITY, ACCOUNTABLE GOVERNANCE, AND PUBLIC STEWARDSHIP AT THE CENTER OF GRADUATE MEDICAL EDUCATION.</p> <p>SINCE ITS INCEPTION IN 2013, THE NFMR HAS SERVED AS THE PRIMARY PROVING GROUND FOR TWCGME'S GME-SNC MODEL, DELIBERATELY MOVING GRADUATE MEDICAL EDUCATION OUT OF ISOLATED ACADEMIC SILOS AND INTO THE LIVED REALITIES OF COMMUNITIES FACING PERSISTENT PRIMARY CARE SHORTAGES, PHYSICIAN MALDISTRIBUTION, AND SIGNIFICANT ACCESS-TO-CARE BARRIERS. THROUGH THIS MODEL, TWCGME SERVES AS AN ACGME-ACCREDITED SPONSORING INSTITUTION, CONNECTING MISSION-ALIGNED ACADEMIC MEDICAL CENTERS, FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), FQHC LOOK-ALIKES (FQHC-LALS), AND OTHER ESSENTIAL COMMUNITY PROVIDERS INTO SHARED EDUCATIONAL ECOSYSTEMS THAT HONOR BOTH ACCREDITATION EXCELLENCE AND MORAL ACCOUNTABILITY TO PATIENTS, FAMILIES, AND COMMUNITIES. IN DOING SO, TWCGME ASSUMED SPONSORING INSTITUTION-LEVEL RESPONSIBILITY FOR GOVERNANCE, AUDIT, COMPLIANCE, AND FINANCIAL RISK ACROSS GEOGRAPHICALLY DISTRIBUTED TRAINING ENVIRONMENTS, CONSISTENTLY MEETING FEDERAL REPORTING AND ACCOUNTABILITY EXPECTATIONS THAT ARE AS RIGOROUS AS THOSE OF A SINGLE-SYSTEM SPONSORING INSTITUTION.</p> <p>DURING THE COVERED PERIOD, TWCGME'S INTERNAL MEDICINE AND FAMILY MEDICINE RESIDENCY PROGRAMS, AS WELL AS ITS GERIATRIC FELLOWSHIP, WERE WHOLLY OR PARTIALLY FUNDED THROUGH THE HEALTH RESOURCES AND SERVICES ADMINISTRATION'S (HRSA) TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (THCGME) PROGRAM. THESE HRSA-FUNDED PROGRAMS INTENTIONALLY IMMERSE PHYSICIAN LEARNERS IN FQHC AND FQHC-LAL SETTINGS AS THEIR ESSENTIAL COMMUNITY PROVIDER AMBULATORY LEARNING ENVIRONMENTS, NOT AS PERIPHERAL TRAINING SITES, BUT AS THE RIGHTFUL CENTER OF PRIMARY CARE EDUCATION. THROUGH THIS APPROACH, TWCGME STEWARDED SUBSTANTIAL FEDERAL INVESTMENT IN PHYSICIAN WORKFORCE DEVELOPMENT, TRANSLATING PUBLIC DOLLARS INTO MEASURABLE TRAINING CAPACITY, RETENTION, AND ACCESS FOR UNDERSERVED COMMUNITIES. IN DOING SO, THE GME-SNC MODEL, FIRST OPERATIONALIZED THROUGH THE NFMR, AFFIRMS THE DEEPLY HELD BELIEF THAT THE COMMUNITIES BEARING THE GREATEST HEALTH BURDENS DESERVE TO BE THE VERY PLACES WHERE THE FUTURE PHYSICIAN WORKFORCE IS FORMED.</p> <p>FOR THE JULY 1, 2025, ACADEMIC YEAR, TWCGME'S CARDIOVASCULAR DISEASE, GERIATRICS, AND GASTROENTEROLOGY FELLOWSHIP PROGRAMS COLLECTIVELY RECEIVED 1,178 APPLICATIONS FOR SEVEN AVAILABLE TRAINING POSITIONS, REFLECTING STRONG NATIONAL DEMAND FOR COMMUNITY-BASED, PRIMARY CARE-ANCHORED SUBSPECIALTY TRAINING THROUGH THE SPONSORING INSTITUTION'S GME-SNC FRAMEWORK. THIS LEVEL OF DEMAND WAS SIMILARLY EVIDENT ACROSS RESIDENCY PROGRAMS, WITH TWCGME RECEIVING 5,835 APPLICATIONS AND SUCCESSFULLY MATCHING 56 NEW RESIDENT PHYSICIANS THROUGH THE NATIONAL RESIDENCY MATCHING PROGRAM FOR PROGRAMS COMMENCING JULY 1, 2025.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>AS ONE OF THE LARGEST HRSA-FUNDED TEACHING HEALTH CENTER GME-SNCS IN THE NATION, TWCGME STRUCTURED ITS GOVERNANCE WITH UNCOMMON INTENTIONALITY AND HUMILITY. EACH GME-SNC PARTICIPATING FQHC AND FQHC-LAL WAS GRANTED AN EMPOWERED VOICE AT THE COMMUNITY-LED GOVERNING BOARD LEVEL, REFLECTING A SHARED-STEWARDHIP PHILOSOPHY INSPIRED BY THE WORK OF NOBEL PRIZE-WINNING ECONOMIST AND POLITICAL SCIENTIST ELINOR OSTROM ON COMMON-POOL RESOURCES AND GROUNDED IN TRUST, TRANSPARENCY, COOPERATION, AND COLLECTIVE RESPONSIBILITY. THIS GOVERNANCE ARCHITECTURE REQUIRED TWCGME TO ABSORB AND MANAGE RISK ON BEHALF OF PARTNER COMMUNITIES, INCLUDING DURING PERIODS WHEN FEDERAL PROGRAM REQUIREMENTS, ACCREDITATION STANDARDS, AND FUNDING DETERMINATIONS WERE NOT FULLY ALIGNED. THE STRUCTURE WAS REFINED THROUGH THE NFMR'S LIVED EXPERIENCE, REINFORCING TWCGME'S CONVICTION THAT SUSTAINABLE WORKFORCE RENEWAL MUST BE COCREATED WITH COMMUNITIES RATHER THAN IMPOSED ON THEM.</p> <p>AS A LIVING EXPRESSION OF TWCGME'S GME-SNC MODEL'S SUCCESS, DURING THE COVERED PERIOD, TWCGME PROUDLY GUIDED AND SUPPORTED THE ESTABLISHMENT OF TWO NEW, INDEPENDENT, INITIAL ACGME-ACCREDITED SPONSORING INSTITUTIONS AND FAMILY MEDICINE RESIDENCY PROGRAMS WITH CONDITIONALLY AWARDED TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION FUNDING AT ITS LONGTIME NFMR PROGRAM PARTNERS, EL RIO HEALTH IN TUCSON, ARIZONA, AND HEALTHPOINT IN AUBURN, WASHINGTON. THESE TRANSITIONS REFLECT THE INTENTIONAL DESIGN OF THE NFMR AS A TIME-LIMITED INCUBATOR RATHER THAN A PERMANENT, CENTRALIZED PROGRAM, DEMONSTRATING RESPONSIBLE EXIT PLANNING AND THE LONG-TERM TRANSFER OF CAPACITY TO COMMUNITY-GOVERNED INSTITUTIONS.</p> <p>NOTABLY, TWCGME'S NFMR PROGRAM WAS BORN AS A PIONEERING, NATIONAL GME-SNC THAT, AT CAPACITY, TRAINED 52 FAMILY MEDICINE RESIDENTS ACROSS FOUR FQHC PARTNERS IN DIVERSE GEOGRAPHIC LOCATIONS - HEALTHPOINT, EL RIO HEALTH, UNITY HEALTH CARE IN WASHINGTON, D.C., AND HEALTHSOURCE OF OHIO IN NEW RICHMOND AND HILLSBORO - IN COLLABORATION WITH A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA). THE NFMR WAS NEVER INTENDED TO BE PERMANENT OR CENTRALIZED: IT WAS DELIBERATELY DESIGNED AS A PEER-LEARNING AND MENTORSHIP INCUBATOR, GROUNDED IN THE BELIEF THAT COMMUNITIES SHOULD ULTIMATELY GOVERN AND SUSTAIN THEIR OWN PHYSICIAN WORKFORCE. THIS DESIGN REQUIRED TWCGME TO ASSUME FRONT-LOADED FINANCIAL, REGULATORY, AND REPUTATIONAL RISKS TO PROTECT LONG-TERM PUBLIC RETURN ON INVESTMENT.</p> <p>THE JOURNEY WAS NOT WITHOUT PROFOUND PAIN. FOLLOWING THE ACGME RESIDENCY REVIEW COMMITTEE FOR FAMILY MEDICINE'S WITHDRAWAL OF ACCREDITATION FOR THE NFMR PROGRAM IN 2023, WITH PROGRAM OPERATIONS CONCLUDING IN JUNE 2026, TWCGME AND ITS PARTNERS WERE COMPELLED TO CONFRONT THE UNINTENDED CONSEQUENCES THAT CAN ACCOMPANY GENUINE INNOVATION WITHIN LONG-STANDING ACCREDITATION AND REGULATORY SYSTEMS. THE ACGME CITED CONCERNS WITH THE NFMR PROGRAM'S INNOVATIVE DESIGN ACROSS GEOGRAPHICALLY DISPERSED FQHCS UNDER A SINGLE PROGRAM UMBRELLA. THIS DECISION OCCURRED DESPITE THE PROGRAM'S EXCEPTIONAL OUTCOMES, INCLUDING UNPRECEDENTED GRADUATE RETENTION IN FQHCS AND MEDICALLY UNDERSERVED COMMUNITIES. IT HIGHLIGHTED THE ONGOING MISALIGNMENT BETWEEN FEDERAL WORKFORCE INVESTMENT STRATEGIES AND ACCREDITATION FRAMEWORKS.</p> <p>AS A RESULT, SIGNIFICANT PUBLIC INVESTMENT-BOTH SUNK COSTS AND DEMONSTRATED COMMUNITY BENEFIT-WAS PLACED AT RISK NOT DUE TO PROGRAMMATIC FAILURE, BUT DUE TO STRUCTURAL INCONGRUENCE BETWEEN ACCREDITING AND FUNDING AUTHORITIES. THIS REALITY REINFORCES TWCGME'S ONGOING RESPONSIBILITY TO ADVOCATE, EDUCATE, AND ENGAGE FEDERAL AGENCIES AND ACCREDITING BODIES REGARDING THE PRESERVATION, RECOGNITION, AND PROTECTION OF PUBLIC INVESTMENT IN COMMUNITY-BASED PHYSICIAN WORKFORCE INNOVATION.</p> <p>YET EVEN IN GRIEF, THE WORK DID NOT STOP. CONSISTENT WITH ACGME GUIDANCE EMPHASIZING CONSORTIUM MODELS AT THE SPONSORING INSTITUTION LEVEL, THE NFMR EVOLVED AS DESIGNED INTO INDEPENDENT, FQHC-PLATFORMED FAMILY MEDICINE RESIDENCY PROGRAMS ROOTED IN THEIR OWN COMMUNITIES. TWCGME'S FOURTH NFMR PARTNER, UNITY HEALTH CARE, REMAINS ENGAGED IN THIS PATHWAY AND HAS PREPARED AN ACGME APPLICATION UNDER TWCGME'S SPONSORING INSTITUTION. THROUGH THESE TRANSITIONS, TWCGME CONTINUES TO HONOR ITS ETHICAL OBLIGATION TO LEARNERS, COMMUNITIES, AND TAXPAYERS BY SAFEGUARDING EDUCATIONAL CONTINUITY AND PUBLIC RETURN ON INVESTMENT WHEREVER POSSIBLE.</p> <p>TOGETHER, THESE OUTCOMES STAND AS LIVING PROOF THAT TWCGME'S GME-SNC MODEL WORKS - NOT BECAUSE IT AVOIDS RISK, BUT BECAUSE IT ACCEPTS RESPONSIBILITY FOR RISK IN SERVICE OF PUBLIC PURPOSE. THE MODEL'S IMPACT AS A NATIONAL INCUBATOR FOR COMMUNITY-GOVERNED, MISSION-DRIVEN PHYSICIAN WORKFORCE DEVELOPMENT ROOTED IN FQHCS IS WRITTEN INTO COMMUNITIES ACROSS THE UNITED STATES THAT NOW TRAIN THEIR OWN PHYSICIANS, STEWARD THEIR OWN RESOURCES, AND CLAIM OWNERSHIP OF THEIR HEALTH FUTURES.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>AS THE MODEL'S OUTCOMES MATURED AND PROVED SUCCESSFULLY REPLICABLE AT SCALE, TWCGME INCREASINGLY SERVED AS A NATIONAL SOURCE OF APPLIED EXPERTISE IN COMMUNITY-BASED GRADUATE MEDICAL EDUCATION AND WORKFORCE POLICY. DURING THE COVERED PERIOD, TWCGME'S PUBLIC HEALTH POLICY AND ADVOCACY DEPARTMENT CONDUCTED NONPARTISAN EDUCATIONAL ACTIVITIES TO INFORM ELECTED OFFICIALS, GOVERNMENT ADMINISTRATORS, AND PUBLIC AGENCIES ABOUT THE DESIGN, OUTCOMES, AND FISCAL STEWARDSHIP OF ITS COMMUNITY-EMBEDDED GME-SNC MODEL AS A RESPONSE TO THE NATIONAL PRIMARY CARE WORKFORCE SHORTAGE. IN ADDITION, TWCGME RESPONDED TO MULTIPLE STATE RIGHT-TO-KNOW LAWS AND FEDERAL FREEDOM OF INFORMATION ACT REQUESTS, SHARING OPERATIONAL INSIGHTS FROM COMMUNITY-BASED PRIMARY CARE AND WORKFORCE TRAINING SETTINGS TO SUPPORT EVIDENCE-INFORMED HEALTH POLICY DEVELOPMENT.</p> <p>CONCURRENTLY, AND INFORMED BY THE SAME POLICY, WORKFORCE, AND COMMUNITY-NEEDS ENGAGEMENT, TWCGME TRANSLATED MODEL LEARNING INTO LOCALLY RESPONSIVE PROGRAM DESIGN. DURING THE COVERED PERIOD, TWCGME LAUNCHED A NEW, REIMAGINED ACGME-ACCREDITED FAMILY MEDICINE-SCRANTON RESIDENCY PROGRAM IN JULY 2025, FOLLOWING A SUCCESSFUL ACCREDITATION SITE VISIT BY THE ACGME RESIDENCY REVIEW COMMITTEE FOR FAMILY MEDICINE (RRC-FM).</p> <p>THE PROGRAM WILL OFFER SIX RESIDENT POSITIONS PER YEAR AND IS GROUNDED IN IMMERSIVE, COMMUNITY-EMBEDDED TRAINING ALIGNED WITH THE SPECIFIC HEALTH NEEDS, ASSETS, AND INFRASTRUCTURE OF SCRANTON, PENNSYLVANIA. THIS PROGRAM WAS INTENTIONALLY STRUCTURED TO BE SUSTAINABLE, ADAPTABLE, AND SCALABLE FOR OTHER COMMUNITIES EXPERIENCING CRITICAL PRIMARY CARE WORKFORCE SHORTAGES, WHERE COLLABORATIVE PARTNERSHIPS CAN SUPPORT LOCALLY RESPONSIVE TRAINING ENVIRONMENTS AND STRENGTHEN LONG-TERM PHYSICIAN RECRUITMENT AND RETENTION. THIS REDESIGNED RESIDENCY PROGRAM, COMPLEMENTED BY INPATIENT AND SPECIALTY TRAINING THROUGH REGIONAL HOSPITAL OF SCRANTON SERVICES AND OBSTETRIC CARE AT MOSES TAYLOR HOSPITAL, CONTINUES TO LEVERAGE LONGSTANDING ACADEMIC AND CLINICAL PARTNERSHIPS WITH LEHIGH VALLEY HEALTH NETWORK.</p> <p>THIS SUCCESSFUL LAUNCH FOLLOWED A PERIOD OF EXTRAORDINARY CHALLENGE AND TRANSITION. DURING THE PRIOR COVERED PERIOD, TWCGME EXPERIENCED AN ADDITIONAL, DEEPLY DISHEARTENING ACCREDITATION DECISION BY THE ACGME RESIDENCY REVIEW COMMITTEE FOR FAMILY MEDICINE. SEPARATE FROM THE NFMR PROGRAM OUTCOMES DESCRIBED ABOVE, THE ACGME WITHDREW ACCREDITATION OF TWCGME'S LONGSTANDING REGIONAL FAMILY MEDICINE RESIDENCY (RFMR) PROGRAM, EFFECTIVE JUNE 30, 2025.</p> <p>MIRRORING OTHER PROGRAMS NATIONWIDE THAT RECEIVED DELAYED OR UNTIMELY ACGME ACCREDITATION WITHDRAWAL NOTICES, THE ADVERSE DECISION WAS ISSUED MONTHS AFTER A SITE VISIT AND WITHOUT INTERIM COMMUNICATION, DESPITE TWCGME'S FULL ENGAGEMENT IN THE NATIONAL RESIDENCY MATCHING PROGRAM AND RECRUITMENT OF A NEW INTERN RFMR CLASS. THIS SEQUENCE OF EVENTS COMPOUNDED THE HUMAN AND OPERATIONAL IMPACT OF THEIR DECISION.</p> <p>THE RFMR PROGRAM ITSELF TRACED ITS ORIGINS TO ONE OF THE EARLIEST FAMILY MEDICINE RESIDENCIES IN THE NATION, ESTABLISHED IN THE 1970S AND ORIGINALLY HOUSED WITHIN A COMMUNITY-BASED PROGRAM SPONSORED BY WILKES-BARRE GENERAL HOSPITAL, SERVING LUZERNE COUNTY, PENNSYLVANIA. WHEN FOR-PROFIT COMMONWEALTH HEALTH SYSTEMS ACQUIRED THE HOSPITAL IN THE LATE 2000S, THE NEW OWNERS STRUGGLED TO SUSTAIN THE EDUCATIONAL MISSION. TWCGME STEPPED FORWARD TO PRESERVE THIS LEGACY COMMUNITY-BASED FAMILY MEDICINE RESIDENCY AND, AFTER SIGNIFICANT TENSION, TO SAFEGUARD THE FACULTY PRACTICE CLINIC THAT SERVED AS BOTH THE RESIDENCY'S CLINICAL HOME AND AN ESSENTIAL COMMUNITY PROVIDER FOR MORE THAN 5,000 PATIENTS.</p> <p>THE SINGLE ACCREDITATION SYSTEM SUBSEQUENTLY MERGED THIS HISTORIC PROGRAM WITH TWCGME'S NEWER, AMERICAN OSTEOPATHIC ASSOCIATION (AOA)-ACCREDITED, HRSA-FUNDED FAMILY MEDICINE RESIDENCY SERVING LACKAWANNA COUNTY INTO A SINGLE 12-12-12 ACGME-ACCREDITED PROGRAM. WHILE CULTURAL INTEGRATION PRESENTED LONGSTANDING CHALLENGES, THE PROGRAM EVOLVED AND THRIVED THROUGH LEADERSHIP TRANSITIONS, MAINTAINING A 100% FIRST-TIME BOARD PASS RATE AND STRONG GRADUATE RETENTION IN REGIONAL, COMMUNITY-BASED PRACTICE.</p> <p>DURING FISCAL YEAR 2023, HOWEVER, CONTINUED CONSOLIDATION, COMMODITIZATION, AND CORPORATIZATION OF REGIONAL HEALTH SYSTEMS RESULTED IN THE ELIMINATION OF CRITICALLY NEEDED ACUTE-CARE SERVICES AND CORRESPONDING EDUCATIONAL ROTATIONS. TWO LOCAL HOSPITALS CLOSED INPATIENT PEDIATRIC SERVICES, PRECLUDING A REQUIRED FAMILY MEDICINE TRAINING EXPERIENCE. THE CONTEMPORANEOUS CLOSURE OF OBSTETRIC SERVICES AT ANOTHER HOSPITAL CREATED ADDITIONAL EDUCATIONAL GAPS, NECESSITATING TWCGME'S IMMEDIATE AND TIME-INTENSIVE OUTREACH TO SECURE NEW OBSTETRICS FACULTY TO MEET ACGME REQUIREMENTS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>DESPITE RAPID CORRECTIVE ACTION THAT RESOLVED ALL CITED DEFICIENCIES WITHIN WEEKS, RESIDENT DISTRESS AS REFLECTED IN ACGME SURVEYS, AND A TRIGGERED RRC-FM SITE VISIT ULTIMATELY LED TO THE WITHDRAWAL OF ACCREDITATION MONTHS LATER. GIVEN TWCGME'S PRIOR EXPERIENCE WITH AN UNSUCCESSFUL AND COSTLY ACGME APPEAL PROCESS, THE GMCC, GOVERNING BOARD, AND SPONSORING INSTITUTIONAL LEADERSHIP MADE THE DIFFICULT BUT ETHICALLY GROUNDED DECISION TO ACCEPT THE RFMR PROGRAM'S SUNSET DATE OF JUNE 30, 2025.</p> <p>IN FULL COMPLIANCE WITH ACGME REQUIREMENTS AND TWCGME'S MORAL AND ETHICAL COMMITMENTS TO ITS RESIDENTS, THE ORGANIZATION PROVIDED COMPREHENSIVE ADMINISTRATIVE SUPPORT TO ENSURE APPROPRIATE TRANSITION AND PLACEMENT FOR ALL AFFECTED TRAINEES. HAVING ADDRESSED THE UNDERLYING ACCREDITATION GAPS THROUGH NEW LEADERSHIP, EXPANDED FACULTY ENGAGEMENT, AND STRENGTHENED CLINICAL PARTNERSHIPS, TWCGME SUBMITTED A NEW FAMILY MEDICINE RESIDENCY APPLICATION, CULMINATING IN THE SUCCESSFUL LAUNCH OF THE FAMILY MEDICINE-SCRANTON RESIDENCY PROGRAM.</p> <p>AS REPORTED IN THE PRIOR FORM 990, TWCGME COMPLETED THE HIGH-INTEGRITY WIND-DOWN OF ITS COMMUNITY-BASED PSYCHIATRY RESIDENCY PROGRAM FOLLOWING THE WITHDRAWAL OF ACCREDITATION BY THE ACGME PSYCHIATRY RESIDENCY REVIEW COMMITTEE, WITH PROGRAM OPERATIONS CONCLUDING ON JUNE 30, 2024. THE ORGANIZATIONAL, WORKFORCE, AND COMMUNITY IMPLICATIONS OF THIS TRANSITION DIRECTLY SHAPED PROGRAMMATIC DECISIONS AND SERVICE DELIVERY DURING THE CURRENT COVERAGE PERIOD.</p> <p>THE PSYCHIATRY RESIDENCY PROGRAM HAD REPRESENTED A SIGNIFICANT COMMUNITY ASSET, EXPANDING ACCESS TO PSYCHIATRIC TRAINING AND CARE IN A REGION EXPERIENCING PERSISTENT SHORTAGES OF PSYCHIATRISTS ALONGSIDE RISING MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS. THE WITHDRAWAL OF ACCREDITATION OCCURRED AMID SUBSTANTIAL EXTERNAL DISRUPTION TO THE LOCAL CLINICAL LEARNING ENVIRONMENT, INCLUDING THE UNANTICIPATED CLOSURE OF TWO INPATIENT PSYCHIATRIC FACILITIES AND RESULTING CONSTRAINTS ON REQUIRED EDUCATIONAL CAPACITY. DESPITE PROGRAMMATIC IMPROVEMENTS AND STRONG EDUCATIONAL OUTCOMES, THESE STRUCTURAL LIMITATIONS ULTIMATELY RENDERED THE TRAINING ENVIRONMENT UNSUSTAINABLE WITHIN EXISTING ACGME ACCREDITATION REQUIREMENTS.</p> <p>FOLLOWING THE ACCREDITATION WITHDRAWAL DECISION, TWCGME ACTED DECISIVELY TO UPHOLD ITS ETHICAL AND FIDUCIARY RESPONSIBILITIES TO LEARNERS.</p> <p>IN FULL COMPLIANCE WITH ACGME REQUIREMENTS, ALL REMAINING PSYCHIATRY RESIDENTS WERE SUCCESSFULLY SUPPORTED THROUGH ORDERLY TRANSITIONS INTO ACCREDITED PROGRAMS NATIONWIDE. PROVISIONS WERE MADE TO PRESERVE EDUCATIONAL CONTINUITY AND BOARD ELIGIBILITY, AND THE WIND-DOWN PROCESS WAS COMPLETED WITHOUT DISRUPTION TO RESIDENT PROGRESSION OR THE TRANSFER OF MEDICARE OR HRSA GRADUATE MEDICAL EDUCATION FUNDING.</p> <p>AFTER CAREFUL REFLECTION AND DIALOGUE WITH GOVERNING BOARDS, FACULTY, STAFF, AND COMMUNITY PARTNERS, TWCGME AND ITS AFFILIATED ENTITY, TWCC, DECIDED NOT TO IMMEDIATELY PURSUE THE REESTABLISHMENT OF GRADUATE MEDICAL EDUCATION PROGRAMS IN PSYCHIATRY.</p> <p>THIS DECISION REFLECTED THE CONTINUED ABSENCE OF SUFFICIENT INPATIENT TRAINING INFRASTRUCTURE AND THE CRITICAL SHORTAGE OF PSYCHIATRY FACULTY NECESSARY TO SUSTAIN A HIGH-QUALITY EDUCATIONAL PROGRAM.</p> <p>AT THE SAME TIME, THE UNDERLYING NEED FOR ACCESSIBLE MENTAL AND BEHAVIORAL HEALTH SERVICES ACROSS NORTHEAST PENNSYLVANIA REMAINED ACUTE. CHNA FINDINGS CONSISTENTLY IDENTIFIED MENTAL AND BEHAVIORAL HEALTH ACCESS AS THE REGION'S MOST URGENT AND PERSISTENT CONCERN, WITH PROLONGED WAIT TIMES AND LIMITED ACCESS FOR MEDICAID, UNINSURED, AND UNDERINSURED PATIENTS.</p> <p>IN RESPONSE, TWCGME AND TWCC ADVANCED AN INTEGRATED MODEL OF PHYSICAL, MENTAL, AND BEHAVIORAL HEALTH CARE EMBEDDED WITHIN TWCC'S 13 FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS. BY INCORPORATING MENTAL AND BEHAVIORAL HEALTH SERVICES DIRECTLY INTO PRIMARY CARE SETTINGS, THE ORGANIZATION HAS REDUCED ACCESS BARRIERS, SHORTENED WAIT TIMES, AND ENSURED COORDINATED, WHOLE-PERSON CARE RESPONSIVE TO COMMUNITY NEEDS.</p> <p>THIS INTEGRATED CARE APPROACH ALSO REINFORCES WORKFORCE DEVELOPMENT ACROSS THE ENTERPRISE. TWCGME RESIDENTS, FELLOWS, AND INTERPROFESSIONAL LEARNERS GAIN DIRECT EXPERIENCE ADDRESSING THE INTERSECTION OF PHYSICAL, MENTAL AND BEHAVIORAL HEALTH NEEDS IN COMMUNITY-BASED SETTINGS, PREPARING FUTURE PRIMARY CARE PHYSICIANS TO MANAGE COMPLEX PATIENT NEEDS WITHIN RESOURCE-CONSTRAINED ENVIRONMENTS.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>TO FURTHER ENHANCE ACCESS, THE ORGANIZATION EXPANDED SUPERVISED, REMOTE-DELIVERED PSYCHIATRY SERVICES FOR PATIENTS OF ALL AGES WITHIN TWCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS. THIS STRATEGY SUPPORTS CONTINUITY OF CARE, ENHANCES CLINICAL INTEGRATION, AND MITIGATES THE IMPACT OF REGIONAL SHORTAGES OF PSYCHIATRISTS WHILE REMAINING ALIGNED WITH THE ORGANIZATION'S MISSION TO DELIVER COMPREHENSIVE, AFFORDABLE, WHOLE-PERSON PRIMARY HEALTH SERVICES.</p> <p>WITH THE NATIONAL SIGNIFICANCE OF ITS GME-SNC MODEL DEMONSTRATED, TWCGME THEN TURNED INWARD TO FURTHER STRENGTHEN SPONSORING INSTITUTION GOVERNANCE, QUALITY INFRASTRUCTURE, AND ACCREDITATION-ALIGNED PERFORMANCE EXPECTATIONS, ENSURING THAT INNOVATION WAS MATCHED BY OPERATIONAL MATURITY AND FIDUCIARY DISCIPLINE.</p> <p>THIS CONTINUED ACGME ACCREDITATION REFLECTS THE SPONSORING INSTITUTION'S SUSTAINED MATURATION OF GMEC AUTHORITY, OVERSIGHT INFRASTRUCTURE, AND COMPLIANCE DISCIPLINES, WHICH ARE NOW SYSTEMATIZED IN DAY-TO-DAY OPERATIONS AND UNDERPIN BOTH EDUCATIONAL QUALITY AND FIDUCIARY STEWARDSHIP OF PUBLIC GME RESOURCES.</p> <p>TWCGME FURTHER OPERATIONALIZED THESE ACCREDITATION AND GOVERNANCE ADVANCES BY STRENGTHENING ITS SPONSORING INSTITUTION QUALITY INFRASTRUCTURE, INCLUDING THE STABILIZATION AND MATURATION OF CENTRALIZED QUALITY LEADERSHIP. THE APPOINTMENT AND INTEGRATION OF DEDICATED ENTERPRISE QUALITY LEADERSHIP ROLES, NAMELY A CHIEF COMPLIANCE OFFICER AND A CHIEF CLINICAL OPERATING OFFICER, MARKED A SIGNIFICANT MILESTONE IN ALIGNING GRADUATE MEDICAL EDUCATION OVERSIGHT WITH CLINICAL QUALITY, PATIENT SAFETY, AND POPULATION HEALTH PERFORMANCE ACROSS THE SPONSORING INSTITUTION. THE DIRECTOR OF EDUCATIONAL COMPLIANCE POSITION WAS APPROVED AND INITIALLY FILLED DURING THE 2024-2025 FISCAL YEAR; FOLLOWING AN UNANTICIPATED VACANCY, THE ROLE REMAINS AN ACTIVE RECRUITMENT PRIORITY TO ENSURE CONTINUITY OF ACCREDITATION OVERSIGHT AND EDUCATIONAL COMPLIANCE FUNCTIONS.</p> <p>THE ORGANIZATION ALSO UNDERTOOK A COMPREHENSIVE, SPONSORING INSTITUTION-LEVEL REVIEW AND ALIGNMENT OF INFORMATION TECHNOLOGY AND DATA SYSTEMS TO STRENGTHEN ACCREDITATION OVERSIGHT, PERFORMANCE TRANSPARENCY, AND ENTERPRISE ACCOUNTABILITY ACROSS ITS GME-SNC. THIS WORK WAS DESIGNED TO REDUCE DUPLICATION, CLARIFY SYSTEM ROLES AND DATA OWNERSHIP, AND ENSURE THAT PERFORMANCE MEASUREMENT PLATFORMS CONSISTENTLY SUPPORT THE QUALITY OF GRADUATE MEDICAL EDUCATION, PATIENT SAFETY, WORKFORCE DEVELOPMENT, AND FIDUCIARY STEWARDSHIP.</p> <p>THE INTENTIONAL ALIGNMENT OF COMMUNITY, ORGANIZATIONAL, AND PROGRAMMATIC PERFORMANCE MEASURES WAS CREATED TO ENSURE THAT GRADUATE MEDICAL EDUCATION OPERATES WITHIN A SHARED, INTEGRATED ACCOUNTABILITY FRAMEWORK RATHER THAN FRAGMENTED OR PROGRAM-ISOLATED METRICS. IN PARALLEL, TWCGME SUPPORTED THE USE OF ROLE-APPROPRIATE, SERVICE-LINE, AND OPERATIONAL SCORECARDS THROUGH SECURE INTERNAL PLATFORMS TO INFORM CONTINUOUS IMPROVEMENT ACROSS CLINICAL LEARNING ENVIRONMENTS, POPULATION HEALTH INITIATIVES, AND ADMINISTRATIVE SUPPORT FUNCTIONS THAT DIRECTLY AFFECT RESIDENT AND FELLOW EDUCATION.</p> <p>COLLECTIVELY, THESE EFFORTS OPERATIONALIZED A DISCIPLINED, SYSTEMS-BASED APPROACH TO SPONSORING INSTITUTION GOVERNANCE BY LINKING CHNA FINDINGS, WORKFORCE NEEDS ASSESSMENT, STRATEGIC PLANNING, INFORMATION TECHNOLOGY INFRASTRUCTURE, AND PERFORMANCE MEASUREMENT INTO A COHERENT OVERSIGHT FRAMEWORK. THIS ALIGNMENT SUPPORTS TWCGME'S RESPONSIBILITY TO ENSURE THAT CLINICAL SERVICES, WORKFORCE PIPELINES, AND REGIONAL PARTNERSHIPS ADVANCE IN CONCERT, REINFORCING ACCREDITATION COMPLIANCE, EDUCATIONAL QUALITY, AND RESPONSIBLE STEWARDSHIP OF PUBLIC GRADUATE MEDICAL EDUCATION RESOURCES.</p> <p>THIS INTEGRATED GOVERNANCE AND PERFORMANCE INFRASTRUCTURE ENABLED MEANINGFUL PROGRESS TOWARD THE FULL REALIZATION OF ACGME SPONSORING INSTITUTION 2025 (SI2025) EXPECTATIONS, WHICH EMPHASIZE DEMONSTRATED OUTCOMES IN EDUCATIONAL QUALITY, PATIENT SAFETY, POPULATION HEALTH, AND CONTINUOUS PERFORMANCE IMPROVEMENT, RATHER THAN SOLELY STRUCTURAL OR PROCESS-BASED COMPLIANCE.</p> <p>IN PARALLEL WITH THESE ACCREDITATION, GOVERNANCE, AND QUALITY-INFRASTRUCTURE ADVANCEMENTS, TWCGME FURTHER STRENGTHENED SPONSORING INSTITUTION-LEVEL FINANCIAL GOVERNANCE AND FIDUCIARY OVERSIGHT TO SUPPORT LONG-TERM SUSTAINABILITY AND RESPONSIBLE STEWARDSHIP OF PUBLIC GRADUATE MEDICAL EDUCATION RESOURCES. DURING THE COVERED PERIOD, THE COMMUNITY-LED GOVERNING BOARDS OF TWCGME AND TWCCH APPROVED A TRANSITION OF INVESTMENT MANAGEMENT SERVICES TO MORGAN STANLEY TO MORE INTENTIONALLY ALIGN INVESTMENT OVERSIGHT WITH THE ORGANIZATION'S MISSION, VALUES, AND COMMUNITY HEALTH PRIORITIES.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>THROUGH THIS TRANSITION, THE ORGANIZATION OPERATIONALIZED A MISSION-ALIGNED INVESTMENT GOVERNANCE FRAMEWORK THAT ENABLES EXECUTIVE LEADERSHIP AND GOVERNING BOARDS TO VERIFY THAT ORGANIZATIONAL INVESTMENTS ALIGN WITH COMMUNITY WELLNESS OBJECTIVES AND AVOID HEALTH-HARMING INDUSTRIES, WHILE MAINTAINING DISCIPLINED FIDUCIARY OVERSIGHT. THIS FRAMEWORK INCORPORATES RESTRICTION SCREENING AND VALUES-BASED INVESTMENT PRINCIPLES INTO ROUTINE INVESTMENT DECISION-MAKING, REINFORCING ALIGNMENT BETWEEN FINANCIAL STEWARDSHIP AND THE ORGANIZATION'S PUBLIC-INTEREST MISSION.</p> <p>THE COVERED PERIOD REPRESENTED THE FIRST FULL FISCAL YEAR IN WHICH THIS INTEGRATED, MISSION-ALIGNED INVESTMENT OVERSIGHT FRAMEWORK WAS FULLY VISIBLE TO SPONSORING INSTITUTION LEADERSHIP AND GOVERNING BOARDS. AS A RESULT OF THIS INTENTIONAL REORIENTATION, APPROXIMATELY 42% OF THE ORGANIZATION'S INVESTMENT PORTFOLIO MET THE DEFINED MISSION- AND VALUES-ALIGNED CRITERIA, UP FROM 0% BEFORE IMPLEMENTATION. IMPORTANTLY, INVESTMENT PERFORMANCE REMAINED STRONG DURING THE COVERED PERIOD, WITH PORTFOLIO APPRECIATION OF APPROXIMATELY 12%, OR \$957,000, IN REALIZED/UNREALIZED GAINS AND DIVIDEND/INTEREST INCOME, DEMONSTRATING THAT MISSION ALIGNMENT AND PRUDENT FIDUCIARY STEWARDSHIP CAN BE ADVANCED CONCURRENTLY.</p> <p>THIS COMMITMENT WAS FORMALLY CODIFIED IN DECEMBER 2024 THROUGH THE GOVERNING BOARDS' ADOPTION OF AN UPDATED INVESTMENT POLICY STATEMENT, WHICH EXPLICITLY ARTICULATES MISSION-DRIVEN CONSIDERATIONS, IMPACT OBJECTIVES, AND FIDUCIARY RESPONSIBILITIES. AS THIS GOVERNANCE FRAMEWORK CONTINUES TO MATURE, TWCGME ANTICIPATES THAT MISSION-ALIGNED INVESTMENT ALIGNMENT WILL INCREASE OVER TIME, AS APPROPRIATE, WHILE MAINTAINING COMPLIANCE WITH FIDUCIARY STANDARDS AND LONG-TERM FINANCIAL SUSTAINABILITY.</p> <p>CONSISTENT WITH THIS BROADER EMPHASIS ON DISCIPLINED GOVERNANCE AND OVERSIGHT, TWCGME ALSO DIRECTED FOCUSED ATTENTION DURING THE COVERED PERIOD TO STRENGTHENING INSTITUTIONAL CLIMATE OVERSIGHT AND LEARNER ENGAGEMENT WITHIN ITS EDUCATIONAL PROGRAMS.</p> <p>IN RESPONSE TO ACCREDITATION-RELATED CHALLENGES IDENTIFIED IN PRIOR COVERAGE PERIODS, AS REFLECTED IN ANNUAL ACGME RESIDENT/FELLOW AND FACULTY SURVEY RESULTS, TWCGME CONTINUED TO IMPLEMENT TARGETED ACTIONS DURING THE COVERED PERIOD TO STRENGTHEN INSTITUTIONAL CLIMATE OVERSIGHT AND LEARNER ENGAGEMENT.</p> <p>SPONSORING INSTITUTION AND PROGRAM LEADERSHIP, IN ALIGNMENT WITH ENTERPRISE EXECUTIVE LEADERSHIP AND GOVERNING BOARDS, ESTABLISHED A STANDING SURVEY SUBCOMMITTEE OF THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) TO STEWARD STRUCTURED REVIEW, INTERPRETATION, AND IMPROVEMENT PROCESSES RELATED TO ACGME SURVEY OUTCOMES FOR RESIDENTS, FELLOWS, AND FACULTY.</p> <p>TO SUPPORT THIS WORK, TWCGME IMPLEMENTED AN INTERNAL CLIMATE SURVEY CYCLE, CONSISTING OF SHORT, TIME-LIMITED SURVEYS OF RESIDENTS, FELLOWS, AND FACULTY TARGETING SPECIFIC TOPICS ALIGNED WITH THE CATEGORIES OF THE ACGME SURVEY. A NEUTRAL THIRD PARTY WAS ENGAGED TO ADMINISTER THE SURVEYS, OVERSEE DATA COLLECTION AND ANALYSIS, AND ENSURE RESPONDENT PRIVACY AND OBJECTIVITY.</p> <p>AGGREGATED FINDINGS AND THIRD-PARTY ANALYSES WERE REVIEWED BY THE GMEC AND SHARED WITH PROGRAM DIRECTORS, FACULTY, AND RESIDENT AND FELLOW REPRESENTATIVES. THESE DATA-INFORMED, ITERATIVE, PROGRAM- AND INSTITUTION-LEVEL QUALITY IMPROVEMENT INITIATIVES RESULT IN MEASURABLE IMPROVEMENTS IN LEARNER AND FACULTY UNDERSTANDING OF, ENGAGEMENT WITH, AND CONFIDENCE IN TWCGME'S SPONSORING INSTITUTION'S GOVERNANCE, COMMUNICATION, AND PERFORMANCE EXPECTATIONS.</p> <p>TO TRANSLATE THESE GOVERNANCE AND MEASUREMENT INSIGHTS INTO SUSTAINED IMPROVEMENT OF THE LEARNING ENVIRONMENT, TWCGME ANCHORED ITS INSTITUTIONAL RESPONSE IN THE SANCTUARY MODEL FRAMEWORK.</p> <p>TWCGME CONTINUED ITS DEEP AND SUSTAINED INVESTMENT IN THE TRANSFORMATIONAL WORK OF ADVANCING ITS ENTERPRISE-WIDE JOURNEY TOWARD SANCTUARY MODEL CERTIFICATION, RECOGNIZING THAT PSYCHOLOGICALLY SAFE LEARNING ENVIRONMENTS, RESILIENT TEAMING STRUCTURES, AND TRAUMA-RESPONSIVE ORGANIZATIONAL CULTURES ARE FOUNDATIONAL TO HIGH-QUALITY GRADUATE MEDICAL EDUCATION.</p> <p>INCREASINGLY, THIS WORK SERVES NOT ONLY AS A TRAUMA-INFORMED FRAMEWORK FOR CLINICAL LEARNING ENVIRONMENTS BUT ALSO AS A CORE BACKBONE OF ORGANIZATIONAL DEVELOPMENT AND GOVERNANCE FOR THE TWCGME SPONSORING INSTITUTION, SHAPING HOW LEARNING ENVIRONMENTS ARE DESIGNED, HOW RESIDENTS AND FELLOWS ARE SUPPORTED, AND HOW FACULTY AND LEADERS ENGAGE IN SUPERVISION, ACCOUNTABILITY, AND SHARED STEWARDSHIP.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>SEVERAL ACCOMPLISHMENTS DURING THE COVERED PERIOD REFLECTED TWCGME'S CONTINUED EVOLUTION FROM A HISTORICALLY OVEREXTENDED, TRAUMA-ORGANIZED TRAINING ENTERPRISE INTO AN ADVERSITY-COMPETENT, RESILIENCE-SKILLED SPONSORING INSTITUTION INTENTIONALLY FOCUSED ON WHOLE-PERSON PHYSICIAN DEVELOPMENT, PSYCHOLOGICALLY SAFE EDUCATIONAL CULTURES, AND SUSTAINABLE INTERPROFESSIONAL WORKFORCE PATHWAYS.</p> <p>THE SANCTUARY MODEL PROVIDES A BLUEPRINT FOR BOTH CLINICAL AND ORGANIZATIONAL CHANGE, PROMOTING PHYSICAL, EMOTIONAL, AND PSYCHOLOGICAL SAFETY AND RECOVERY FROM ADVERSITY BY INTENTIONALLY CREATING AN ADVERSITY-INFORMED COMMUNITY. FOR A GRADUATE MEDICAL EDUCATION SPONSORING INSTITUTION, THIS FRAMEWORK RECOGNIZES THE INHERENT VULNERABILITY OF RESIDENTS, FELLOWS, FACULTY, AND STAFF TO CUMULATIVE STRESS, MORAL INJURY, AND SYSTEMS-LEVEL ADVERSITY, AND RESPONDS THROUGH SYSTEM-WIDE STRUCTURES THAT MITIGATE HARM, STRENGTHEN RESILIENCE, AND SUPPORT BOTH THOSE WHO LEARN WITHIN AND THOSE WHO SERVE THROUGH THE ORGANIZATION.</p> <p>AS TWCGME HAS MATURED BEYOND ISOLATED PROGRAM-LEVEL INTERVENTIONS, THE SANCTUARY MODEL HAS INCREASINGLY BEEN USED AS A UNIFYING FRAMEWORK TO TRANSLATE TRAUMA-INFORMED PRINCIPLES INTO SPONSORING INSTITUTION-LEVEL GOVERNANCE, FACULTY DEVELOPMENT, RESIDENT AND FELLOW SUPPORT STRUCTURES, AND LEARNING ENVIRONMENT DESIGN. SANCTUARY OFFERS A STRUCTURED PATHWAY FOR TRANSFORMATION FROM SURVIVAL MODE AND SILOED EDUCATIONAL PLATFORMS TO RESILIENT, PARTICIPATORY LEARNING SYSTEMS GROUNDED IN SHARED ACCOUNTABILITY, DEMOCRATIZATION, SOCIAL RESPONSIBILITY, AND CONTINUOUS LEARNING.</p> <p>THIS COMMITMENT WAS OPERATIONALIZED THROUGH SUSTAINED TRAINING, GOVERNANCE ENGAGEMENT, AND WORKFORCE DEVELOPMENT INVESTMENTS ACROSS THE SPONSORING INSTITUTION.</p> <p>SINCE INITIATING ITS FORMAL SANCTUARY ROLLOUT IN AUGUST 2022, TWCGME HAS IMPLEMENTED MULTIPLE FIVE-DAY IMMERSION TRAINING COHORTS ACROSS THE ENTERPRISE, INCLUDING GOVERNING BOARD MEMBERS, EXECUTIVE LEADERSHIP, FACULTY, EMPLOYEES, AND RESIDENT AND FELLOW PHYSICIANS. IN JANUARY 2024, COMPLETION OF THE TRAIN-THE-TRAINER PROGRAM FURTHER STRENGTHENED INTERNAL CAPACITY TO SUSTAIN AND SCALE THIS WORK ACROSS SPONSORING INSTITUTION FUNCTIONS. SANCTUARY PRINCIPLES AND LANGUAGE HAVE ALSO BEEN INTEGRATED INTO REGULAR GOVERNING BOARD EDUCATION, REINFORCING ALIGNMENT BETWEEN GOVERNANCE, MANAGEMENT, AND ORGANIZATIONAL CULTURE.</p> <p>DURING THE COVERED PERIOD, SANCTUARY-ALIGNED LEARNING ENVIRONMENT AND WORKFORCE WELL-BEING INITIATIVES EXPANDED IN WAYS DIRECTLY RELEVANT TO GRADUATE MEDICAL EDUCATION, REFLECTING A DELIBERATE SHIFT FROM ISOLATED WELLNESS ACTIVITIES TOWARD INTEGRATED, SYSTEM-LEVEL SUPPORTS. THESE EFFORTS INCLUDED LEADERSHIP DEVELOPMENT TO ESTABLISH COMPETENCY EXPECTATIONS FOR MANAGERS AND SUPERVISORS; PARTICIPATION IN ENTERPRISE-WIDE CULTURE AND WORKFORCE SURVEYS TO INFORM CONTINUOUS IMPROVEMENT; AND PREPARATION FOR FULL IMPLEMENTATION OF THE SANCTUARY READINESS AND ASSESSMENT TOOLS. FOR EXAMPLE, TWCGME PARTNERS WITH ITS LONGSTANDING COMMUNITY COLLABORATOR, THE INSTITUTE, A WILKES-BARRE-BASED NONPROFIT PROVIDING COMMUNITY-BASED DATA ANALYSIS, RESEARCH, AND CONSULTING SERVICES, TO ADMINISTER SEMIANNUAL EMPLOYEE SATISFACTION SURVEYS ACROSS THE ORGANIZATION. THESE EFFORTS ARE COMPLEMENTED BY TWCGME'S REGULAR PARTICIPATION IN NATIONALLY BENCHMARKED ASSESSMENT TOOLS, INCLUDING THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) MEDICAL OFFICE SURVEYS ON PATIENT SAFETY CULTURE (MOSOPS), PATIENT-CENTERED MEDICAL HOME ASSESSMENT (PCMH-A), AND MODERN HEALTHCARE WORKFORCE SURVEYS.</p> <p>COMPLEMENTARY SANCTUARY-ALIGNED SUPPORTS ALSO INCLUDED CONFIDENTIAL EMPLOYEE ASSISTANCE RESOURCES, INTEGRATION OF MENTAL HEALTH FIRST AID TRAINING INTO ACGME-ALIGNED CURRICULA, AND PARTICIPATION IN NATIONAL INITIATIVES TO REDUCE STIGMA AND STRENGTHEN HELP-SEEKING BEHAVIORS WITHIN LEARNING ENVIRONMENTS.</p> <p>THROUGH THIS EVOLUTION, THE SANCTUARY MODEL HAS BECOME THE SHARED ENTERPRISE FRAMEWORK THROUGH WHICH TWCGME ADVANCES ITS LEARNING CULTURE, SPONSORING INSTITUTION CLIMATE OVERSIGHT, AND LONG-TERM COMMITMENT TO RESILIENT, COMMUNITY-ROOTED GRADUATE MEDICAL EDUCATION SYSTEMS. THIS WORK DIRECTLY SUPPORTS ACCREDITATION EXPECTATIONS RELATED TO PROFESSIONALISM, WELL-BEING, SUPERVISION, TEAMING, AND PATIENT SAFETY, WHILE REINFORCING TWCGME'S RESPONSIBILITY TO STEWARD BOTH LEARNERS AND PUBLIC INVESTMENT WITH INTEGRITY AND CARE.</p> <p>WITH INSTITUTIONAL CLIMATE STABILIZATION AND LEARNING ENVIRONMENT SUPPORTS IN PLACE, TWCGME WAS POSITIONED TO MORE FULLY INTEGRATE SYSTEMS-BASED, POPULATION-FOCUSED COMPETENCIES INTO ITS GRADUATE MEDICAL EDUCATION CURRICULA.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>CENTRAL TO TWCGME'S SI2025 WORK WAS THE INTENTIONAL INTEGRATION OF POPULATION HEALTH, QUALITY IMPROVEMENT, AND SYSTEMS-BASED PRACTICE CURRICULA ACROSS RESIDENCY AND FELLOWSHIP PROGRAMS, ENSURING THAT RESIDENTS AND FELLOWS UNDERSTAND HOW THEIR CLINICAL PRESENCE AND LEARNING DIRECTLY ADVANCE ORGANIZATIONAL QUALITY GOALS, PATIENT OUTCOMES, AND ACCOUNTABILITY BENCHMARKS.</p> <p>TO FURTHER OPERATIONALIZE THIS POPULATION HEALTH AND VALUE-BASED CARE STRATEGY ACROSS THE ENTERPRISE'S CLINICAL LEARNING ENVIRONMENTS, THE ORGANIZATION ESTABLISHED A CHIEF POPULATION HEALTH AND VALUE-BASED CARE OFFICER ROLE, STRENGTHENING ACCOUNTABILITY FOR POPULATION-LEVEL OUTCOMES, VALUE-BASED READINESS, AND DATA-INFORMED STEWARDSHIP WITHIN THE TWCC FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER PLATFORM THAT SERVES AS TWCGME'S PRIMARY AMBULATORY TRAINING ENVIRONMENT. THIS LEADERSHIP CAPACITY DIRECTLY SUPPORTS TWCGME'S SPONSORING INSTITUTION PERFORMANCE EXPECTATIONS BY ALIGNING PREVENTIVE CARE, CHRONIC DISEASE MANAGEMENT, QUALITY IMPROVEMENT, AND COMMUNITY PARTNERSHIP UNDER A UNIFIED POPULATION HEALTH FRAMEWORK.</p> <p>IN SUPPORT OF THIS WORK, THE ORGANIZATION INTRODUCED A CENTRALIZED POPULATION HEALTH COMMUNICATION HUB FOR LEARNERS, FACULTY, AND STAFF. INITIALLY DESIGNED TO SUPPORT THE IMPLEMENTATION OF A NEW RESIDENT POPULATION HEALTH ROTATION, IT IS NOW AVAILABLE ENTERPRISE-WIDE TO STREAMLINE COLLABORATION, ADDRESS QUESTIONS, SHARE CONCERNS, AND DISSEMINATE POPULATION HEALTH TOOLS AND TRAINING MATERIALS. BY STRENGTHENING SHARED LEARNING AND INTERDISCIPLINARY ENGAGEMENT, THIS RESOURCE SUPPORTS THE SUSTAINABLE INTEGRATION OF POPULATION HEALTH PRINCIPLES ACROSS CLINICAL CARE DELIVERY AND GRADUATE MEDICAL EDUCATION.</p> <p>THROUGH THESE INTEGRATED APPROACHES, TWCGME STRENGTHENED THE LINKAGE BETWEEN GRADUATE MEDICAL EDUCATION AND ENTERPRISE-WIDE PERFORMANCE IMPROVEMENT, POSITIONING ITS SPONSORING INSTITUTION TO DEMONSTRATE MEASURABLE PROGRESS TOWARD SI2025 OUTCOMES, INCLUDING LEARNER ENGAGEMENT IN QUALITY AND SAFETY INITIATIVES, DATA-INFORMED CARE DELIVERY, AND THE ADVANCEMENT OF POPULATION HEALTH PRIORITIES WITHIN COMMUNITY-BASED CLINICAL LEARNING ENVIRONMENTS. THIS WORK REPRESENTS A CRITICAL INFLECTION POINT IN TRANSLATING ACCREDITATION STABILITY INTO SUSTAINED EDUCATIONAL EXCELLENCE AND PUBLIC ACCOUNTABILITY.</p> <p>IN PARALLEL WITH THESE SI2025-ALIGNED GOVERNANCE AND QUALITY INFRASTRUCTURE ADVANCES, TWCGME CONTINUED TO INTENTIONALLY CONNECT CLINICAL EDUCATIONAL PROGRAMMING ACROSS ITS AFFILIATED AMBULATORY AND HOSPITAL-BASED LEARNING ENVIRONMENTS, AIMING FOR SEAMLESS INTEGRATION AMONG EDUCATION, CLINICAL CARE DELIVERY, AND SYSTEMS-BASED PERFORMANCE. DURING THE COVERED PERIOD, TWCGME RESIDENT AND FELLOW PHYSICIANS AND INTERPROFESSIONAL LEARNERS TRAINED WITHIN A BROAD, HIGH-VOLUME CONTINUUM OF COMMUNITY-BASED, NCQA-RECOGNIZED PATIENT-CENTERED MEDICAL HOME (PCMH), CLINICAL LEARNING ENVIRONMENTS OPERATED BY TWCC. ACROSS THESE SETTINGS, LEARNERS WERE EMBEDDED IN CARE DELIVERY THAT ENCOMPASSED MORE THAN 37,059 UNIQUE PATIENTS AND OVER 126,075 TOTAL BILLABLE VISITS BETWEEN JULY 2024 AND JUNE 2025, INCLUDING MEDICAL, BEHAVIORAL HEALTH, DENTAL, AND INPATIENT EXPERIENCES.</p> <p>THESE LONGITUDINAL TRAINING ENVIRONMENTS PROVIDED RESIDENT, FELLOW, AND INTERPROFESSIONAL LEARNERS WITH SUSTAINED EXPOSURE TO WHOLE-PERSON, TEAM-BASED CARE ACROSS DIVERSE SETTINGS, INCLUDING AMBULATORY PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH INTEGRATION, ORAL HEALTH SERVICES, INPATIENT HOSPITAL CARE, HOME-BASED VISITS, SKILLED NURSING AND ASSISTED LIVING FACILITIES, INPATIENT AND TRANSITIONAL REHABILITATION, AND HOSPICE CARE. COLLECTIVELY, THIS BREADTH OF CLINICAL EXPERIENCE SUPPORTS TWCGME'S ACCREDITATION-ALIGNED COMMITMENT TO PREPARING PHYSICIANS AND INTERPROFESSIONAL CLINICIANS TO CARE FOR PATIENTS ACROSS THE FULL CONTINUUM OF LIFE, HEALTH STATUS, AND CARE SETTINGS WITHIN COMMUNITY-GOVERNED SYSTEMS.</p> <p>CONCURRENTLY, IN RESPONSE TO THE ACCELERATING SHIFT TOWARD VALUE-BASED CARE AND EVOLVING PAYMENT MODELS, TWCGME FORMALLY INTEGRATED VALUE-BASED CARE INITIATIVES INTO ITS SPONSORING INSTITUTION POPULATION HEALTH CURRICULUM TO BETTER PREPARE RESIDENTS AND FELLOWS FOR PRACTICE WITHIN ACCOUNTABLE, DATA-INFORMED HEALTH SYSTEMS.</p> <p>TWCGME ALSO INVESTED SIGNIFICANT INSTITUTIONAL EFFORT IN PREPARATION FOR A FUTURE ACGME CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) SITE VISIT ACROSS ITS AMBULATORY AND HOSPITAL PARTNERS. THE CLER PROGRAM, ESTABLISHED BY THE ACGME AS PART OF THE NEXT ACCREDITATION SYSTEM, PROVIDES STRUCTURED FEEDBACK TO CLINICAL LEARNING ENVIRONMENTS TO RECOGNIZE THE PUBLIC'S NEED FOR A PHYSICIAN WORKFORCE CAPABLE OF MEETING THE DEMANDS OF A RAPIDLY EVOLVING HEALTH CARE SYSTEM. CLER ASSESSMENTS FOCUS ON SIX CORE DOMAINS ESSENTIAL TO RESIDENT AND FELLOW EDUCATION: PATIENT SAFETY, HEALTH CARE QUALITY, TEAMING, SUPERVISION, WELL-BEING, AND PROFESSIONALISM.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>TWCCH CONTINUED TO CONNECT CLINICAL EDUCATIONAL PROGRAMMING WITH TWCGME AND AFFILIATED HOSPITAL OPERATIONS, ADVANCING THE ACGME SPONSORING INSTITUTION 2025 (SI2025) VISION OF 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.</p> <p>TO STEWARD THIS WORK, THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC) MAINTAINED A STANDING CLER SUBCOMMITTEE LED BY CLINICAL LEADERSHIP FROM TWCCH, TWCGME'S PRIMARY AMBULATORY CLINICAL LEARNING ENVIRONMENT PARTNER. DURING THE COVERED PERIOD, TWCCH CONTINUED TO INVEST SIGNIFICANT EFFORT IN PREPARING FOR A SUCCESSFUL, IMPACTFUL CLER SITE VISIT FOR TWCGME'S AMBULATORY AND HOSPITAL PARTNERS. CLER MOCK SITE VISITS OCCURRED AT GEISINGER COMMUNITY MEDICAL CENTER (GCMC), TWCCH'S MID-VALLEY AND SCRANTON FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, AND REGIONAL HOSPITAL OF SCRANTON THROUGHOUT THE YEAR.</p> <p>WITH THESE GOVERNANCE AND QUALITY FOUNDATIONS STRENGTHENED, TWCGME'S SPONSORING INSTITUTION WAS POSITIONED TO TRANSLATE ACCREDITATION STABILITY INTO MEASURABLE WORKFORCE OUTCOMES AT SCALE.</p> <p>STABILIZATION OF ITS SPONSORING INSTITUTION ENABLED TWCGME TO SUSTAIN, GRADUATE, AND DEPLOY ITS PHYSICIAN WORKFORCE AT SCALE DURING THE COVERED PERIOD, DESPITE SIGNIFICANT EXTERNAL REGULATORY DISRUPTION AFFECTING MULTIPLE TRAINING PROGRAMS. TWCGME HAS SURPASSED A HISTORIC MILESTONE, WITH MORE THAN 1,100 RESIDENT AND FELLOW PHYSICIAN GRADUATES SINCE ITS ESTABLISHMENT IN 1976 AS A COMMUNITY HEALTH NEEDS-RESPONSIVE GRADUATE MEDICAL EDUCATION SAFETY-NET CONSORTIUM. THESE TOTAL GRADUATES INCLUDE 569 INTERNAL MEDICINE PHYSICIANS, 295 REGIONAL FAMILY MEDICINE PHYSICIANS, 166 NATIONAL FAMILY MEDICINE PHYSICIANS, 33 CARDIOVASCULAR DISEASE PHYSICIANS, 19 PSYCHIATRISTS (INCLUDING 10 WHO FAST-TRACKED TO CHILD AND ADOLESCENT PSYCHIATRY), SEVEN GASTROENTEROLOGISTS, AND 13 GERIATRICIANS.</p> <p>WITHIN THIS SUSTAINED WORKFORCE SCALE, TWCGME ALSO DEMONSTRATED ITS CAPACITY TO RESPONSIBLY GROW NEW, CHNA-RESPONSIVE SPECIALTY TRAINING PATHWAYS ALIGNED WITH REGIONAL ACCESS GAPS.</p> <p>BUILDING ON THIS SAME ACCESS-AND-TRAINING STRATEGY, TWCGME FURTHER STRENGTHENED ITS CHAMPS-ALIGNED REHABILITATION TRAINING PLATFORM THROUGH ITS LONGSTANDING PARTNERSHIP WITH ALLIED SERVICES INTEGRATED HEALTH SYSTEM AND REHABILITATION FACILITIES, THE PRIMARY CLINICAL LEARNING ENVIRONMENT FOR TWCGME'S RECENTLY LAUNCHED AND NOW THRIVING ACGME-ACCREDITED PHYSICAL MEDICINE & REHABILITATION (PM&R) RESIDENCY PROGRAM. TO ENSURE THAT PM&R RESIDENTS RECEIVE HIGH-QUALITY PEDIATRIC REHABILITATION EXPERIENCES NOT OTHERWISE AVAILABLE IN THE REGION, TWCGME AND ALLIED SERVICES INTENTIONALLY INTEGRATED THE CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP) AS A PEDIATRIC REHABILITATION ROTATION PARTNER INTO THE PROGRAM'S CURRICULUM. THIS COLLABORATION REQUIRED DELIBERATE FINANCIAL INVESTMENT AND STRATEGIC LOGISTICAL PLANNING TO RESPONSIBLY SUPPORT RESIDENT PARTICIPATION, INCLUDING COORDINATING STABLE HOUSING AND TRAVEL ARRANGEMENTS NECESSARY TO SUSTAIN THE ROTATION STRUCTURE.</p> <p>THE SUCCESSFUL INTEGRATION OF CHOP INTO TWCGME'S GME-SNC MODEL CONTRIBUTED TO THE PM&R RESIDENCY PROGRAM'S SUCCESSFUL ACGME ACCREDITATION SITE VISIT, RESULTING IN CONTINUED ACCREDITATION STATUS, EFFECTIVE OCTOBER 8, 2024, AND ENABLING PLANNED PROGRAM GROWTH BY EXPANDING THE APPROVED RESIDENT COMPLEMENT TO 28 POSITIONS. DURING THE COVERED PERIOD, THE PM&R PROGRAM CONTINUED TO MATURE, DEEPENING OPERATIONAL ALIGNMENT WITH ALLIED SERVICES, SUPPORTING MEASURED, SUSTAINABLE GROWTH, AND STRENGTHENING THE REGIONAL REHABILITATION PHYSICIAN WORKFORCE PIPELINE. A SUBSEQUENT ACGME ACCREDITATION DECISION OF CONTINUED ACCREDITATION WAS ISSUED ON JANUARY 12, 2026.</p> <p>LOOKING AHEAD, TWCGME ANTICIPATES CELEBRATING THE PROGRAM'S FIRST GRADUATING CLASS OF FIVE INAUGURAL PM&R PHYSICIANS IN JUNE 2026 THROUGH A COLLABORATIVE RESIDENCY MODEL MADE POSSIBLE BY THE SHARED STEWARDSHIP OF TWCGME, ALLIED SERVICES, NORTHEAST REHABILITATION ASSOCIATES, REGIONAL HOSPITAL OF SCRANTON, AND TWCGME'S AFFILIATED ENTITY AND ESSENTIAL COMMUNITY PROVIDER, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCH). COLLECTIVELY, THESE ACCOMPLISHMENTS REFLECT TWCGME'S ABILITY TO TRANSLATE ACCREDITATION STABILITY INTO DISCIPLINED, CHNA-ALIGNED WORKFORCE DEVELOPMENT OUTCOMES.</p> <p>ACROSS THE GME-SNC, GRADUATE OUTCOMES REMAINED STRONGLY ALIGNED WITH THE ORGANIZATION'S DOCUMENTED CHNA FINDINGS, DEMONSTRATING THAT LONG-TERM ACCESS TO CARE IN NORTHEAST PENNSYLVANIA IS MOST EFFECTIVELY SUSTAINED WHEN CLINICIANS TRAIN AND REMAIN IN THE COMMUNITIES THEY SERVE.</p>

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FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	<p>TWCGME'S GRADUATE MEDICAL AND DENTAL EDUCATION PIPELINES ALSO YIELDED DIRECT, MISSION-ALIGNED WORKFORCE OUTCOMES THROUGH THE RECRUITMENT AND ONBOARDING OF PROGRAM GRADUATES INTO FULL-TIME FACULTY AND ATTENDING ROLES WITHIN COMMUNITY-BASED PRIMARY CARE AND DENTAL SETTINGS, INCLUDING THE JANUARY 2025 HIRING OF A FAMILY MEDICINE PHYSICIAN FOLLOWING COMPLETION OF HER TWCGME RESIDENCY AND THE ADDITION OF TWO DENTISTS, ONE IN AUGUST 2024 AND THE OTHER IN MARCH 2025, WHO ARE BOTH GRADUATES OF THE TWCCCH-NYU LANGONE HEALTH AEGD RESIDENCY PROGRAM. THESE INDIVIDUAL OUTCOMES PROVIDE TANGIBLE EVIDENCE OF TWCGME'S CORE EXEMPT-PURPOSE MISSION: PREPARING CLINICIANS WHO NOT ONLY ENTER PRACTICE IN MEDICALLY UNDERSERVED COMMUNITIES BUT WHO ALSO REMAIN TO TEACH, MENTOR, AND SUSTAIN THE NEXT GENERATION OF COMMUNITY-BASED PRIMARY CARE AND DENTAL PROFESSIONALS.</p> <p>THE MAJORITY OF TWCGME GRADUATES PURSUED PUBLIC HEALTH-ORIENTED AND PRIMARY CARE CAREERS IN UNDERSERVED SETTINGS, MANY IN NORTHEASTERN PENNSYLVANIA. SINCE 2012, AT LEAST 53% OF INTERNAL MEDICINE GRADUATES, 56% OF REGIONAL FAMILY MEDICINE GRADUATES, AND 74% OF NATIONAL FAMILY MEDICINE GRADUATES HAVE CHOSEN TO PRACTICE IN MEDICALLY UNDERSERVED COMMUNITIES, RURAL AREAS, AND/OR HEALTH PROFESSIONAL SHORTAGE AREAS, MOST OFTEN WITHIN FQHCs. PSYCHIATRY AND GERIATRIC MEDICINE PROGRAMS DEMONSTRATED SIMILARLY STRONG OUTCOMES, WITH 100% AND 77% OF GRADUATES, RESPECTIVELY, PRACTICING OR FURTHER TRAINING IN UNDERSERVED SETTINGS.</p> <p>THESE WORKFORCE OUTCOMES ARE EXCEPTIONALLY RESPONSIVE TO CHNA FINDINGS DOCUMENTING PERSISTENT PRIMARY CARE SHORTAGES, RISING CHRONIC DISEASE BURDEN, AND A RAPIDLY AGING REGIONAL POPULATION WITH INCREASING NEED FOR GERIATRIC-FOCUSED, DEMENTIA-INFORMED, AND COORDINATED CARE. THESE OUTCOMES ALSO REFLECT SUSTAINED ALIGNMENT BETWEEN GRADUATE MEDICAL EDUCATION, COMMUNITY-EMBEDDED TRAINING, AND VERIFIED REGIONAL WORKFORCE NEED.</p> <p>THE SCALE, RETENTION, AND DURABILITY OF TWCGME'S GRADUATE OUTCOMES REFLECT THE SUCCESSFUL STABILIZATION OF ITS SPONSORING INSTITUTION, THE MATURATION OF ITS GOVERNANCE AND ACCREDITATION INFRASTRUCTURE, AND THE EFFECTIVENESS OF ITS COMMUNITY-EMBEDDED TRAINING MODEL IN TRANSLATING EDUCATION INTO SUSTAINED ACCESS TO CARE.</p> <p>IN PARALLEL, TWCGME ADVANCED ACADEMIC PIPELINE CONTINUITY AND EXPANSION DURING THE COVERED PERIOD THROUGH SUSTAINED AND EXPANDED OSTEOPATHIC MEDICAL EDUCATION AND INTERPROFESSIONAL TRAINING PARTNERSHIPS. THIS INCLUDED CONTINUED COLLABORATION WITH LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE (LECOM), THROUGH WHICH TWCGME AND ITS AFFILIATED ENTITY, AND ESSENTIAL COMMUNITY PROVIDER, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH), SERVED AS A CLINICAL TRAINING CAMPUS FOR OSTEOPATHIC MEDICAL STUDENTS. DURING THE COVERED PERIOD, THIS PARTNERSHIP WITH LECOM WAS FURTHER EXPANDED TO INCLUDE ADDITIONAL CLINICAL ROTATIONS FOR MEDICAL STUDENTS TRAINING WITHIN TWCCCH'S 13 PATIENT-CENTERED MEDICAL HOME FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS ACROSS NORTHEAST PENNSYLVANIA, WHILE ALSO CREATING NEW RECIPROCAL EDUCATIONAL OPPORTUNITIES FOR TWCGME GASTROENTEROLOGY FELLOWS TO TRAIN ALONGSIDE LECOM'S AFFILIATED GASTROENTEROLOGY FELLOWSHIP PROGRAM IN ERIE, PENNSYLVANIA.</p> <p>COLLECTIVELY, THESE ACADEMIC PARTNERSHIPS SUPPORTED ROBUST INTERPROFESSIONAL EDUCATION ACROSS THE ENTERPRISE. DURING THE COVERED PERIOD, TWCGME, IN COLLABORATION WITH TWCCCH, HOSTED MORE THAN 200 INTERPROFESSIONAL HEALTH STUDENTS FROM MORE THAN 10 ACADEMIC INSTITUTIONS, INCLUDING LECOM AND A.T. STILL UNIVERSITY'S SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AS WELL AS ATSU'S CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-CCPAP), A COMMUNITY-EMBEDDED PHYSICIAN ASSISTANT EDUCATION MODEL ALIGNED WITH ATSU'S HOMETOWN SCHOLARS PIPELINE IN PARTNERSHIP WITH THE NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS AND THE COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST IN CALIFORNIA. DURING THE COVERED PERIOD, TWCGME AND TWCCCH WELCOMED A NEW COHORT OF 10 ATSU-SOMA SECOND-YEAR MEDICAL STUDENTS, WHO JOINED 20 UPPER-YEAR ATSU-SOMA COLLEAGUES TRAINING AND SERVING IN THE ORGANIZATION'S SERVICE AREA, AND FIVE PHYSICIAN ASSISTANT STUDENTS FROM ATSU-CCPAP.</p> <p>TWCGME ALSO SUPPORTED TWCCCH IN DEVELOPING AND TRAINING ESSENTIAL INTERPROFESSIONAL CARE TEAM MEMBERS. THESE EFFORTS INCLUDED CONTINUED COLLABORATION WITH THE NATIONAL INSTITUTE FOR MEDICAL ASSISTANT ADVANCEMENT (NIMAA) TO TRAIN MEDICAL ASSISTANTS; PARTICIPATION IN COMMUNITY HEALTH WORKER (CHW) TRAINING PATHWAYS THROUGH THE NORTHEAST PENNSYLVANIA AREA HEALTH EDUCATION CENTER-AFFILIATED COMMUNITY HEALTH WORKER TRAINING PROGRAM AND THE NATIONAL HEALTH CORPS; AND ENGAGEMENT WITH THE LOCAL READINESS IN SKILLED EMPLOYMENT (RISE) ACADEMIC INITIATIVE.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>IN ADDITION, TWCGME AND TWCCCH LAUNCHED A NEW PHASE OF THEIR LECOM PARTNERSHIP DURING THE COVERED PERIOD, WELCOMING AN INAUGURAL COHORT OF FOUR MEDICAL STUDENTS AS PART OF THE EFFORTS TO ESTABLISH A CLINICAL CAMPUS FOR LECOM AT TWCCCH'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, WITH PLANS TO EXPAND THE COHORT TO UP TO 10 STUDENTS IN FUTURE ACADEMIC YEARS. THESE INTEGRATED ACADEMIC AND CLINICAL PARTNERSHIPS REINFORCE TWCGME'S ROLE IN STEWARDING A CONTINUOUS, COMMUNITY-EMBEDDED PIPELINE OF PHYSICIANS AND AN INTERPROFESSIONAL WORKFORCE ALIGNED WITH REGIONAL WORKFORCE NEEDS AND LONG-TERM ACCESS TO CARE.</p> <p>EXTENDING ITS GME-SNC MODEL BEYOND PHYSICIAN TRAINING, TWCGME AND ITS AFFILIATED CLINICAL ENTITY, TWCCCH, ADVANCED A COORDINATED DENTAL WORKFORCE DEVELOPMENT STRATEGY DURING THE COVERED PERIOD, RECOGNIZING WORSENING ORAL HEALTH ACCESS GAPS ACROSS NORTHEAST PENNSYLVANIA.</p> <p>IN RESPONSE TO THESE NEEDS, THE ORGANIZATION AND ITS REGIONAL PARTNERS FORMALLY INCORPORATED THE COMMONWEALTH DENTAL CARE INITIATIVE (CDCI) TO CONDUCT FEASIBILITY AND PLANNING ACTIVITIES TO STRENGTHEN PUBLIC-INTEREST DENTAL EDUCATION AND WORKFORCE CAPACITY. FOLLOWING COMPLETION OF THE FEASIBILITY STUDY, THE CDCI WAS INTENTIONALLY RE-ENVISIONED AS A FRAMEWORK TO EXTEND THE GME-SNC MODEL INTO DENTAL EDUCATION, WITH TWCCCH SERVING AS THE PRIMARY CLINICAL LEARNING ENVIRONMENT FOR DENTAL STUDENTS AND RESIDENTS. THIS APPROACH IS DESIGNED TO CREATE A LONGITUDINAL PIPELINE FROM PREDOCTORAL TRAINING INTO THE EXISTING TWCCCH-NYU LANGONE HEALTH AEGD RESIDENCY PROGRAM AND POTENTIAL FUTURE PEDIATRIC DENTAL RESIDENCY PROGRAMMING.</p> <p>BY EMBEDDING DENTAL EDUCATION WITHIN COMMUNITY-BASED, SAFETY-NET CLINICAL SETTINGS, THIS MODEL APPLIES TWCGME'S PROVEN "TRAIN-WHERE-THEY-LIVE" STRATEGY TO ORAL HEALTH, SUPPORTING RECRUITMENT, TRAINING, AND LONG-TERM RETENTION OF DENTAL PROFESSIONALS IN COMMUNITIES WITH THE GREATEST ACCESS BARRIERS.</p> <p>AS PART OF THIS STRATEGY, TWCCCH ALSO ADVANCED PARTNERSHIP CONVERSATIONS WITH JOHNSON COLLEGE TO ADDRESS CRITICAL SHORTAGES OF DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS, AND EXPANDED-FUNCTION DENTAL ASSISTANTS, WHILE CREATING NEW EDUCATION-TO-EMPLOYMENT PATHWAYS IN ORAL HEALTH. THESE EFFORTS INCLUDE THE PLANNED EXPANSION OF DENTAL SERVICES AT TWCCCH'S NEW FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER LOCATED WITHIN THE WYOMING COUNTY HEALTHCARE CENTER IN TUNKHANNOCK, PENNSYLVANIA.</p> <p>FOLLOWING THE 2021 CLOSURE OF TYLER MEMORIAL HOSPITAL, THE ONLY HOSPITAL IN WYOMING COUNTY, NEARLY 26,000 RESIDENTS WERE LEFT IN A RURAL HEALTH CARE DESERT. IN 2023, THE REDEVELOPMENT OF THE FORMER HOSPITAL SITE INTO THE WYOMING COUNTY HEALTHCARE CENTER CREATED AN OPPORTUNITY TO RESTORE ACCESS THROUGH A MULTI-PARTNER, NONPROFIT HEALTH HUB. DURING THE COVERED PERIOD, TWCCCH ESTABLISHED THE COUNTY'S FIRST FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER AT THIS SITE, SERVING AS AN ANCHOR AT THE HUB THAT IS NOW HOUSING 22 PARTNER ORGANIZATIONS ACROSS HEALTH CARE, EDUCATION, NONPROFIT SERVICES, GOVERNMENT, AND ECONOMIC DEVELOPMENT.</p> <p>PLANNING FOR THE CURRENT FISCAL YEAR INCLUDED DEVELOPING A FULL-SERVICE PHARMACY AND EXPANDING DENTAL SERVICES AT THE WYOMING COUNTY HEALTHCARE CENTER, WITH DENTAL WORKFORCE TRAINING INTEGRATED INTO THESE ACCESS-RESTORATION EFFORTS.</p> <p>IN PARALLEL, TWCGME AND TWCCCH EXPLORED ADDITIONAL ACADEMIC COLLABORATIONS WITH TEMPLE UNIVERSITY'S KORNBERG SCHOOL OF DENTISTRY, INCLUDING POTENTIAL PEDIATRIC DENTAL RESIDENCY PROGRAMMING AND CLINICAL TRAINING PARTNERSHIPS AT TEMPLE'S NEWLY ANNOUNCED RURAL DENTAL EDUCATION CENTER IN TAMAQUA, PENNSYLVANIA. ADDITIONAL PARTNERSHIPS WITH LUZERNE COUNTY COMMUNITY COLLEGE AND THE UNIVERSITY OF PITTSBURGH SCHOOL OF DENTAL MEDICINE SUPPORTED DENTAL ASSISTANT TRAINING AND RETENTION DURING THE COVERED PERIOD, RESULTING IN THE TRAINING AND RETENTION OF THREE DENTAL ASSISTANTS.</p> <p>COLLECTIVELY, THESE INITIATIVES REFLECT AN ANCHOR-INSTITUTION APPROACH TO ORAL HEALTH WORKFORCE DEVELOPMENT THAT INTEGRATES EDUCATION, ACCESS EXPANSION, AND ECONOMIC MOBILITY WHILE ADVANCING COMMUNITY-EMBEDDED TRAINING MODELS ALIGNED WITH VERIFIED REGIONAL NEED.</p> <p>THESE WORKFORCE DEVELOPMENT INITIATIVES ARE PART OF A BROADER ANCHOR-INSTITUTION STRATEGY THROUGH WHICH TWCGME AND TWCCCH INTENTIONALLY ALIGN EDUCATION, EMPLOYMENT, AND COMMUNITY INVESTMENT TO STRENGTHEN REGIONAL ECONOMIC AND HEALTH SYSTEM RESILIENCE.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>TWCGME AND TWCCCH PARTICIPATED IN THE FEDERAL RESERVE BANK OF PHILADELPHIA'S ANCHOR ECONOMY INITIATIVE THROUGH THE "ANCHORS FOR EQUITY" RESEARCH IN ACTION LAB, A NATIONAL EFFORT EXAMINING HOW ANCHOR INSTITUTIONS, SUCH AS HEALTH SYSTEMS AND MEDICAL AND GRADUATE MEDICAL EDUCATION INSTITUTIONS, CAN SUSTAIN FAMILY-SUPPORTING JOBS, STRENGTHEN REGIONAL ECONOMIES, AND REDUCE BARRIERS TO OPPORTUNITY THROUGH PLACE-BASED COLLABORATION. IN NORTHEAST PENNSYLVANIA, TWCGME AND TWCCCH ENGAGED IN THIS WORK ALONGSIDE A LONGSTANDING COMMUNITY PARTNER, THE INSTITUTE, WHICH WAS SELECTED FOR THE LAB GIVEN THE REGION'S HIGH CONCENTRATION OF HEALTH CARE SYSTEMS AND HIGHER-EDUCATION INSTITUTIONS, AND THE OUTSIZED ROLE OF HEALTH CARE AND EDUCATION AS LEADING EMPLOYMENT SECTORS. IN ALIGNMENT WITH TWCGME'S SPONSORING INSTITUTION RESPONSIBILITIES AND GME-SNC MODEL, THIS ANCHOR-INSTITUTION ENGAGEMENT REINFORCED THE ORGANIZATION'S COMMITMENT TO WORKFORCE PIPELINE DEVELOPMENT, ECONOMIC MOBILITY, AND COMMUNITY STEWARDSHIP, WHILE MAINTAINING DISCIPLINED, COMMUNITY-LED GOVERNANCE, COMPLIANCE OVERSIGHT, AND FINANCIAL STEWARDSHIP TO ENSURE THAT OUTWARD-FACING PARTNERSHIPS STRENGTHEN, RATHER THAN DILUTE, THE STABILITY AND ACCOUNTABILITY OF GRADUATE MEDICAL EDUCATION.</p> <p>CONSISTENT WITH THIS ANCHOR-INSTITUTION APPROACH, TWCGME ALSO ADVANCED ITS COMMITMENT TO PARTICIPATORY CITIZENSHIP AS A CORE EDUCATIONAL PRINCIPLE FOR GRADUATE MEDICAL EDUCATION. DURING THE COVERED PERIOD, TWCGME SUPPORTED RESIDENT, FELLOW, FACULTY, AND STAFF ENGAGEMENT IN PROFESSIONAL SOCIETY ACTIVITIES, COMMUNITY SERVICE INITIATIVES, AND EXTERNAL ADVISORY AND COMMITTEE ROLES THAT REINFORCE PHYSICIANS' RESPONSIBILITIES AS PUBLIC SERVANTS WITHIN COMMUNITY-BASED HEALTH SYSTEMS. THESE ACTIVITIES INCLUDED COLLABORATION WITH PROFESSIONAL ORGANIZATIONS SUCH AS THE ACGME, AMERICAN ASSOCIATION OF TEACHING HEALTH CENTERS (AATHC), AMERICAN COLLEGE OF PHYSICIANS (ACP), AREA HEALTH EDUCATION CENTER (AHEC) AND ITS LOCAL NORTHEAST PENNSYLVANIA AHEC, NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC), PENNSYLVANIA ASSOCIATION OF COMMUNITY HEALTH CENTERS (PACHC), PENNSYLVANIA MEDICAL SOCIETY AND ITS LOCAL NORTHEAST COUNTIES MEDICAL SOCIETY, AND THE INSTITUTE.</p> <p>FOR EXAMPLE, TWCGME PARTICIPATED IN THE SECOND ANNUAL SPRING INTO A DAY OF GIVING POP-UP FOOD PANTRY IN MARCH 2025, IN PARTNERSHIP WITH THE EASTERN REGION OF THE PENNSYLVANIA CHAPTER OF THE ACP DAY OF GIVING, AND PROMOTED THE CONCEPT OF PARTICIPATORY CITIZENSHIP INTERNALLY TO EMPOWER TWCGME LEARNERS AND STAFF TO UNDERSTAND BETTER THEIR SHARED PUBLIC HEALTH SERVICE RESPONSIBILITIES AND THE IMPORTANT ROLE EACH PERSON PLAYS IN CONTRIBUTING TO THE ORGANIZATION'S MISSION DELIVERY. NOTABLY, TWO COMMUNITY SERVICE ACTIVITIES ARE REQUIRED ANNUALLY, RESULTING IN AT LEAST 1,200 HOURS OF DIRECT COMMUNITY SERVICE DELIVERED BY TWCGME AND TWCCCH EMPLOYEES DURING THIS REPORTING PERIOD.</p> <p>THROUGH THESE EXPERIENCES, TWCGME INTENTIONALLY REINFORCES THE UNDERSTANDING THAT GRADUATE MEDICAL EDUCATION IS NOT SOLELY A CLINICAL ENTERPRISE, BUT A PUBLIC TRUST THAT REQUIRES PHYSICIANS TO ENGAGE THOUGHTFULLY IN COMMUNITY STEWARDSHIP, HEALTH SYSTEM GOVERNANCE, AND THE BROADER PUBLIC HEALTH CONTEXT IN WHICH CARE IS DELIVERED.</p> <p>THIS EMPHASIS ON PARTICIPATORY CITIZENSHIP AND PUBLIC TRUST EXTENDS BEYOND PROFESSIONAL FORMATION INTO THE ORGANIZATION'S FINANCIAL AND GOVERNANCE RESPONSIBILITIES, SHAPING HOW TWCGME AND TWCCCH APPROACH STEWARDSHIP OF PUBLIC RESOURCES, SHARED RISK, AND ACCOUNTABILITY FOR POPULATION-LEVEL OUTCOMES.</p> <p>TWCGME AND TWCCCH CONTINUED TO EXERCISE THEIR FIDUCIARY AND GOVERNANCE RESPONSIBILITIES RELATED TO VALUE-BASED CARE PARTICIPATION AND REINVESTMENT, CONSISTENT WITH THEIR ROLE AS ACCOUNTABLE STEWARDS OF PUBLIC GRADUATE MEDICAL EDUCATION RESOURCES.</p> <p>THE ORGANIZATION HAS LONG APPROACHED VALUE-BASED CARE AND ACCOUNTABLE CARE PARTNERSHIPS AS VEHICLES FOR COMMUNITY REINVESTMENT AND SHARED ACCOUNTABILITY, RATHER THAN SOLELY AS FINANCIAL ARRANGEMENTS.</p> <p>FROM ITS EARLIEST PARTICIPATION IN ACCOUNTABLE CARE MODELS, THE WRIGHT CENTER ADVANCED A VISION OF THE ACCOUNTABLE CARE ORGANIZATION (ACO) AS A FORUM FOR COLLECTIVE ACCOUNTABILITY THAT STRENGTHENS COMMUNITY-BASED PRIMARY CARE WHILE ALIGNING INCENTIVES AROUND POPULATION HEALTH IMPROVEMENT AND LONG-TERM SYSTEM RESILIENCE. AS AN FQHC LOOK-ALIKE, TWCCCH IS ELIGIBLE TO PARTICIPATE IN ONLY ONE MEDICARE SHARED SAVINGS PROGRAM (MSSP) ACO AT A TIME.</p>

**SCHEDULE O
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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>FROM 2016 THROUGH DECEMBER 31, 2025, TWCCCH PARTICIPATED CLINICALLY IN THE KEYSTONE ACCOUNTABLE CARE ORGANIZATION (KACO), WITH PATIENT ATTRIBUTION DRIVEN BY TWCCCH'S PRIMARY CARE SERVICES. GOVERNANCE PARTICIPATION OCCURRED THROUGH TWCGME, WHICH HELD AN 11.1% OWNERSHIP INTEREST DURING THE COVERED PERIOD AND BORE A SHARED- SAVINGS OPPORTUNITY AND DOWNSIDE RISK UNDER MSSP ENHANCED TRACK ARRANGEMENTS. THIS STRUCTURE ENABLED TWCCCH TO FOCUS ON WHOLE-PERSON PRIMARY CARE DELIVERY WHILE TWCGME EXERCISED FIDUCIARY OVERSIGHT AND STEWARDSHIP RESPONSIBILITIES ASSOCIATED WITH VALUE-BASED PARTICIPATION.</p> <p>AS KACO EVOLVED, TWCCCH'S ATTRIBUTED PATIENT SHARE DECREASED, WHILE SHARED SAVINGS REMAINED STABLE, REFLECTING CONTINUED MISSION-ALIGNED PERFORMANCE. KACO SUBSEQUENTLY ANNOUNCED THAT IT WOULD BECOME NONOPERATIONAL EFFECTIVE DECEMBER 31, 2025, TO FACILITATE THE FORMATION OF A WHOLLY OWNED GEISINGER ACO. BEGINNING JANUARY 1, 2026, TWCCCH WAS INVITED TO PARTICIPATE IN THE NEW GEISINGER ACO AS A CLINICAL PARTNER WITHOUT AN OWNERSHIP INTEREST, SHARING IN SAVINGS PROPORTIONATE TO ATTRIBUTION WHILE BENEFITING FROM THE PRESERVED CARE COORDINATION INFRASTRUCTURE.</p> <p>CONCURRENTLY, THE ORGANIZATION BEGAN ADVANCING A COMPLEMENTARY VALUE-BASED STRATEGY BY PARTNERING WITH ALEDADE, A PHYSICIAN-LED ORGANIZATION THAT SUPPORTS PRIMARY CARE-ANCHORED, MULTI-PAYER ACO PARTICIPATION. THIS LIMITED INITIAL ENGAGEMENT DURING THE COVERED PERIOD REFLECTED AN INTENTIONAL INCUBATION PHASE TO EVALUATE MISSION ALIGNMENT AND LONG-TERM STRATEGIC FIT.</p> <p>RECOGNIZING THAT SUSTAINABLE PRIMARY CARE INCREASINGLY DEPENDS ON CARE DELIVERED BEYOND TRADITIONAL VISITS, THE ORGANIZATION EXPANDED NURSE-LED CARE MANAGEMENT, CARE COORDINATION, AND INTERDISCIPLINARY TEAM-BASED SUPPORTS ALIGNED WITH VALUE-BASED REIMBURSEMENT MODELS. THE ORGANIZATION ALSO ADVANCED POPULATION HEALTH ANALYTICS BY EXPANDING THE USE OF AZARA DRVS AND EXPLORING INTEGRATION WITH ALEDADE'S TECHNOLOGY PLATFORM TO SUPPORT DATA-INFORMED CARE DELIVERY AND ACCOUNTABILITY.</p> <p>HAVING RECOUPED TWCGME'S LONG-STANDING INVESTMENT IN KACO FOR THE FIRST TIME, TWCGME EVALUATED HOW BEST TO DIRECT THE SHARED SAVINGS RESPONSIBLY. CONSISTENT WITH ITS GOVERNANCE ROLE, TWCGME PASSED THE MAJORITY OF SHARED SAVINGS TO TWCCCH, WHICH REINVESTED THE FUNDS DIRECTLY INTO PATIENT CARE, ACCESS EXPANSION, AND MISSION-ALIGNED SERVICE DELIVERY, REINFORCING THE ENTERPRISE'S COMMITMENT TO DIRECTING VALUE-BASED RESOURCES TOWARD MEASURABLE COMMUNITY BENEFIT AND WORKFORCE SUSTAINABILITY.</p> <p>THIS SAME STEWARDSHIP LENS ALSO GUIDED EMPLOYEE BENEFIT SUSTAINABILITY AND MEDICATION AFFORDABILITY STRATEGIES DESCRIBED BELOW.</p> <p>WITH COSTS OF PROVIDING HEALTH INSURANCE FOR THE ORGANIZATION'S EMPLOYEES, INCLUDING TWCGME RESIDENTS AND FELLOWS, CONTINUING TO CLIMB BEYOND MULTIPLES OF AVERAGE INFLATION, AND WITH INCREASING CONCERN REGARDING THE ROLE PHARMACY BENEFIT MANAGERS (PBMS) PLAY IN DRIVING THE COSTS OF COMMERCIAL HEALTH INSURANCE PREMIUMS, DURING THE COVERED PERIOD, THE ORGANIZATION BEGAN RESPONSIBLY EXPLORING THE FEASIBILITY OF SELF-INSURING FOR EMPLOYEE HEALTH BENEFITS AND INTERNALIZING CERTAIN PHARMACY-RELATED SERVICES. THESE EXPLORATORY EFFORTS WERE INTENDED TO ASSESS WHETHER SUCH APPROACHES COULD ENHANCE TRANSPARENCY, AFFORDABILITY, AND ACCESS WHILE MAINTAINING FULL REGULATORY COMPLIANCE AND FISCAL PRUDENCE. THE ORGANIZATION ANTICIPATED THAT THESE STRATEGIES COULD SUPPORT TIMELY, AFFORDABLE ACCESS TO MEDICATIONS FOR PATIENTS, LEARNERS, AND STAFF WHILE STRENGTHENING STEWARDSHIP OF ENTERPRISE RESOURCES.</p> <p>THE EXISTING FULLY INSURED HIGHMARK HEALTH INSURANCE PLAN FOR TWCGME AND TWCCCH WAS PROJECTED TO INCREASE BY APPROXIMATELY 35% IN 2026, MAKING IT FINANCIALLY UNSUSTAINABLE FOR THE ORGANIZATION AND ITS EMPLOYEES OVER THE LONG TERM. PRIOR COST-SHARING AND PLAN DESIGN ELEMENTS ALSO CONTRIBUTED TO UNINTENDED OVERUTILIZATION AND INTRODUCED DISPROPORTIONATE ORGANIZATIONAL RISK.</p> <p>THROUGH INTENTIONAL DISCUSSIONS AMONG EXECUTIVE LEADERSHIP AND THE TWCGME AND TWCCCH COMMUNITY-LED GOVERNING BOARDS, THE ORGANIZATION EXPLORED COLLABORATIVE SELF-INSURED MODELS DESIGNED TO STRENGTHEN FINANCIAL STEWARDSHIP WHILE CONTINUING TO PROTECT EMPLOYEE AND FAMILY HEALTH. THIS EVALUATION EMPHASIZED THE VALUE OF FLEXIBILITY THROUGH BENEFIT DESIGNS THAT CAN BE TAILORED TO THE NEEDS OF THE LOCAL WORKFORCE, RATHER THAN A ONE-SIZE-FITS-ALL PACKAGE; ENHANCED COST MANAGEMENT BY PAYING ONLY FOR CARE ACTUALLY UTILIZED TO HELP CONTROL RISING HEALTH CARE COSTS AND SUSTAIN BENEFITS OVER TIME; AND INCREASED TRANSPARENCY THROUGH THE USE OF DE-IDENTIFIED, AGGREGATE DATA TO INFORM TARGETED WELLNESS INITIATIVES, INCLUDING DIABETES PREVENTION AND MANAGEMENT SUPPORTS, MENTAL AND BEHAVIORAL HEALTH RESOURCES, AND OTHER WORKFORCE WELL-BEING PROGRAMS.</p>

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FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	<p>THIS ANALYSIS CULMINATED IN BOARD APPROVAL TO TRANSITION TO A SELF-INSURED HEALTH PLAN EFFECTIVE JAN. 1, 2026, THROUGH PARTICIPATION IN THE PA MOUNTAINS HEALTHCARE ALLIANCE (PMHA). THIS TRANSITION REFLECTS A BALANCED, MISSION-ALIGNED APPROACH TO EMPLOYEE BENEFIT SUSTAINABILITY THAT RESPONSIBLY STEWARDS ORGANIZATIONAL RESOURCES WHILE SUPPORTING WORKFORCE HEALTH, WELL-BEING, AND LONG-TERM ORGANIZATIONAL RESILIENCE.</p> <p>IMPORTANTLY, THIS STRATEGIC SHIFT ALSO ALIGNS WITH THE ORGANIZATION'S LONGER-TERM GOAL OF EXPANDING ACCESS TO AFFORDABLE MEDICATIONS BY ESTABLISHING ON-SITE, REVENUE-NEUTRAL PHARMACIES AT TWCCCH'S LARGER COMMUNITY HEALTH CENTERS, STARTING IN MARCH 2026, WITH THE OFFICIAL OPENING OF A PHARMACY AT TWCCCH'S FQHC LOOK-ALIKE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER. PLANS ARE IN THE WORKS TO OPEN PHARMACIES AT OTHER HIGH-VOLUME TWCCCH FQHC LOOK-ALIKE LOCATIONS. THESE INTEGRATED PHARMACY SERVICES ARE DESIGNED TO IMPROVE MEDICATION ACCESS AND ADHERENCE, REDUCE OUT-OF-POCKET COSTS FOR PATIENTS AND EMPLOYEES, AND SUPPORT CHRONIC DISEASE MANAGEMENT THROUGH COORDINATED, WHOLE-PERSON CARE DELIVERY, WITH ROBUST AND COMPLIANT 340B COST AND EXPENSE REPORTING TO ENSURE TRANSPARENCY AND RESPONSIBLE STEWARDSHIP OF RESOURCES.</p> <p>IN PARALLEL, THESE PHARMACY HUBS WILL SERVE AS ADDITIONAL INTERDISCIPLINARY TRAINING ENVIRONMENTS FOR TWCGME RESIDENTS, FELLOWS, AND INTERPROFESSIONAL LEARNERS, EXPANDING EXPERIENTIAL EDUCATION IN MEDICATION MANAGEMENT, POPULATION HEALTH, CHRONIC DISEASE CARE, AND TEAM-BASED PRIMARY CARE WITHIN COMMUNITY-BASED SETTINGS. TO FURTHER SUPPORT THIS WORKFORCE DEVELOPMENT OBJECTIVE, THE ORGANIZATION HAS STRENGTHENED ITS ACADEMIC COLLABORATION WITH WILKES UNIVERSITY, WITH PLANS TO INTEGRATE PHARMACY LEARNERS AND FACULTY INTO REGIONAL PHARMACY HUBS INTENTIONALLY, CREATING STRUCTURED OPPORTUNITIES FOR COLLABORATIVE LEARNING ALONGSIDE TWCGME TRAINEES AND REINFORCING INTEGRATED, PATIENT-CENTERED MEDICATION MANAGEMENT WITHIN THE TEACHING COMMUNITY HEALTH CENTER GME-SNC MODEL.</p> <p>TO FURTHER STRENGTHEN INTERNAL FINANCIAL CONTROLS AND FINANCIAL OVERSIGHT, THE ORGANIZATION ADVANCED ITS CONTROLLER TO THE ROLE OF CHIEF FINANCIAL OFFICER (CFO), REINFORCING DISCIPLINED FINANCIAL STEWARDSHIP AND ENTERPRISE-WIDE ACCOUNTABILITY, AND ITS CLINICAL LEADERSHIP CONTINUITY AND WORKFORCE PIPELINE MATURATION THROUGH THE APPOINTMENT OF ERIN MCFADDEN, M.D., FACP, AS TWCCCH'S CHIEF MEDICAL OFFICER. DR. MCFADDEN COMPLETED HER INTERNAL MEDICINE RESIDENCY TRAINING AT TWCGME AND HAS REMAINED DEEPLY ROOTED IN THE COMMUNITIES SERVED BY TWCCCH. HER APPOINTMENT REFLECTS THE ORGANIZATION'S INTENTIONAL GME-SNC STRATEGY TO TRAIN PHYSICIANS IN COMMUNITY-BASED PRIMARY CARE AND RETAIN THEM AS CLINICAL LEADERS COMMITTED TO WHOLE-PERSON, MISSION-DRIVEN CARE.</p> <p>ADDITIONALLY, TWCGME HIRED A VICE PRESIDENT OF ACADEMIC AFFAIRS/ASSOCIATE DESIGNATED INSTITUTIONAL OFFICIAL IN DECEMBER 2023 TO SUPPORT CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN) DEVELOPMENT AND TO ALIGN GRADUATE MEDICAL EDUCATION (GME), UNDERGRADUATE MEDICAL EDUCATION (UME), INTERPROFESSIONAL MEDICAL EDUCATION (IME), AND CONTINUING MEDICAL EDUCATION (CME) STRATEGIES. DURING THE COVERED PERIOD, TWCGME ALSO ADVANCED THE PROFESSIONALIZATION AND ECONOMIC MOBILITY OF ITS GRADUATE MEDICAL EDUCATION ADMINISTRATIVE WORKFORCE THROUGH A DELIBERATE RESTRUCTURING OF GME COORDINATOR ROLES, EXPANDING RESPONSIBILITIES, STRENGTHENING ADVANCED SKILL SETS, AND ALIGNING CAREER PATHWAYS WITH THE INCREASING COMPLEXITY AND ACCOUNTABILITY DEMANDS OF A MATURE SPONSORING INSTITUTION.</p> <p>DURING THE COVERED PERIOD, TWCGME CONTINUED TO DEEPEN RESIDENT AND FELLOW PARTICIPATION IN SPONSORING INSTITUTION GOVERNANCE, INCLUDING THE GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC), TO REINFORCE SHARED STEWARDSHIP, TRANSPARENCY, AND ACCOUNTABILITY.</p> <p>ENABLED BY SUSTAINED SPONSORING INSTITUTION ACCREDITATION, TWCGME ADVANCED NEW AND EXPANDED PROGRAM SERVICES DURING THE COVERED PERIOD, INCLUDING ITS ACGME-APPROVED INTERNAL MEDICINE/GERIATRICS ADVANCING INNOVATION IN RESIDENCY EDUCATION (AIRE) INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY (COMBINED MED-GERI PATHWAY). THIS FOUR-YEAR, COMPETENCY-BASED INTEGRATED TRAINING MODEL IS DESIGNED TO STRENGTHEN THE GERIATRIC PHYSICIAN WORKFORCE CAPACITY THROUGH CONTINUOUS, LONGITUDINAL EXPOSURE TO OLDER ADULTS AND COMPLEX GERIATRIC CARE SYSTEMS ACROSS COMMUNITY-BASED SETTINGS. THE PATHWAY GENERATED STRONG NATIONAL INTEREST, WITH MORE THAN 300 APPLICANTS FOR THE FIRST CLASS, REFLECTING BOTH THE GROWING DEMAND FOR INNOVATIVE GERIATRICS TRAINING MODELS AND THE URGENT NEED TO PREPARE PHYSICIANS TO MEET THE COMPREHENSIVE, WHOLE-PERSON HEALTH NEEDS OF AGING POPULATIONS.</p>

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FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	<p>THE LAUNCH OF THE COMBINED MED-GERI PATHWAY WAS PART OF A BROADER, ENTERPRISE-ALIGNED COMMITMENT TO AGE-FRIENDLY CARE DELIVERY AND GERIATRIC-COMPETENT WORKFORCE DEVELOPMENT, WHICH DIRECTLY SHAPES TWCGME'S GRADUATE MEDICAL EDUCATION CURRICULA AND CLINICAL LEARNING ENVIRONMENTS. THROUGH ITS AFFILIATED ENTITY, TWCCCH, TWCGME LEARNERS TRAIN WITHIN AN INSTITUTE FOR HEALTHCARE IMPROVEMENT (IHI)-RECOGNIZED "AGE-FRIENDLY HEALTH SYSTEM" AND PARTICIPATE IN REGIONAL COLLECTIVE-IMPACT EFFORTS TO BUILD "AGE-FRIENDLY COMMUNITIES."</p> <p>DEMOGRAPHIC TRENDS UNDERSCORE THE URGENCY OF THIS WORK: BASED ON 2023 DATA, THE MOST RECENT AVAILABLE, PENNSYLVANIA RANKS NINTH NATIONALLY IN THE SHARE OF RESIDENTS AGED 65 AND OLDER. IN RESPONSE, TWCGME'S EDUCATIONAL STRATEGY IS INTENTIONALLY DESIGNED TO PREPARE PHYSICIANS. IT EMBEDS THEM WITHIN INTERPROFESSIONAL CARE TEAMS THAT INCLUDE NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, LICENSED SOCIAL WORKERS, COUNSELORS, AND ALLIED HEALTH PROFESSIONALS, TO DELIVER COORDINATED, WHOLE-PERSON CARE ALIGNED WITH THE PRIORITIES AND LIVED REALITIES OF OLDER ADULTS.</p> <p>THIS AGE-FRIENDLY TRAINING ENVIRONMENT IS FURTHER ENRICHED BY THE ORGANIZATION'S EARLY NATIONAL ADOPTION OF THE UCLA JOHN A. HARTFORD FOUNDATION-FUNDED, AWARD-WINNING ALZHEIMER'S AND DEMENTIA CARE (ADC) PROGRAM MODEL, MAKING IT ONE OF THE FIRST HEALTH SYSTEMS IN THE COUNTRY TO IMPLEMENT THIS EVIDENCE-BASED APPROACH. TWCGME RESIDENTS AND FELLOWS GAIN DIRECT CLINICAL EXPOSURE TO DEMENTIA-INFORMED, CAREGIVER-ENGAGED MODELS OF CARE WHILE TRAINING IN PRIMARY CARE SETTINGS THAT HAVE FULLY OPERATIONALIZED THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S "4MS" AGE-FRIENDLY FRAMEWORK - WHAT MATTERS, MEDICATION, MENTATION, AND MOBILITY - ACROSS SERVICES FOR OLDER ADULTS.</p> <p>THESE PRINCIPLES WERE OPERATIONALIZED DURING THE COVERED PERIOD THROUGH CROSS-SECTOR EDUCATIONAL AND COMMUNITY PARTNERSHIPS CONVENED AT THE ORGANIZATION'S INAUGURAL SYMPOSIUM ON AGING, HELD IN JANUARY 2025 AT TWCCCH'S FQHC LOOK-ALIKE SCRANTON TEACHING COMMUNITY HEALTH CENTER. THE SYMPOSIUM BROUGHT TOGETHER REGIONAL AGING, SOCIAL SERVICE, ACADEMIC, AND PHILANTHROPIC STAKEHOLDERS TO ADDRESS DEMENTIA-FRIENDLY COMMUNITIES, SOCIAL ISOLATION, ELDER FINANCIAL EXPLOITATION, AND COORDINATED COMMUNITY RESPONSES TO AGING. TWCGME LEARNERS AND FACULTY PARTICIPATED IN THIS CONVENING AS PART OF THEIR POPULATION HEALTH, SYSTEMS-BASED PRACTICE, AND COMMUNITY-ENGAGED LEARNING EXPERIENCES. BUILDING ON ITS SUCCESS, THE SYMPOSIUM ON AGING IS PLANNED AS AN ANNUAL FORUM TO SUSTAIN INTERDISCIPLINARY LEARNING AND COMMUNITY ALIGNMENT.</p> <p>EXTENDING THIS AGE-FRIENDLY, GERIATRICS-RESPONSIVE FOCUS INTO POLICY AND SYSTEMS-LEVEL LEADERSHIP, THE APRIL 2025 APPOINTMENT OF TWCCCH/TWCGME'S SENIOR VICE PRESIDENT AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER TO PENNSYLVANIA'S INAUGURAL ALZHEIMER'S, DEMENTIA, AND RELATED DISORDERS ADVISORY COMMITTEE FURTHER ENSURED THAT THE PERSPECTIVES OF COMMUNITY-BASED GRADUATE MEDICAL EDUCATION, FRONTLINE CLINICIANS, AND LEARNERS INFORM STATEWIDE PLANNING AND WORKFORCE STRATEGIES. COLLECTIVELY, THESE INITIATIVES STRENGTHEN THE GERIATRIC-SENSITIVE PREPARATION OF TWCGME'S CURRENT AND FUTURE PHYSICIAN WORKFORCE WHILE ADVANCING ACCOUNTABLE, COMMUNITY-ANCHORED RESPONSES TO THE NEEDS OF AN AGING POPULATION.</p> <p>IN PARALLEL WITH THESE ACGME-ACCREDITED PHYSICIAN TRAINING EXPANSIONS, TWCGME ALSO ADVANCED ADDITIONAL, DISTINCT PROGRAM SERVICES DURING THE COVERED PERIOD IN DENTAL EDUCATION AND ADVANCED PRACTICE NURSING, FURTHER BROADENING ITS COMMUNITY-BASED WORKFORCE DEVELOPMENT IMPACT.</p> <p>TWCGME MARKED A SIGNIFICANT NATIONAL POLICY MILESTONE AFTER MORE THAN A DECADE OF ADVOCACY, ENABLING FQHCS TO SERVE AS SPONSORING INSTITUTIONS FOR ADVANCED EDUCATION IN GENERAL DENTISTRY (AEGD) RESIDENCY PROGRAMS. IN 2025, THE COMMISSION ON DENTAL ACCREDITATION (CODA) REVISED STANDARD 1-1 TO PERMIT ORGANIZATIONS THAT RECEIVE REGULAR ON-SITE INSPECTIONS THROUGH THE HRSA OPERATIONAL SITE VISIT (OSV) PROCESS TO SPONSOR AEGD PROGRAMS. THIS CHANGE EXPANDED THE CAPACITY OF COMMUNITY-BASED SAFETY-NET PROVIDERS TO DIRECTLY DEVELOP THE ORAL HEALTH WORKFORCE NEEDED TO MEET NATIONAL PRIMARY CARE AND ACCESS NEEDS.</p> <p>CONCURRENTLY, TWCGME CONTINUED TO SUPPORT ITS AFFILIATED ENTITY, TWCCCH, IN OPERATING A FLOURISHING AEGD RESIDENCY PROGRAM THROUGH A CODA-ACCREDITED CONSORTIUM PARTNERSHIP WITH NYU LANGONE HEALTH. THIS DENTAL EDUCATION MODEL HIGHLIGHTS A KEY DISTINCTION BETWEEN CODA AND ACGME ACCREDITATION FRAMEWORKS: CODA PERMITS CONSORTIUM-BASED TRAINING STRUCTURES AT THE PROGRAM LEVEL, WHEREAS ACGME STANDARDS DO NOT, AS DEMONSTRATED BY THE PRIOR EXPERIENCE OF TWCGME'S NATIONAL FAMILY MEDICINE RESIDENCY PROGRAM.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>IN PARALLEL, TWCGME CONTINUED TO DEVELOP AFFILIATED, COMMUNITY-EMBEDDED RESIDENCY PROGRAMS IN PARTNERSHIP WITH MISSION-ALIGNED ORGANIZATIONS TO EXPAND PHYSICIAN TRAINING CAPACITY IN UNDERSERVED COMMUNITIES. THIS INCLUDED CONTINUED PROGRESS TOWARD ESTABLISHING ADDITIONAL FAMILY MEDICINE RESIDENCY TRAINING CAPACITY IN WESTERN PENNSYLVANIA THROUGH A PARTNERSHIP MODEL UNDER ACGME REVIEW, WITH AMBULATORY TRAINING BASED AT MERCER PRIMARY CARE AND INPATIENT TRAINING SUPPORTED BY ALLEGHENY HEALTH NETWORK GROVE CITY HOSPITAL, WITH TWCGME SERVING AS THE ACGME-ACCREDITED SPONSORING INSTITUTION.</p> <p>TWCGME'S SPONSORING INSTITUTION ALSO ADVANCED EDUCATION AND ACCESS-FOCUSED INITIATIVES SUPPORTED THROUGH THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), INCLUDING SUCCESSFUL RECEIPT OF A PRIMARY CARE TRAINING ENHANCEMENT (PCTE) GRANT TO STRENGTHEN LANGUAGE ACCESS AND DISABILITY ACCESS EDUCATION AND RELATED CURRICULAR AND CLINICAL PRACTICE IMPROVEMENTS FOR PATIENTS WITH LIMITED ENGLISH PROFICIENCY (LEP) AND INDIVIDUALS WITH PHYSICAL, INTELLECTUAL, AND/OR DEVELOPMENTAL DISABILITIES (PIDD).</p> <p>THIS ACCESS FOCUS WAS FURTHER REINFORCED THROUGH EXPANDED COMMUNITY PARTNERSHIPS AND INTEGRATED SERVICE DELIVERY, INCLUDING TWCGME'S AFFILIATED ENTITY, TWCC, CO-LOCATING A NEW FEDERALLY QUALIFIED HEALTH CENTER (FQHC) LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER WITHIN THE FRIENDSHIP HOUSE WHOLE PERSON CARE CENTER'S NEW FACILITY ON WYOMING AVENUE IN DOWNTOWN SCRANTON, PENNSYLVANIA, WHICH OPENED IN NOVEMBER 2024. IN ADDITION TO EXPANDING MUCH-NEEDED ACCESS TO COORDINATED, WHOLE-PERSON PRIMARY CARE AND MENTAL AND BEHAVIORAL HEALTH SERVICES, THIS MISSION-ALIGNED, COLLABORATIVE SITE SERVES AS AN ADDITIONAL COMMUNITY-EMBEDDED AMBULATORY CLINICAL LEARNING ENVIRONMENT FOR TWCGME RESIDENTS, FELLOWS, AND INTERPROFESSIONAL LEARNERS, STRENGTHENING EXPERIENTIAL TRAINING IN INTEGRATED, WHOLE-PERSON, PATIENT-CENTERED, TRAUMA-RESPONSIVE PRIMARY CARE AND MENTAL AND BEHAVIORAL HEALTH SERVICES FOR PATIENTS WITH COMPLEX, SERIOUS MENTAL HEALTH AND/OR SUBSTANCE USE DISORDER NEEDS.</p> <p>THIS SAME ACCESS-AND-TRAINING FOCUS WAS OPERATIONALIZED THROUGH TWCGME'S LONG-STANDING, MISSION-ALIGNED PARTNERSHIP WITH ALLIED SERVICES INTEGRATED HEALTH SYSTEM, WHICH SERVES AS A KEY CLINICAL LEARNING ENVIRONMENT FOR TWCGME'S ACGME-ACCREDITED PM&R RESIDENCY PROGRAM, INCLUDING PLANNED PROGRAM GROWTH AND EXPANDED TRAINING EXPERIENCES ACROSS THE REHABILITATION CONTINUUM. TWCGME ALSO ADVANCED INNOVATIVE CLINICAL TRAINING AND FELLOWSHIP DEVELOPMENT INITIATIVES TO EXPAND PHYSICIAN EXPERTISE IN HIGH-NEED SPECIALTY AREAS ALIGNED WITH COMMUNITY-IDENTIFIED GAPS, INCLUDING A POTENTIAL NEW CLINICAL ROTATION IN PROSTHETICS TO INCREASE RESIDENT AND FELLOW EXPOSURE TO COMPREHENSIVE REHABILITATION, MOBILITY, AND FUNCTION-FOCUSED CARE.</p> <p>IN PARALLEL, AND INFORMED BY COMMUNITY-IDENTIFIED GAPS IN WHOLE-PERSON PRIMARY CARE FOR INDIVIDUALS LIVING WITH PHYSICAL, INTELLECTUAL, AND/OR DEVELOPMENTAL DISABILITIES, THE ORGANIZATION BEGAN EXPLORATORY FEASIBILITY DISCUSSIONS DURING THE COVERED PERIOD REGARDING THE POTENTIAL FUTURE CO-LOCATION OF TWCC'S FQHC LOOK-ALIKE PRIMARY CARE SERVICES WITHIN AN ALLIED SERVICES SETTING IN SCRANTON, PENNSYLVANIA, CONTINGENT UPON FEASIBILITY, SUSTAINABILITY, AND REGULATORY APPROVAL.</p> <p>TAKEN TOGETHER, THESE INITIATIVES ARE INTENTIONALLY ORGANIZED WITHIN TWCGME'S EVOLVING MULTI-INSTITUTIONAL CLINICAL AND EDUCATIONAL INTEGRATED NETWORK (CEIN), WHICH SERVES AS THE ENTERPRISE FRAMEWORK FOR ALIGNING GRADUATE MEDICAL EDUCATION, COMMUNITY-BASED PRIMARY CARE, AND AFFILIATED HOSPITAL AND SPECIALTY TRAINING ENVIRONMENTS UNDER DISCIPLINED GOVERNANCE AND STEWARDSHIP. DURING THE COVERED PERIOD, THE IMPORTANCE OF THIS FRAMEWORK INTENSIFIED AMID REGIONAL HEALTH SYSTEM TRANSITION AND OWNERSHIP UNCERTAINTY, REINFORCING THE NEED FOR STABLE, ACCREDITATION-ALIGNED CLINICAL LEARNING ENVIRONMENTS THAT PROTECT PATIENT ACCESS, EDUCATIONAL CONTINUITY, AND PUBLIC INVESTMENT. WITHIN THE CEIN, TWCGME INTEGRATES SPECIALTY-ENRICHED SERVICES, WORKFORCE PLANNING, AND EDUCATIONAL CAPACITY ASSESSMENT TO ENSURE THAT EXPANSION OF TRAINING PATHWAYS REMAINS SUSTAINABLE, COMMUNITY-RESPONSIVE, AND CONSISTENT WITH SPONSORING INSTITUTION RESPONSIBILITIES.</p> <p>IN ADDITION, TWCGME ADVANCED PLANNING EFFORTS FOR A FUTURE SPORTS MEDICINE FELLOWSHIP AND A PAIN MANAGEMENT FELLOWSHIP, ENVISIONED AS MULTIDISCIPLINARY TRAINING PROGRAMS THAT INTEGRATE PRIMARY CARE, REHABILITATION, BEHAVIORAL HEALTH, AND SPECIALTY SERVICES TO STRENGTHEN COMMUNITY-BASED APPROACHES TO INJURY PREVENTION, FUNCTIONAL RESTORATION, AND COMPLEX PAIN MANAGEMENT. THESE INITIATIVES REFLECT TWCGME'S INTENTIONAL STRATEGY TO EXPAND SPECIALTY TRAINING PATHWAYS THAT REMAIN ANCHORED IN WHOLE-PERSON, COMMUNITY-GOVERNED CARE DELIVERY AND INTERPROFESSIONAL COLLABORATION.</p>

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<p>FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED</p>	<p>THIS FEASIBILITY WORK WAS CONCORDANT WITH COMPLEMENTARY TWCGME EDUCATION AND WORKFORCE DEVELOPMENT INITIATIVES UNDERTAKEN DURING THE COVERED PERIOD, INCLUDING GRANT-SUPPORTED CURRICULUM DEVELOPMENT TO STRENGTHEN THE PREPARATION OF CLINICIANS AND INTERPROFESSIONAL LEARNERS TO MEET THE COMPREHENSIVE, LIFELONG HEALTH NEEDS OF INDIVIDUALS WITH PHYSICAL AND INTELLECTUAL DISABILITIES.</p> <p>BY OPERATIONALIZING THESE SPECIALTY TRAINING INVESTMENTS WITHIN COMMUNITY-BASED CARE DELIVERY, THESE INTEGRATED LEARNING MODELS ARE INTENTIONALLY DESIGNED TO STRENGTHEN TWCGME'S GRADUATE MEDICAL EDUCATION MISSION BY ANCHORING SPECIALTY-ENRICHED TRAINING IN COMMUNITY-BASED PRIMARY CARE ENVIRONMENTS. BY EMBEDDING SPECIALTY FACULTY AND FELLOWS ALONGSIDE PRIMARY CARE TEAMS, TWCGME ENSURES THAT RESIDENTS AND FELLOWS, PARTICULARLY THOSE IN ITS PM&R RESIDENCY PROGRAM AND OTHER SPECIALTIES, ARE TRAINED IN SUSTAINED, RELATIONSHIP-CENTERED COLLABORATION WITH PRIMARY CARE, REINFORCING SYSTEMS-BASED PRACTICE, CONTINUITY OF CARE, AND TEAM-BASED LEARNING.</p> <p>THROUGH ADVANCED APPROVAL BY THE PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES, TWCGME AND TWCGME JOINTLY OPERATIONALIZED SPECIALTY-ENRICHED PRIMARY CARE CLINICS WITHIN TWCGME'S FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS, EXPANDING ACCESS TO PODIATRY, GASTROENTEROLOGY, AND CARDIOVASCULAR DISEASE SERVICES WHILE SIMULTANEOUSLY ENHANCING THE EDUCATIONAL EXPERIENCE OF TWCGME PRIMARY CARE RESIDENTS AND SPECIALTY FELLOWS. THESE CLINICS FUNCTION AS LONGITUDINAL AMBULATORY LEARNING ENVIRONMENTS WHERE TRAINEES ADDRESS UNMET POPULATION HEALTH NEEDS, INCLUDING COMPLEX, DIFFICULT-TO-CONTROL CHRONIC CONDITIONS, THROUGH REAL-TIME COLLABORATION WITH INTERPROFESSIONAL CARE TEAMS.</p> <p>FOR TWCGME, THIS MODEL DIRECTLY ADVANCES ACCREDITATION-ALIGNED EDUCATIONAL OUTCOMES BY INTEGRATING SPECIALTY AND PRIMARY CARE TRAINING WITHIN PATIENT-CENTERED MEDICAL HOMES, STRENGTHENING COMMUNICATION, CLOSING REFERRAL LOOPS, AND REINFORCING SHARED ACCOUNTABILITY FOR PATIENT OUTCOMES. SPECIALTY PHYSICIANS ARE TRAINED NOT IN ISOLATION, BUT AS INTEGRAL PARTNERS WITHIN COMMUNITY-EMBEDDED CARE SYSTEMS, PREPARING GRADUATES TO PRACTICE EFFECTIVELY WITHIN INTEGRATED, VALUE-BASED, AND POPULATION-FOCUSED MODELS OF CARE.</p> <p>AS THESE SPECIALTY-ENRICHED CLINICAL LEARNING ENVIRONMENTS EXPANDED, TWCGME EMPLOYED DATA-INFORMED PLANNING TO ENSURE THAT TRAINING CAPACITY, WORKFORCE DEVELOPMENT, AND SERVICE GROWTH REMAINED ALIGNED WITH VERIFIED REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT AND PATIENT POPULATION PRIORITIES. ONGOING EXPLORATION OF ADDITIONAL SPECIALTY-ENRICHED TRAINING OPPORTUNITIES, INCLUDING NEUROLOGY, OB/GYN, HEMATOLOGY/ONCOLOGY, DERMATOLOGY, ENDOCRINOLOGY, AND EXPANDED PODIATRY SERVICES, REFLECTS TWCGME'S ONGOING COMMITMENT TO PREPARING PHYSICIANS FOR INTERDISCIPLINARY, WHOLE-PERSON CARE DELIVERY WITHIN COMMUNITY-GOVERNED SYSTEMS.</p> <p>TO OPERATIONALIZE THESE SPECIALTY-ENRICHED TRAINING MODELS AT SCALE, TWCGME'S CLINICAL TRAINING CAPACITY WAS FURTHER STRENGTHENED DURING THE COVERED PERIOD THROUGH THE MISSION-DRIVEN EXPANSION OF TWCGME'S NETWORK OF FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTERS ACROSS NORTHEAST PENNSYLVANIA.</p> <p>THESE COMMUNITY-ANCHORED PRIMARY CARE SITES SERVE AS THE PRIMARY LONGITUDINAL AMBULATORY LEARNING ENVIRONMENTS FOR TWCGME'S RESIDENTS, FELLOWS, AND INTERPROFESSIONAL LEARNERS, PROVIDING ADDITIONAL TRAINING GROUNDS ACROSS RURAL, URBAN, AND MEDICALLY UNDERSERVED COMMUNITIES. NEW AND EXPANDED TEACHING COMMUNITY HEALTH CENTERS IN TUNKHANNOCK IN WYOMING COUNTY, NORTH SCRANTON AND JERMYN, BOTH IN LACKAWANNA COUNTY, AND WILKES-BARRE IN LUZERNE COUNTY, INCREASED ACCESS TO WHOLE-PERSON PRIMARY AND PREVENTIVE SERVICES WHILE SIMULTANEOUSLY EXPANDING EXPERIENTIAL TRAINING OPPORTUNITIES IN INTEGRATED PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH, SUBSTANCE USE DISORDER TREATMENT, GERIATRICS, SPECIALTY-ENRICHED CARE, AND POPULATION HEALTH-FOCUSED SERVICE DELIVERY.</p> <p>TO SUSTAIN AND RESPONSIBLY SCALE THESE INTEGRATED CLINICAL AND EDUCATIONAL PLATFORMS, TWCGME PURSUED DISCIPLINED, MISSION-ALIGNED CAPITAL STRATEGIES AND PUBLIC-SECTOR INVESTMENT SUPPORT DURING THE COVERED PERIOD.</p>

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FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	<p>TWCCH WAS AWARDED A SECOND REDEVELOPMENT ASSISTANCE CAPITAL PROGRAM (RACP) GRANT FROM THE OFFICE OF THE GOVERNOR OF PENNSYLVANIA DURING THIS COVERED PERIOD FOR ITS IMPORTANT GME-SNC EXPANSION PROJECT AT ITS FQHC LOOK-ALIKE WILKES-BARRE TEACHING COMMUNITY HEALTH CENTER. TWCCH ALSO PRESENTED THIS NEW MARKETS TAX CREDIT (NMTC) PROJECT FOR A BUILDING ADDITION TO MULTIPLE COMMUNITY DEVELOPMENT ENTITIES (CDES). SINCE THEN, SEVERAL HAVE GAUGED INTEREST, INCLUDING, IN SEPTEMBER 2025, A LETTER OF INTENT (LOI) FROM THE REINVESTMENT FUND TO ASSIST WITH THE COMPLETION OF THE RENOVATION PROJECT. AFTER TWCCH'S BOARD OF DIRECTORS APPROVED THAT LOI, THE NMTC CLOSING TOOK PLACE ON DECEMBER 10, 2025, AND FUNDING TO COMPLETE THE CONSTRUCTION PROJECT WAS PLACED IN A RESERVE ACCOUNT. THE PROJECT IS SCHEDULED FOR COMPLETION BY APRIL 2026.</p> <p>NOTABLY, TWCCH INVESTED APPROXIMATELY \$600,000 TO \$700,000 IN PREVAILING WAGES FOR CONSTRUCTION WORK AT ITS WILKES-BARRE LOCATION, DELIBERATELY DIRECTING RESOURCES TOWARD THE REGIONAL UNION WORKFORCE RATHER THAN RETAINING THEM INTERNALLY, CONSISTENT WITH THE ORGANIZATION'S BROADER PHILOSOPHY OF STEWARDING GROWTH THAT PRIORITIZES COMMUNITY PROSPERITY ALONGSIDE ORGANIZATIONAL SUSTAINABILITY.</p> <p>ADDITIONALLY, IN SEPTEMBER 2025, TWCCH SUBMITTED A SECOND RACP GRANT APPLICATION FOR ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN JERMYN, PENNSYLVANIA, AND ALSO A RACP APPLICATION FOR THE PLANNED EXPANSION PROJECT AT ITS FQHC LOOK-ALIKE TEACHING COMMUNITY HEALTH CENTER IN NORTH SCRANTON, PENNSYLVANIA.</p> <p>THESE CAPITAL INVESTMENTS OCCURRED AMID RISING REGIONAL INSTABILITY IN HOSPITAL-BASED TRAINING INFRASTRUCTURE, UNDERSCORING THE IMPORTANCE OF ROBUST, COMMUNITY-LED AMBULATORY LEARNING ENVIRONMENTS.</p> <p>BEGINNING IN FISCAL YEAR 2023-2024, THE CLINICAL LEARNING ENVIRONMENTS FOR GRADUATE MEDICAL EDUCATION IN NORTHEASTERN PENNSYLVANIA BECAME INCREASINGLY UNSTABLE AFTER A MAJOR REGIONAL HOSPITAL PARTNER, COMMONWEALTH HEALTH SYSTEMS, ANNOUNCED THAT ITS REMAINING HOSPITAL SITES WERE BEING MARKETED FOR SALE. OF PARTICULAR RELEVANCE TO TWCCH'S CLINICAL TRAINING INFRASTRUCTURE WERE REGIONAL HOSPITAL OF SCRANTON, MOSES TAYLOR HOSPITAL, AND WILKES-BARRE GENERAL HOSPITAL, ALL OF WHICH SUPPORT ESSENTIAL INPATIENT SERVICES, SPECIALTY ROTATIONS, AND ACCREDITATION-REQUIRED LEARNING EXPERIENCES FOR RESIDENT AND FELLOW PHYSICIANS.</p> <p>THE PROPOSED SALE OF THESE FACILITIES DID NOT CLOSE AND WAS FORMALLY ABANDONED IN NOVEMBER 2024, RESULTING IN PROLONGED REGULATORY AND OPERATIONAL UNCERTAINTY THROUGHOUT THE COVERED PERIOD. THIS UNCERTAINTY MATERIALLY AFFECTED WORKFORCE MORALE, CLINICAL TRAINING STABILITY, AND LONG-TERM EDUCATIONAL PLANNING FOR SAFETY-NET PROVIDERS AND GRADUATE MEDICAL EDUCATION PARTNERS ACROSS THE REGION, INCREASING THE RISK TO CONTINUITY OF CARE AND TO ACCREDITATION-DEPENDENT TRAINING ENVIRONMENTS.</p> <p>DURING THIS PERIOD OF INSTABILITY, TWCCH ASSUMED A STABILIZING ROLE CONSISTENT WITH ITS RESPONSIBILITY AS THE ANCHOR OF THE GME-SNC, MOBILIZING \$500,000 IN ORGANIZATIONAL RESERVES WITH GOVERNING BOARD APPROVAL AS PART OF A MULTI-PARTNER COMMUNITY EFFORT TO HELP PRESERVE ACCESS TO CRITICAL HOSPITAL-BASED SERVICES DURING MOMENTS WHEN CLOSURE RISKS APPEARED IMMINENT. THESE ACTIONS, UNDERTAKEN IN COLLABORATION WITH PHILANTHROPIC, CIVIC, LABOR, AND NONPROFIT PARTNERS, REFLECTED DISCIPLINED, VALUES-BASED STEWARDSHIP RATHER THAN ANY EXPANSION OF HOSPITAL OWNERSHIP, MANAGEMENT, OR OPERATIONAL CONTROL. SUBSEQUENTLY, THE \$500,000 WAS REPLETED THROUGH SHARED SAVINGS GENERATED BY THE ORGANIZATION'S ACCOUNTABLE CARE ORGANIZATION (ACO) PARTICIPATION AND RESTORED TO ITS LONG-TERM INVESTMENT ACCOUNT WITH MORGAN STANLEY, MAINTAINING FISCAL DISCIPLINE AND BALANCE SHEET INTEGRITY.</p> <p>ORGANIZATIONAL LEADERSHIP ENGAGEMENT DURING THIS PERIOD ALSO SUPPORTED TWCCH'S EDUCATIONAL MISSION BY PRESERVING THE CLINICAL LEARNING ENVIRONMENTS NECESSARY FOR RESIDENT AND FELLOW TRAINING, MITIGATING DISRUPTIONS TO REQUIRED INPATIENT AND SPECIALTY ROTATIONS, AND SUSTAINING WORKFORCE CONTINUITY AMID HEIGHTENED UNCERTAINTY. THESE COLLECTIVE EFFORTS CONTRIBUTED TO THE EMERGENCE OF COMMUNITY HEALTH HUB LLC, A SCRANTON-BASED 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO ADVANCING A MORE TRANSPARENT, RESILIENT, AND COMMUNITY-GOVERNED REGIONAL HEALTH SYSTEM, WITH PARTICIPATION BY BOTH TWCCH AND TWCCH.</p> <p>ALTHOUGH THE DEFINITIVE PURCHASE OF COMMONWEALTH HEALTH'S SCRANTON AND WILKES-BARRE HOSPITALS BY TENOR HEALTH FOUNDATION CLOSED ON FEB. 1, 2026, THE PROLONGED SALE PROCESS AND ASSOCIATED UNCERTAINTY MATERIALLY INFLUENCED THE OPERATING ENVIRONMENT DURING THE COVERED PERIOD, COMPLICATING ACCREDITATION PLANNING, WORKFORCE STABILITY, AND EDUCATIONAL CONTINUITY FOR TWCCH.</p>

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FORM 990, PART III, LINE 2 - NEW PROGRAM SERVICES CONTINUED	<p>THROUGHOUT THIS PERIOD, TWCGME REMAINED CLOSELY ALIGNED WITH COMMUNITY-STABILIZATION EFFORTS, RECOGNIZING THAT SAFEGUARDING ACCESS TO INPATIENT SERVICES AND PRESERVING CLINICAL TRAINING INFRASTRUCTURE WERE ESSENTIAL TO SUSTAINING GRADUATE MEDICAL EDUCATION, LEARNER WELL-BEING, AND LONG-TERM WORKFORCE RENEWAL IN MEDICALLY UNDERSERVED COMMUNITIES.</p> <p>IN PARALLEL, GRANT-SUPPORTED WORKFORCE DEVELOPMENT INITIATIVES EXPANDED ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES ACROSS THE REGION, INCLUDING TRAINING FOR MENTAL HEALTH CERTIFIED PEER SPECIALISTS AND SUPERVISORS. TWCGME AND TWCCH ALSO STRENGTHENED DISABILITY-ACCESS PARTNERSHIPS AND INFRASTRUCTURE IN COLLABORATION WITH COMMUNITY ORGANIZATIONS, SUPPORTED THROUGH TARGETED GRANT INVESTMENTS TO IMPROVE ACCESSIBILITY WITHIN COMMUNITY-BASED CLINICAL LEARNING ENVIRONMENTS.</p> <p>IN JULY 2024, TWCGME ALSO SUPPORTED THE LAUNCH OF THE NORTHEAST PENNSYLVANIA CLINICAL EDUCATION CONSORTIUM (NEPCEC), A COMMUNITY-BASED CLINICAL EDUCATION PARTNERSHIP CONVENED WITH REGIONAL STAKEHOLDERS TO EXPAND HIGH-QUALITY OSTEOPATHIC MEDICAL STUDENT CLINICAL ROTATION CAPACITY IN NORTHEASTERN PENNSYLVANIA AND STRENGTHEN THE LONG-TERM ALIGNMENT OF THE WORKFORCE PIPELINE WITH COMMUNITY-BASED GRADUATE MEDICAL EDUCATION AND PRIMARY CARE PRACTICE. NEPCEC GREW THROUGH THE YEAR AND TWC'S ENGAGEMENT EXPANDED IN JULY 2025 TO BECOME A PRIMARY LEARNING ENVIRONMENT FOR SEVERAL OF THE STUDENTS EACH BLOCK FOR PRIMARY CARE ROTATIONS.</p>

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FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>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 HEALTH 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. TWCGME, AN INDEPENDENT NONPROFIT 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 SPECIALITIES 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 TWCC'S FQHC LOOK-ALIKE AND RYAN WHITE CLINICS AND IN PARTNERING HOSPITALS AND SPECIALTY OFFICES THROUGHOUT LACKAWANNA, LUZERNE, WAYNE, AND WYOMING 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, TUCSON, ARIZONA, AND SEATTLE, WASHINGTON.</p> <p>DURING THE COVERED PERIOD, TWCGME'S FAMILY MEDICINE AND INTERNAL MEDICINE RESIDENCY PROGRAMS AND THE GERIATRIC MEDICINE FELLOWSHIP PROGRAM 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 OPPORTUNITIES FOR PHYSICIAN TRAINEES TO BE IMMERSED IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND FQHC LOOK-ALIKES (FQHC-LALS) AS ESSENTIAL COMMUNITY PROVIDERS, PRIMARY CARE AMBULATORY CLINICAL LEARNING ENVIRONMENTS. AS ONE OF THE LARGEST HRSA-FUNDED THCGME-SNCs, TWCGME PROUDLY ENGAGED EACH FQHC AND FQHC-LAL PARTNER AS AN EMPOWERING VOICE ON OUR GOVERNING BOARD OF DIRECTORS. TWCGME'S CLINICAL LEARNING ENVIRONMENT PARTNERING CLINICAL EDUCATIONAL SITES INCLUDE TWCC'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 SCHOOL OF OSTEOPATHIC MEDICINE IN ARIZONA (ATSU-SOMA), AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-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 THE PRIMARY CARE HEALTH WORKFORCE, ESSENTIAL COMMUNITY PROVIDERS OF PRIMARY HEALTH SERVICES, AND THE COMMUNITIES THEY SERVE.</p>

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FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>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, AND PHYSICAL MEDICINE & REHABILITATION (PM&R), FELLOWSHIP PROGRAMS IN GERIATRICS, CARDIOVASCULAR DISEASE, AND GASTROENTEROLOGY, AND AN INTERNAL MEDICINE-GERIATRICS INTEGRATED RESIDENCY AND FELLOWSHIP PATHWAY, COMMONLY KNOWN AS THE COMBINED MED-GERI PATHWAY. 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 VETERANS AFFAIRS ADMINISTRATION THROUGH ITS WILKES BARRE FACILITY, 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 AND FAMILY MEDICINE 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 WILKES BARRE VETERANS AFFAIRS MEDICAL CENTER (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 & REHABILITATION RESIDENCY WAS PROVIDED TO TWCGME THROUGH CMS-FUNDED ACUTE AND IRF HOSPITALS VIA AFFILIATION AGREEMENTS. THE GME-SNC TRACKS AND METICULOUSLY REPORTS ROTATIONALLY RECONCILED FTES BY PROGRAM ACROSS SPECIFIED FEDERAL GME COST CENTERS.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>GRANTS: 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, 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. 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 ON 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 & GYNECOLOGY RESIDENCY PROGRAM (TOTAL: \$201,015)</p> <p>PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) THROUGH THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM. THE PROGRAM WILL BE ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND AFFILIATED WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH). GRANT FUNDS WILL SUPPORT THE DEVELOPMENT OF A NEW COMMUNITY-BASED OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM IN A REGION WITH LIMITED ACCESS TO PRIMARY CARE, OB-GYN SERVICES, AND RELATED WORKFORCE TRAINING PROGRAMS. THIS INITIATIVE ALIGNS WITH THE ORGANIZATION'S 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.</p>

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OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Wright Center for Graduate Medical Education

Employer identification number

23-2007832

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT: PEDIATRIC MEDICINE (TOTAL: \$198,500)</p> <p>PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) THROUGH THE TEACHING HEALTH CENTER PLANNING AND DEVELOPMENT PROGRAM (THC-PD) TO ESTABLISH A NEW COMMUNITY-BASED RESIDENCY PROGRAM ELIGIBLE TO BE ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) AND AFFILIATED WITH THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCCCH). GRANT FUNDS WILL SUPPORT THE DEVELOPMENT OF A NEW COMMUNITY-BASED PEDIATRIC RESIDENCY PROGRAM IN A REGION WHERE ACCESS TO PRIMARY CARE, PEDIATRIC SERVICES, AND RELATED WORKFORCE TRAINING PROGRAMS IS LIMITED. THIS INITIATIVE ALIGNS WITH THE ORGANIZATION'S 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, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE. CHILDREN LIVING WITHIN THE SERVICE AREA REPRESENT A UNIQUELY VULNERABLE POPULATION, FACING SIGNIFICANT HEALTH, GEOGRAPHIC, ECONOMIC, AND HEALTH-RELATED SOCIAL NEEDS THAT CONTRIBUTE TO BARRIERS IN ACCESS TO CARE AND HEALTH OUTCOMES.</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - RURAL RESIDENCY PLANNING AND DEVELOPMENT: FAMILY MEDICINE (TOTAL: \$362,068)</p> <p>PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), IN COLLABORATION WITH THE FEDERAL OFFICE OF RURAL HEALTH POLICY (FORHP), AWARDED FUNDING TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) THROUGH THE RURAL RESIDENCY PLANNING AND DEVELOPMENT PROGRAM (RRPD). THE GRANT SUPPORTS THE COLLABORATIVE DEVELOPMENT OF A RURAL FAMILY MEDICINE RESIDENCY PROGRAM IN PARTNERSHIP WITH WAYNE MEMORIAL COMMUNITY HEALTH CENTERS TO ADDRESS THE HEALTH NEEDS OF RESIDENTS IN RURALLY DESIGNATED WAYNE COUNTY, PENNSYLVANIA. WAYNE COUNTY IS ALSO DESIGNATED AS BOTH A MEDICALLY UNDERSERVED AREA (MUA) AND A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). THE POPULATION FACES SIGNIFICANT HEALTH CHALLENGES, INCLUDING HIGH RATES OF OBESITY AND ASSOCIATED CARDIOVASCULAR AND OTHER CHRONIC COMORBIDITIES, PHYSICAL INACTIVITY, MENTAL AND BEHAVIORAL HEALTH CONDITIONS, AND SUBSTANCE USE DISORDERS. THE PROPOSED RURAL FAMILY MEDICINE RESIDENCY PROGRAM WILL HELP ADDRESS THESE CONCERNS BY TRAINING PHYSICIANS IN A FULL-SCOPE FAMILY MEDICINE MODEL. RESIDENT PHYSICIANS WILL RECEIVE EDUCATION AND CLINICAL EXPERIENCE IN DELIVERING WHOLE-PERSON PRIMARY AND PREVENTIVE CARE, INCLUDING MEDICAL, DENTAL, AND MENTAL AND BEHAVIORAL HEALTH SERVICES, AS WELL AS SPECIALTY SERVICES SUCH AS HEPATITIS C TREATMENT, RYAN WHITE HIV CARE, INFECTIOUS DISEASE MANAGEMENT, AND SUBSTANCE USE DISORDER TREATMENT, INCLUDING MEDICATION-ASSISTED TREATMENT (MAT).</p> <p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PRIMARY CARE TRAINING AND ENHANCEMENT - RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH (TOTAL: \$500,092)</p> <p>PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) THROUGH THE PRIMARY CARE TRAINING AND ENHANCEMENT GRANT FOR RESIDENCY TRAINING IN MENTAL AND BEHAVIORAL HEALTH. THIS GRANT SUPPORTS THE INTEGRATION OF ENHANCED MENTAL AND BEHAVIORAL HEALTH TRAINING WITHIN PRIMARY CARE RESIDENCY PROGRAMS, WITH A PARTICULAR EMPHASIS ON YOUTH MENTAL HEALTH. THE PROGRAM WILL BE IMPLEMENTED ACROSS NATIONAL FAMILY MEDICINE RESIDENCY (NFMR) TRAINING SITES SERVING UNDERSERVED COMMUNITIES IN WASHINGTON, DC; OHIO; WASHINGTON STATE; AND ARIZONA. THROUGH THIS FUNDING, TWCGME/NFMR WILL ENSURE THE CONSISTENT, HIGH-QUALITY, AND COST-EFFECTIVE DELIVERY OF COMPREHENSIVE TRAINING IN THE DIAGNOSIS AND MANAGEMENT OF MENTAL AND BEHAVIORAL HEALTH CONDITIONS AFFECTING PEDIATRIC, ADOLESCENT, AND YOUNG ADULT POPULATIONS SERVED BY THE FOUR PARTNERING FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs). THIS INITIATIVE STRENGTHENS THE CAPACITY OF PRIMARY CARE PHYSICIANS TO ADDRESS THE GROWING MENTAL AND BEHAVIORAL HEALTH NEEDS OF YOUTH IN UNDERSERVED COMMUNITIES WHILE ENHANCING THE OVERALL INTEGRATION OF MENTAL AND BEHAVIORAL HEALTH WITHIN PRIMARY CARE SETTINGS.</p>

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FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) - PRIMARY CARE TRAINING AND ENHANCEMENT - LANGUAGE AND DISABILITY ACCESS (TOTAL: \$707,792)</p> <p>PURPOSE OF ASSISTANCE: THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) AWARDED FUNDING TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) THROUGH THE PRIMARY CARE TRAINING AND ENHANCEMENT GRANT FOR THE LANGUAGE AND DISABILITY ACCESS PROGRAM. THIS GRANT IS DESIGNED TO EXPAND ACCESS TO HIGH-QUALITY PRIMARY CARE SERVICES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY (LEP) AND INDIVIDUALS WITH PHYSICAL, INTELLECTUAL, AND/OR DEVELOPMENTAL DISABILITIES (PIDD). THROUGH THIS INITIATIVE, TWCGME WILL DEVELOP AND IMPLEMENT SPECIALIZED CURRICULA FOR INTERNAL MEDICINE RESIDENTS, FACULTY, AND PRECEPTORS TO STRENGTHEN PHYSICIAN COMPETENCY IN CARING FOR PATIENTS WITH LEP AND PIDD. THE PROGRAM WILL ALSO PROVIDE TRAINING OPPORTUNITIES FOR CLINICAL STAFF AND SUPPORT FACILITY ENHANCEMENTS IN COMMUNITY-BASED SETTINGS TO IMPROVE ACCESSIBILITY AND BETTER ACCOMMODATE THE NEEDS OF INDIVIDUALS WITH DISABILITIES. BY INTEGRATING EDUCATION, WORKFORCE DEVELOPMENT, AND PRACTICE TRANSFORMATION, THIS PROGRAM ADVANCES PATIENT-CENTERED CARE FOR SOME OF THE MOST VULNERABLE POPULATIONS SERVED.</p> <p>SHEEHAN MEDICAL LLC - TEE SIMULATOR (TOTAL: \$15,165)</p> <p>PURPOSE OF ASSISTANCE: A PRIVATE DONOR CONTRIBUTED A TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) SIMULATOR AND RELATED PERIPHERAL EQUIPMENT TO THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION (TWCGME) TO SUPPORT SIMULATED PROCEDURAL TRAINING. THE SIMULATOR WAS USED ONLY ONCE PRIOR TO THE DONATION. TWCGME IS AN ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)-ACCREDITED SPONSORING INSTITUTION FOR COMMUNITY-EMBEDDED RESIDENCY AND FELLOWSHIP PROGRAMS. THE TEE SIMULATOR AND ACCOMPANYING EQUIPMENT HAVE BEEN INCORPORATED INTO TWCGME'S TRAINING CURRICULUM TO PROVIDE RESIDENTS AND FELLOWS WITH HANDS-ON, SIMULATION-BASED EDUCATION IN TEE PROCEDURES RELEVANT TO THEIR RESPECTIVE SPECIALTIES.</p>

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FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$1,762,728 INCLUDING GRANTS OF \$1,633,926)(REVENUE \$9,436,716)</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 (TWCCH), A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE. TO OPERATIONALIZE THIS COMMON PAYMASTER FUNCTION, TWCGME AND TWCCH HAVE ESTABLISHED SHARED MISSION-DRIVEN COVENANTS AND STAFFING LEASE AGREEMENTS TO PROVIDE VARIOUS SERVICES. TWCCH COMPENSATED TWCGME THROUGH INTERCOMPANY ALLOCATION METHODOLOGIES FOR THESE SERVICES, INCLUDING CLINICAL, EXECUTIVE, ADMINISTRATIVE, AND BACK-OFFICE SUPPORT, COVERING 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 TWCCH, IS REPRESENTED ON LINE 2B OF THE STATEMENT OF REVENUE (\$7,663,328).</p> <p>IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO STAFFING LEASE AGREEMENTS WITH TWCCH FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCH'S PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHIEF STRATEGY AND OPERATIONS OFFICER, CHIEF MEDICAL OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCH. THE SERVICES OF TWCCH'S CHIEF EXECUTIVE AND SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES OF TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER, 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, UNDER A SHARED MISSION COVENANT AND RELATED STAFFING LEASE AGREEMENTS.</p> <p>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.</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 COVERED 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 TWCCH 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>

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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 CITY THEN DESIGNATED AS FINANCIALLY DISTRESSED UNDER PENNSYLVANIA'S ACT 47. MR. JOSEPH FERRARIO WAS THE CHAIR OF TWCGME'S BOARD OF DIRECTORS AND SERVED AS A VOLUNTEER DIRECTOR ON TWCGME'S AFFILIATED ENTITIES, INCLUDING 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 BEFORE 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 NONPROFIT BOARD WAS OBTAINED FROM OUTSIDE LEGAL COUNSEL; ALL GUIDANCE WAS FOLLOWED. ON JULY 25, 2019, THE 15-YEAR LEASE AGREEMENT WAS AMENDED TO COMPLY WITH THE FEDERAL NEW MARKETS TAX CREDIT PROGRAM REQUIREMENTS, AND TWCGME BECAME THE SOLE LESSEE OF THE LEASED 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 FOR EDUCATIONAL AND OTHER ACTIVITIES. RENOVATIONS TO THE DEMISED PREMISES ON THE FIRST AND SECOND FLOORS OF THE BUILDING WERE COMPLETED BETWEEN EARLY 2018 AND DECEMBER 2019, WITH THE AMENDED AND RESTATED LEASE AGREEMENT FOR THE FIRST FLOOR COMMENCING ON NOVEMBER 26, 2019.</p>
FORM 990, PART V, LINE 2A - COMMON PAYMASTER	<p>TWCGME IS AFFILIATED WITH TWCCCH (EIN: 23-2772504), WHICH SHARES 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, 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 W-2 REPORTING REGULATIONS. THIS CONSOLIDATED PAYROLL SYSTEM COVERS ALL EMPLOYEES EXCEPT FOR TWCCCH'S PRESIDENT AND CEO, CHIEF STRATEGY AND OPERATIONS OFFICER, CHIEF MEDICAL OFFICER, AND CHIEF CLINICAL OPERATING OFFICER, WHO ARE DIRECTLY EMPLOYED BY TWCCCH. THE SERVICES OF TWCCCH'S CHIEF EXECUTIVE AND CHIEF STRATEGY AND OPERATIONS OFFICER ARE CONTRACTED FOR SERVICES AS KEY EMPLOYEES/EXECUTIVES OF TWCGME IN THE POSITIONS OF PRESIDENT AND CEO AND SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER, 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, UNDER A SHARED MISSION COVENANT AND RELATED STAFFING LEASE AGREEMENTS.</p>
FORM 990, PART VI, LINE 6 - ORGANIZATION MEMBERS	<p>NO. ALTHOUGH PREVIOUSLY, TWCGME WAS ORGANIZED AS A MEMBER NONPROFIT 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 NONPROFIT 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 NONPROFIT 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, SOME CORPORATE MEMBERS 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 25 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>

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Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Wright Center for Graduate Medical Education

Employer identification number

23-2007832

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>TWCGME'S FORM 990 IS PREPARED BY THE SENIOR LEADERSHIP TEAM OF THE FINANCE AND ENTERPRISE DEVELOPMENT DEPARTMENTS WITH INPUT FROM THE EXECUTIVE MANAGEMENT TEAM AND PRESIDENT & CEO. AN INDEPENDENT, CONTRACTED CPA FIRM THEN REVIEWS THE DRAFT FORM 990. 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 EACH REQUIRED OPERATIONAL SITE, WHERE THEY MAY BE REVIEWED IN HARD COPY UPON REQUEST, CONSISTENT WITH IRS APPLICABLE LAWS, RULES, AND REGULATIONS.</p>
FORM 990, PART VI, LINE 12A - 12B, & 12C - CONFLICT OF INTEREST POLICY	<p>A WRITTEN CONFLICT OF INTEREST POLICY, CREATED AND RECOMMENDED BY THE SVP FOR ENTERPRISE INTEGRITY, HAS BEEN APPROVED BY THE PRESIDENT AND CEO AND THE BOARD OF DIRECTORS. THE SVP FOR ENTERPRISE INTEGRITY AND THE CHIEF COMPLIANCE OFFICER WORK TOGETHER TO ENSURE IT IS REVIEWED, UPDATED AS NEEDED, AND RENEWED ANNUALLY OR MORE FREQUENTLY AS APPROPRIATE. THE SVP FOR ENTERPRISE INTEGRITY, ALONG WITH THE GOVERNANCE AND CHIEF COMPLIANCE OFFICERS, ENSURES THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY ALL GOVERNING BOARD MEMBERS ("DIRECTORS") AND OFFICERS. TOGETHER, THIS TEAM AND THE VP OF HUMAN RESOURCES ENSURE THAT THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED ANNUALLY BY EXECUTIVE MANAGEMENT AND ALL STAFF, INCLUDING KEY EMPLOYEES. 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 BOARD'S AUDIT/COMPLIANCE COMMITTEE AND SUPPORTED BY THE GOVERNANCE OFFICER AND THE 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.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>TWCGME CONTRACTS WITH ITS AFFILIATED ENTITY, THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC), FOR THE SERVICES OF TWCGME'S PRESIDENT AND CEO, WHO IS EMPLOYED BY AND SERVES AS PRESIDENT AND CEO OF TWCC. CONSEQUENTLY, TWCGME DOES NOT DIRECTLY COMPENSATE THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEES OF TWCGME AND TWCC 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.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the 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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Wright Center for Graduate Medical Education

Employer identification number

23-2007832

Return Reference - Identifier	Explanation
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 TWCCCH'S CHIEF STRATEGY AND OPERATIONS OFFICER AS A KEY EMPLOYEE/EXECUTIVE FOR TWCGME IN THE POSITION OF SVP AND ENTERPRISE CHIEF OPERATIONS AND STRATEGY OFFICER. THE THIRD-PARTY EXTERNAL COMPENSATION CONSULTANT JOINTLY ENGAGED BY TWCGME AND TWCCCH ALSO INCLUDES THIS POSITION, LIKE ALL EXECUTIVE POSITIONS, IN ITS FORMAL, PERIODIC, OBJECTIVE, COMPREHENSIVE, ORGANIZATION-WIDE COMPENSATION STUDY, COMPLETED GENERALLY EVERY THREE TO FIVE YEARS.
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 FORM 990S, ALONG WITH THREE CONSECUTIVE ANNUAL REPORTS, ARE ALSO AVAILABLE FOR DOWNLOAD ON ITS WEBSITE.
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 TWCCCH, AN AFFILIATED ORGANIZATION, PURSUANT TO INTERCOMPANY SHARED MISSION COVENANT AND RELATED LEASE AGREEMENTS. TWCGME SERVES AS THE COMMON PAYMASTER FOR TWCCCH. IN OPERATIONALIZING THE COMMON PAYMASTER FUNCTIONALITY, TWCGME HAS ENTERED INTO STAFFING LEASE AGREEMENTS WITH TWCCCH FOR THE PROVISION OF CERTAIN ADMINISTRATIVE AND EXECUTIVE SERVICES. 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.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION

Employer identification number

23-2007832

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE WRIGHT CENTER MEDICAL GROUP (23-2772504) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✓
(2) PATIENT ENGAGEMENT COUNCIL (81-3053323) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	TWCCH	✓	
(3) 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	✓	
(4) COMMUNITY HEALTH HUB (27-3582779) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	10	N/A		✓
(5) COMMONWEALTH DENTAL CARE INITIATIVE (88-4372847) 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505	SEE NARRATIVE	PA	501(C)(3)	7	N/A		✓
(6) _____							
(7) _____							

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

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)		✓
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)	✓	
e Loans or loan guarantees by related organization(s)	✓	
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)	✓	
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)	✓	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

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

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

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

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

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, NONPROFIT CORPORATION, OPERATES AS A HRSA-DESIGNATED FQHC LOOK-ALIKE ESSENTIAL COMMUNITY PROVIDER. IT OFFERS SAFETY-NET, COMPREHENSIVE, 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 (ATSU-SOMA), AND ITS CENTRAL COAST PHYSICIAN ASSISTANT PROGRAM (ATSU-CCPAP), ALONGSIDE MORE THAN 200 INTERPROFESSIONAL HEALTH CARE LEARNERS FROM OVER 10 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 (GME-SNC) THAT AIMS 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 NOBLE MISSION TO IMPROVE THE HEALTH AND WELFARE OF COMMUNITIES THROUGH RESPONSIVE, WHOLE-PERSON HEALTH SERVICES FOR ALL AND SUSTAINABLE RENEWAL OF AN INSPIRED, COMPETENT WORKFORCE THAT IS PRIVILEGED TO SERVE.</p> <p>NAME OF RELATED ORGANIZATION: PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT & COMMUNITY ENGAGEMENT (TWCPCE)</p> <p>TWCCH SERVES AS THE SOLE CORPORATE MEMBER OF TWCPCE, A PENNSYLVANIA TAX-EXEMPT NONPROFIT 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, NONPROFIT 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 NONPROFIT WRIGHT CENTER ENTITIES.</p> <p>NAME OF RELATED ORGANIZATION: COMMUNITY HEALTH HUB (CHH)</p> <p>COMMUNITY HEALTH HUB, A PENNSYLVANIA TAX-EXEMPT, NONPROFIT CORPORATION, DEDICATED TO BUILDING A SUSTAINABLE, RESILIENT, AND TRANSPARENT COMMUNITY-OWNED AND COMMUNITY-GOVERNED HEALTH SYSTEM THAT PRIORITIZES THE WELL-BEING AND ECONOMIC VITALITY OF NORTHEASTERN PENNSYLVANIA. ITS MISSION IS TO PROVIDE HIGH-QUALITY, WHOLE-PERSON HEALTH SERVICES, STRENGTHEN THE LOCAL HEALTHCARE WORKFORCE, AND ENSURE COMPREHENSIVE PRIMARY AND SPECIALIZED CARE FOR OUR COMMUNITIES.</p> <p>NAME OF RELATED ORGANIZATION: COMMONWEALTH DENTAL CARE INITIATIVE (CDCI)</p> <p>THE NONPROFIT CORPORATION BASED IN PENNSYLVANIA IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PURPOSE OF ASSESSING, RESEARCHING, AND DOCUMENTING THE DENTAL AND ORAL CARE NEEDS IN NORTHEASTERN AND CENTRAL PENNSYLVANIA WITH THE GOAL OF IDENTIFYING POSSIBLE SOLUTIONS FOR CURRENT AND FUTURE DENTAL NEEDS WHICH MAY INCLUDE WORKFORCE SHORTAGES AND ACCESS CHALLENGES.</p>

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07/01, 2024, and ending 06/30, 20 25

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to 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 checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>42,836,185</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 2024 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
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 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2024 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 2024 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  Date 

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.

4	3	0	3	2	9	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 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KRYSTAL OREACH Date 05/12/2026

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

2024

For calendar year 2024 or other tax year beginning 07/01, 2024, and ending 06/30, 2025

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 an 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Form header section containing: A Check box if address changed; B Exempt under section 501(C)(3); C Book value of all assets at end of year 38,277,002; D Employer identification number 23-2007832; E Group exemption number; F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 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-subsidiary controlled group? Yes (checked), No.

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

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from unrelated business taxable income to final amount of 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations for organizations taxable as corporations, trusts, proxy tax, and total tax of 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-4 showing foreign tax credit, other credits, total credits, amounts due, and total tax of 0.

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form 990-T (2024)

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 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.

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	Name of exempt organization, employer, or other filer, see instructions. THE WRIGHT CENTER FOR GRADUATE MEDICAL EDUCATION	Taxpayer identification number (TIN) 23-2007832
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 S. WASHINGTON AVENUE, STE 1000	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCRANTON, PA 18505	

Enter the Return Code for the return that this application is for (file a separate application for each return) **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	Form 990-T (governmental entities)	15

- 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, 501 S. WASHINGTON AVE, STE 1000, SCRANTON, PA 18505
 Telephone No. (570) 343-2383 Fax No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____
 If this is for the whole group, check this box
 If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 05/15, 20 26, 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 24, and ending 06/30, 20 25.

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

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

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	0	
c	Tax deposited with Form 8868	6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0	
e	Backup withholding (see instructions)	6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0	
g	Elective payment election amount from Form 3800	6g	0	
h	Payment from Form 2439	6h	0	
i	Credit from Form 4136	6i	0	
j	Other (see instructions)	6j	0	
7	Total payments. Add lines 6a through 6j	7		0
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		0
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		0
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 0 Refunded	11		0

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

1	At any time during the 2024 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.
(SEE STATEMENT)

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.

Sign Here

Sandra Dawn Herbman 5/13/26 MD, PRESIDENT & CEO
Signature of officer Date Title

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

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

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

Return Reference	Amount	Explanation
990-T CORE FORM		
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 2024, or fiscal year beginning 07/01, 2024, and ending 06/30, 20 25

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to 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 2024 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 2024 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 2024 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  Date 

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.

4	3	0	3	2	9	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 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature KRYSTAL CREACH Date 05/12/2026

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.

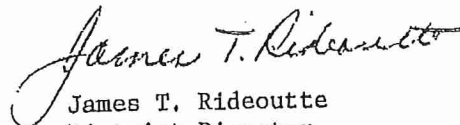
Your exempt status under section 501(c)(3) of the Code is still in effect.

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:
SCRANTON-TEMPLE RESIDENCY PROGRAM

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

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

(b) Name of Commercial Registered Office Provider
e/o

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

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

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

- The amendment shall be effective upon filing these Articles of Amendment in the Department of State.
 The amendment shall be effective on JULY 1, 2010 at 12:01 AM
Date Hour

2010 JUN 30 PM 4: 00

RECEIVED TIME PA DEPT OF STATE
JUN, 30, 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

Ronald M. Bunge

Signature

Chairman of the Board

Title