									299	0 2	3260212	7 0
	Form	, 990-T		Exempt Orga a	nd proxy tax und	sine ler se	ess Inc	ome T 33(e))	REPEAL ax Returi	<u> </u>	OMB No 1545-0687	3 0
	1		For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 201							<u>.8</u>	ZU 17	
	Depa	partment of the Treasury partment of the Tr									pen to Public Inspection for 01(c)(3) Organizations Only	
	A L	Check box if address changed		Name of organization (Check box if name changed and see instructions.)					(Employ instruc	/er identification number yees' trust, see tions)		
		xempt under section 501(C)(3)	Print or	THE WRIGHT CENTER MEDICAL GROUP Number, street, and room or suite no. If a P.O. box, see instructions.							B-2772504 ed business activity codes	
		408(e) 220(e)	1	111 N. WASHINGTON AVE, 1ST FLOOR						(See ins	structions)	
		408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code SCRANTON, PA 18503								
	C Bo	ook value of all assets end of year		F Group exemption number (See instructions.)								
		12,113,696. G Check organization type X 501(c) corporation										
	H D	escribe the organization										
	I D	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?										
		If "Yes," enter the name and identifying number of the parent corporation. ► J The books are in care of ► SUZANNE M. FLETCHER, CPA, CHIEF FI Telephone number ► 570-3										
		The books are in care of ► SUZANNE M. FLETCHER, CP Part II Unrelated Trade or Business Income						 	,		43-2383	
5 2021				e or business inc	ome		(A) In	come	(B) Expense	<u>s</u>	(C) Net	
		Gross receipts or sale:			5.4	10			٠,			
	D	Less returns and allow		c Balance			 		-	- 		
	3	Cost of goods sold (Se	. ,	3			,					
	-	•	iross profit. Subtract line 2 from line 1c 3 4a 4a 4a 4a 4b							 		
			art II, line 17) (attach Form	4b	 			- 1				
		Capital loss deduction		4c			· · · · · · · · · · · · · · · · · · ·	7				
	5	Income (loss) from partnerships and S corporations (attach statement)										
	6	Rent income (Schedule C)										
	7	Unrelated debt-financed income (Schedule E)										
	8	Interest, annuities, roy	nd rents from controlled o	8_								
	9	Investment income of	n 501(c)(7), (9), or (17) o	9								
	10	Exploited exempt activity income (Schedule I)										
	11	Advertising income (So		11_			F					
0	12	Other income (See inst	•	12	 	0	<u> </u>					
	13 Pa	Total. Combine lines 3 through 12 13 0. Int III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)										
JAN									income.)			
SCANNED	14	(Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)										
	15	Salaries and wages RECEIVED IN CORRES								15		
	16	Repairs and maintena		- ÖS	SC - 03	·		16				
	17	Bad debts		9 1	2020			17				
	18	Interest (attach sched				18						
	19	Taxes and licenses										
	20	Charitable contributions (See instructions for limitation rules) OGDEN, UTAH								20		
	21	Depreciation (attach Form 4562)										
	22	Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)								22b		
	23									23		
	24 25									25		
	26									26		
	20 27	Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)										
	28	Other deductions (attach schedule)										
	29	Total deductions. Add lines 14 through 28									0.	
	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13								30	0.	
	31	Net operating loss deduction (limited to the amount on line 30)								31		
	32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30								32	0.	
	33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)									1,000.	
	34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or										

line 32

Form 990-T (2017)