

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

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

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

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

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Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. dth	Taxpayer identification number (TIN)
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or village, etc. c	

<input type="checkbox"/>	_____	_____	_____	_____
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows include: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 2 columns: Description, Expenses. Rows include: 28, 29, 30, 31 Other program services, 32 Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include: JAMES GAVIN CHAIR, GERARD GEOFFROY VICE CHAIR, JOHN KEARNEY SECRETARY / TREASURER, MARY MARRARA DIRECTOR, LINDA THOMAS-HEMAK, MD DIRECTOR / PRESIDENT, JIGNESH SHETH, MD DIRECTOR, JEFFREY METZ DIRECTOR.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1						

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Part IV Supporting Organizations *(continued)*

- 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?
 - b** A family member of a person described on line 11a above?
 - 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.*

	Yes	No
11 a		
11 b		
11 c		

Section B

	Yes	No
1		
2		

	Yes	No
1		

	Yes	No
1		
2		
3		

	Yes	No

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 (o		

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

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Name of the organization THE WRIGHT CENTER ALLIANCE	Employer identification number 81-2982874
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FORM 990, PART III CONTINUED

ORGANIZATION EXEMPT PURPOSE:

IN ORDER TO ENSURE THAT TWCGME CONTINUOUSLY EVOLVED ITS SPONSORING INSTITUTIONAL CURRICULUM TO BE COMMUNITY-NEEDS RESPONSIVE, THE ALLIANCE INCORPORATED AND BECAME THE SOLE MEMBER OF PATIENT ENGAGEMENT COUNCIL DBA THE WRIGHT CENTER FOR PATIENT AND COMMUNITY ENGAGEMENT (TWCPCE), A NONPROFIT 501(C)(3) ORGANIZATION WHOSE MISSION IS TO EMPOWER PATIENTS TO MAKE MEANINGFUL CONTRIBUTIONS TO THE DELIVERY, ENHANCEMENT AND TRANSFORMATION OF HEALTH CARE SERVICES AND INTER-PROFESSIONAL WORKFORCE DEVELOPMENT AND TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION, ADVOCACY, PATIENT CENTERED SERVICES AND EFFORTS DIRECTED TOWARD THE SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH.

TWCGME AND TWCPCE ARE ALSO AFFILIATED WITH THE WRIGHT CENTER MEDICAL GROUP, D/B/A THE WRIGHT CENTER FOR COMMUNITY HEALTH (TWCC), A FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE NONDISCRIMINATORY PROVIDER OF PRIMARY HEALTH SERVICES ACROSS THE LIFESPAN THAT OPERATES NINE PRIMARY CARE PRACTICES ACROSS A FIVE-COUNTY SERVICE AREA REGARDLESS OF ABILITY TO PAY. COLLECTIVELY, THOSE PRACTICES SERVE MORE THAN 41,000 PATIENTS. IN ACTION, TWCPCE SERVES A DUAL PURPOSE, STRIVING TO EMPOWER PATIENTS TO ACT AS CATALYSTS FOR THE IMPROVEMENT OF THE HEALTH CARE DELIVERY AND MEDICAL EDUCATION SYSTEMS, AND SIMULTANEOUSLY WORKING TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH EDUCATION AND PATIENT-CENTERED SERVICES. TWCPCE ESPECIALLY SUPPORTS PATIENTS OF TWCC, THEIR FAMILIES AND MEMBERS OF THE LARGER COMMUNITY WHO ARE CONFRONTED BY THE NEGATIVE SOCIAL AND ECONOMIC

Name of the organization

Employer identification number

DETERMINANTS OF HEALTH (SEDH) SUCH AS FOOD INSECURITY, POVERTY, LACK OF
TRANSPORTATION AND HOUSING INSECURITY, TO NAME A FEW.

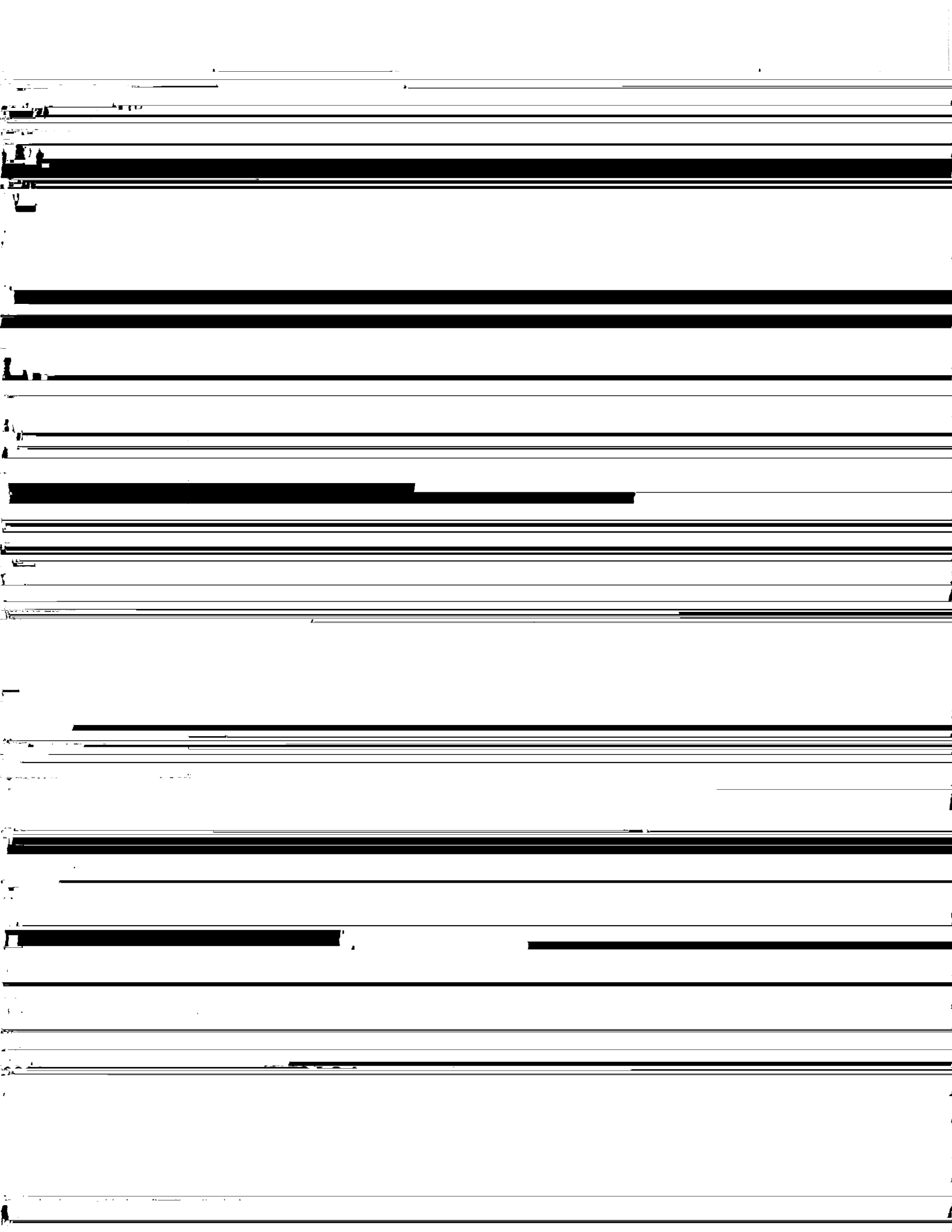
AFTER IT WAS CONCEIVED, THE SUPPORTING PARENT STRATEGIC PLAN FOR THE
ALLIANCE EVOLVED WHEN TWCCH, WHICH WAS PREVIOUSLY INTENDED TO EMBRACE THE
ALLIANCE AS ITS SOLE CORPORATE MEMBER, INSTEAD REMAINED INDEPENDENT TO

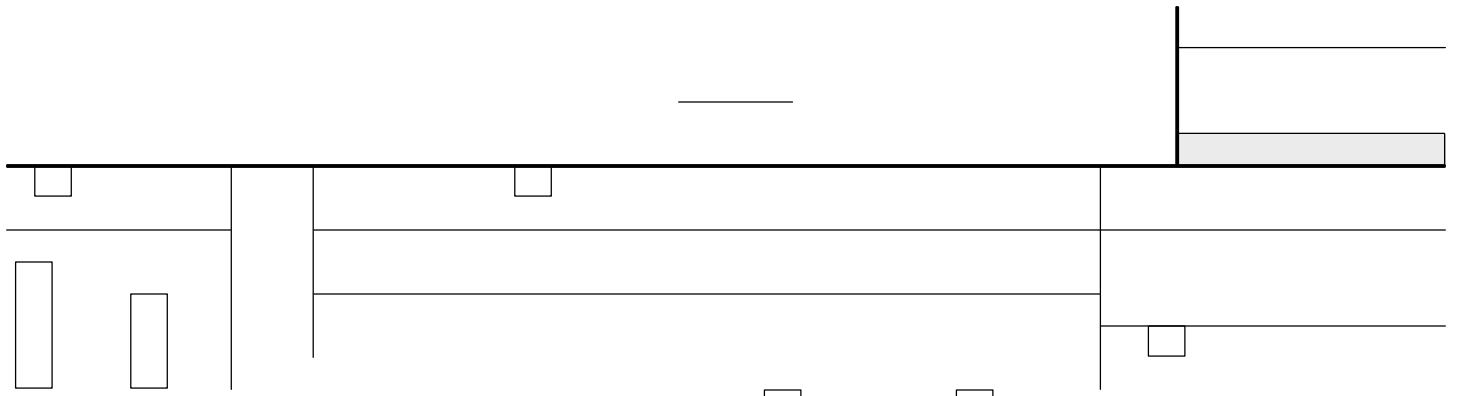
Name of the organization

Employer identification number

CONSISTENT WITH ITS PURPOSE TO SUPPORT OTHER AFFILIATES THAT MAY JOIN THE
SYSTEM AS AN AFFILIATE OF TWCGME.

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SUPPLEMENTAL INFORMATION

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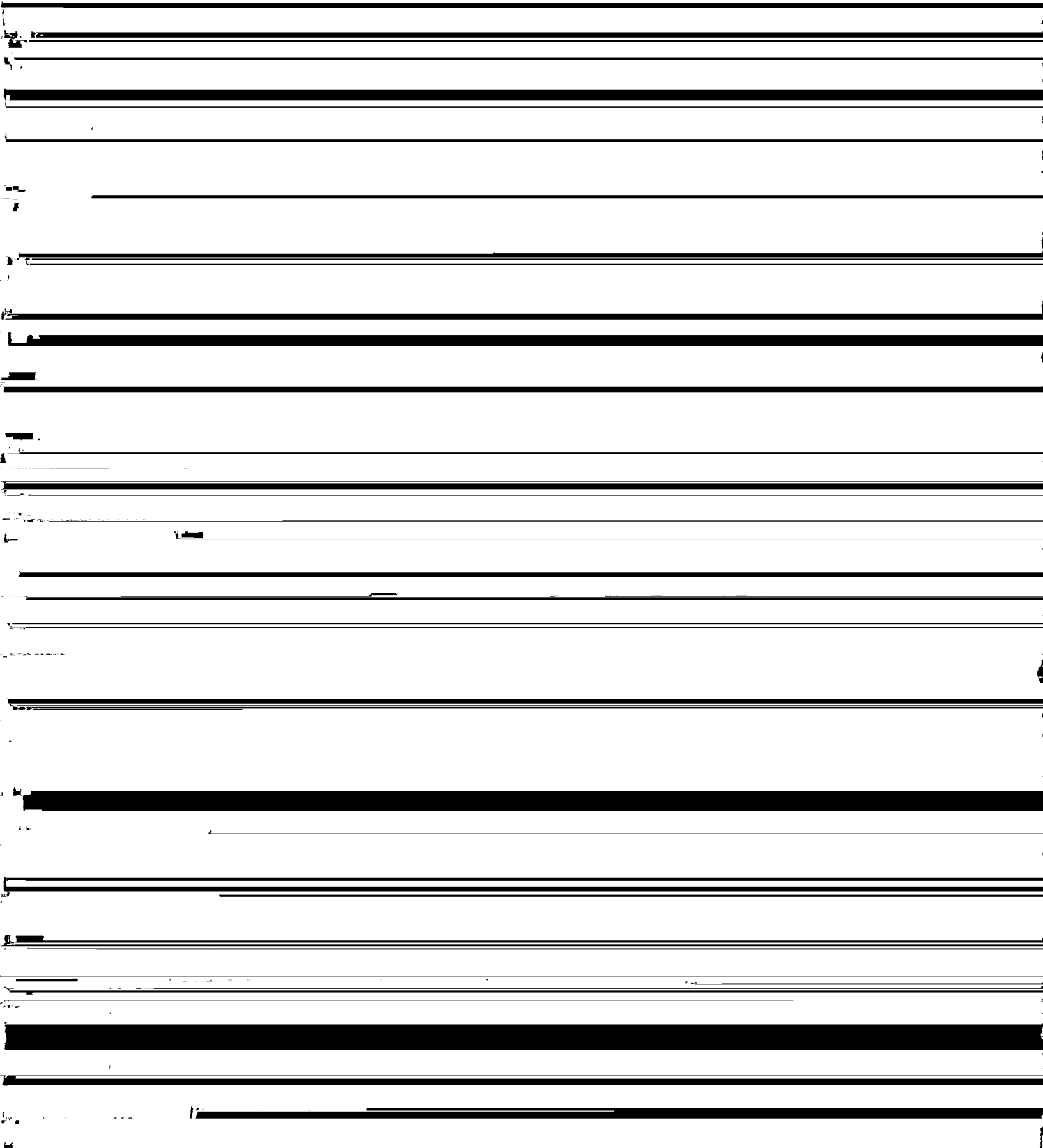
PART NUMBER: 1
LINE NUMBER: 1

EXPLANATION:

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 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.

ITEM K - NAME AND FEIN OF PARENT CORPORATION
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THE WRIGHT CTR FOR GRADUATE MEDICAL EDUCATION
23-2007832



IRS Tax Determination

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