				EXTENDED TO NOV	EME	BER 15, 2019			
	Form	990-T	" E	xempt Organization Bus			ax Retur	n	OMB No 1545-0687
	. 0			- (and proxy tax und					0040
		_	For cal	endar year 2018 or other tax year beginning		, and ending			2018
	_	-							
		tment of the Treasury al Revenue Service	•)	Open to Public Inspection fo 501(c)(3) Organizations Only				
-	ΑĹ	Check box If		Name of organization (Check box if name c	hange	d and see instructions.)			oyer identification number loyees' trust, see
		address changed		AMERICAN SOCIETY FOR G			L		uctions)
	B E	xempt under section	Print	ENDOSCOPY				2	3-7058604
] 501(<303)	· or	Number, street, and room or suite no. If a P.O. box	x, see i	nstructions.			ated business activity code nstructions)
	Ē	408(e) 220(e)	Type	3300 WOODCREEK DRIVE	•			(386)	naructions)
	F	408A 530(a)		City or town, state or province, country, and ZIP o	r foreic	in postal code		7	-
	F]529(a)		DOWNERS GROVE, IL 605		, , , , ,		541	800
	C Bo	ok value of all assets		F Group exemption number (See instructions.)					
	ate	and of vear	96.	G Check organization type ► X 501(c) corp		n 501(c) trust	401(a	ı) trust	Other trust
	H En			tion's unrelated trades or businesses.	3		the only (or first) u	nrelated	
		,	-	VERTISING REVENUE			complete Parts I-V		
		,		ce at the end of the previous sentence, complete Pa	arts I a		•		
		siness, then complete	•			,			
				oration a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlled group?		Ye	es X No
				ifying number of the parent corporation.					
				SHARI FRANKLIN		Telepho	one number 🕨	(630)573-0600
				le or Business Income	-	(A) Income	(B) Expense	s	(C) Net
1	1a	Gross receipts or sale	s						
		Less returns and allow		c Balance ▶	1c				
	2	Cost of goods sold (S		A line 7)	2				
	3	Gross profit. Subtract			3				
	_				4a				
	ь			art II, line 17) (attach Form 4797)	4b				
	C	Capital loss deduction			4c				
	5	•		hip or an S corporation (attach statement)	5				
	6	Rent income (Schedu		,	6				
	7	Unrelated debt-finance		ne (Schedule E)	7				
	8			nd rents from a controlled organization (Schedule F)	8				
2020	9			in 501(c)(7), (9), or (17) organization (Schedule G)	9				
7	10	Exploited exempt acti			10				
9	11	Advertising income (S	-	•	11	140,719.	247,9	966.	-107,247
0	40	Other income /Con in	struction	a: attach achadula)	12		•		•
Z	13	Total. Combine lines	3 throu	ah 12	13	140,719.	247,9	966.	-107,247
-3	Pa	rt II Deductio	ns No	ot Taken Elsewhere (See instructions fo	or limit	ations on deductions.)			
Θ		(Except for	contribu	itions, deductions must be directly connected	d with	the unrelated business	s income)		
SCANNED	14	Compensation of off	icers, du	rectors, and trustees (Schedule K)	1	PECELVER	7	14	_
Z	15	Salaries and wages			1 -	RECEIVED		15	
8	16	Repairs and mainten	ance		(0)		1001	16	
$\widetilde{\mathbf{o}}$	17	Bad debts				NOV 1 9 2019	101	17	
-	18	Interest (attach sche	dule) (se	ee instructions)			ns Ins	18	
	19	Taxes and licenses	, ,	,		OCDEDI JAZ	=	19	
	20	Charitable contributi	ons (See	instructions for limitation rules)	-	<u>OGDEN, UT</u>		20	
	21	Depreciation (attach	•			21			
	22	•		Schedule A and elsewhere on return		22a		22b	
	23	Depletion						23	
	24	Contributions to defe	erred co	mpensation plans				24	
	25	Employee benefit pro		•				25	
	26	Excess exempt expe	-	chedule I)				26	
	27	Excess readership of						27	
	28	Other deductions (at						28	
	29	Total deductions. A						29	0.
	30			ncome before net operating loss deduction. Subtrac	t line 2	29 from line 13		30	-107,247
	31			oss arising in tax years beginning on or after Janua				31	
	32		-	ncome. Subtract line 31 from line 30	, ,-			32	-107,247

		AMERICAN SOCIETY FOR GASTROINTESTINAL		. = 0 < 0 4		- 0
Form 990-		DIVEOUS I	23-70	<u> 58604</u>		Page 2
Part I	_	Total Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	28,	<u>440.</u>
34		unts paid for disallowed fringes		34		
35			MT 1	35	28,	<u>440.</u>
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		1		
		33 and 34		36		
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,0	000.
38	Unrel	lated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
r		the smaller of zero or line 36		38		0.
Part I	V	Tax Computation			· · · · · · · · · · · · · · · · · · ·	
39	Organ	nizations Taxable as Corporations Multiply line 38 by 21% (0.21)	>	39		<u>0.</u>
40	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:				
	Ш	Tax rate schedule or Schedule D (Form 1041)	>	40		
41	Proxy	y tax. See instructions	•	41		
42	Altern	native minimum tax (trusts only)		42		
43	Tax o	n Noncompliant Facility Income. See instructions		43		
44		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
Part \	<u>/ </u>	Tax and Payments				
45 a	Foreig	gn tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		_		
b	Other	credits (see instructions) 45b				
C	Gener	ral business credit. Attach Form 3800				
d	Credit	t for prior year minimum tax (attach Form 8801 or 8827)		_		
е	Total	credits. Add lines 45a through 45d		45e		
. 46		act line 45e from line 44		46		0.
47	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	47		
48	Total	tax. Add lines 46 and 47 (see instructions)		48		0.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.
50 a	Paym	ents: A 2017 overpayment credited to 2018				
b	2018	estimated tax payments 50b				
C	Tax d	eposited with Form 8868				
d	Foreig	gn organizations; Tax paid or withheld at source (see instructions) 50d				
е	Backu	up withholding (see instructions) 50e				
f	Credit	t for small employer health insurance premiums (attach Form 8941) 50f				
g	Other	credits, adjustments, and payments: Form 2439				
		Form 4136 Other Total ▶ 50g				
51	Total	payments. Add lines 50a through 50g		51		
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52		
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	>	53		
54	Overp	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	>	54		
55	Enter	the amount of line 54 you want: Credited to 2019 estimated tax	nded	55		
Part \	/I S	Statements Regarding Certain Activities and Other Information (see instruct	ions)			
56	At any	y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				` ;
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here	>				X
57	During	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?			X
	If "Yes	s," see instructions for other forms the organization may have to file.				
58		the amount of tax-exempt interest received or accrued during the tax year ▶\$				1
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of my kn	nowledge and	belief, it is true,	
Sign	cor	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here		Soulmen Mueller Cornell 11/13/19 CEO		-	iscuss this return hown below (see	with
		Signature of officer Date Title		instructions)?		No
		Print/Type preparer's name Preparer's signature Date C	heck	if PTIN		
Daid			elf- employe			
Paid		MELISSA STRUCK LASA TUM 11/11/19		I	1310867	7
Prepa	ייטיי		Firm's EIN		-074674	
Use C	יחוץ	1301 W. 22ND ST. STE 1100			0,2017	

823711 01-09-19

(630) 573-8600 Form **990-T** (2018)

AMERICAN SOCIETY FOR GASTROINTESTINAL

Form 990-T (2018) ENDOSCOPY

23-7058604

Page 3

Schedule A - Cost of Good	Sold. Enter method of inver	ntory valuation N/A		· · · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	1 1	6 Inventory at end of year		6
2 Purchases	2	7 Cost of goods sold St	ubtract line 6	
3 Cost of labor	3	from line 5. Enter here		
4a Additional section 263A costs		line 2		7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to	-
5 Total. Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (see instructions)	(From Real Property and	d Personal Property	Leased With Real Pro	operty)
1 Description of property				
(1)				
(2)				
(3)				
(4)				
	2. Rent received or accrued			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	496 ' columns 2(a) a	ly connected with the income in und 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total	O . Total		0.	
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	> 0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)		
		2. Gross income from	 Deductions directly co to debt-finant 	nnected with or allocable ced property
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		•	0	
Total dividends-received deductions in	cluded in column 8			0.
	· · · · · · · · · · · · · · · · · · ·			

Form 990-T (2018)

Schedule F - Interest, A	unuiti	es, noyal	ues, al		Controlled O			atio	IIS (see in:	struction	ns)
1 Name of controlled organizate	on	2. Emp identific num	ation	3 Net unre	elated income instructions)	4 . Tot	al of specified ments made	5. Part of column 4 included in the con- organization's gross		trolling	6. Deductions directly connected with income in column 5
(1)		 -		 				_		-	
(2)		 									
(3)		 						 			
(4)		 									
Nonexempt Controlled Organiz	ations			L				<u> </u>			
7 Taxable Income		unrelated incom	e (loss) .	0 Total	of specified payr	nents	10 Part of colu	mp 0 th	at in included	11 De	dustings disastly separated
, talase meanie		(see instructions		9. 10.a.(made	nents	in the controll		nization's		eductions directly connected h income in column 10
(1)				-							
(2)		-									
(3)		_			-						
(4)					_						
	_						Add colun Enter here and line 8, c		e 1, Part I, (A)	l	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			0.		0
Schedule G - Investment		ome of a s	Section	1 501(c)(7	7), (9), or	(17) Or	ganization	ì			
(see instri	ption of inc	come			2. Amount of	ıncome	3. Deductio	cted	4 Set-	asides schedule)	5. Total deductions and set-asides
(1)							(attach sched	ule)	(4114617		(col 3 plus col 4)
(2)									 		<u> </u>
(3)											
(4)											
(4)					Enter here and o Part I, line 9, co				<u> </u>		Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0.
Schedule I - Exploited I	-	t Activity	Incom	e, Other	Than Ad		ng Income	;			
	·		2 -		4. Net incom	e (loss)					7
1. Description of exploited activity	unrelate inco	Gross and business ane from ar business	directly of with pro of unr	penses connected oduction related s income	from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	 Gross inco from activity t is not unrelat business inco 	hat ed	6. Exp attribut colur	able to	/ Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)									-		
(3)				-							
(4)						***			-		<u> </u>
	page	ere and on 1, Part I, 0, col (A)	page 1	re and on , Part I, col (B)				,			Enter here and on page 1, Part II, line 26
Totals -		0.		0.							0.
Schedule J - Advertisin											···-
Part I Income From P	eriodi	cals Repo	orted o	n a Cons	solidated	Basis					
1 Name of periodical		2. Gross advertising income		3 Direct entising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5 Circulati	ion	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) ASGE NEWS		15,550). 5	0,207							
(2) GASTROINTESTIN	IAL				_						
(3) ENDOSCOPY]	-					
(4) JOURNAL		125,169	. 19	7,759	.]						
Totals (carry to Part II, line (5))		140.719				2/17					0

Form 990-T (2018) ENDOSCOPY

23-7058604

Page !

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				-	
(2)					,		
(3)							
(4)							
Totals from Part I	>	140,719.	247,966.			•	0
	 -	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-	•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	140.719.	247,966.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS DI	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	3,435.	0.	3,435.	3,435.
12/31/13	10,162.	0.	10,162.	10,162.
12/31/14	122,996.	0.	122,996.	122,996.
12/31/15	41,348.	0.	41,348.	41,348.
12/31/16	125,567.	0.	125,567.	125,567.
12/31/17	176,456.	0.	176,456.	176,456.
NOL CARRYO	VER AVAILABLE THIS	YEAR	479,964.	479,964.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning

AMERICAN SOCIETY FOR GASTROINTESTINAL

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization

ENDOSCOPY

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number

23-7058604

541800 Unrelated business activity code (see instructions) Describe the unrelated trade or business DIGESTIVE DISEASE WEEK ADVERTISING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 3,931 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

3,931.

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts .			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract lim	e 29 fr	om line 13	30	3,931.
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018 (see	غسم	
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	3,931.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

		Exempt	Controlled Or	ganizatio	ons		(000		-
1 Name of controlled organiza	ation 2. Em	ployer 3 Net unication (loss) (see	related income e instructions)	4. Tota	al of specified nents made	ıncluc	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
									
(1)						-			
(2)				_					
(3)									
(4)									
Nonexempt Controlled Organ	izations	····							
7. Taxable Income	8 Net unrelated incon (see instructions		of specified paym made	ents	10. Part of coluing the controll gross		nization's		ductions directly connected income in column 10
(1)									
(2)				Ì					
(3)		-						***************************************	******
(4)				•					
					Add colun Enter here and line 8, c		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		0 - 1 - 504(-)	(7) (0) - (<u>▶</u>					
Schedule G - Investme		Section 501(c)((7), (9), or (1/) Or	ganızatıor)			
(see inst	ructions)		T		0		1		T. 5
1 Desc	cription of income		2. Amount of income		 Deductions directly connected 		4. Set-a		 Total deductions and set-asides
					(attach sched	lule)	(attach S	criedule)	(col 3 plus col 4)
(1)		·····					ļ		
(2)									
(3)									
(4)									
Totals		•	Enter here and or Part I, line 9, colu			196 a C 1C	ria ark triminintintintalike i	11 10 10 10 10 10 10 10 10 10 10 10 10 1	Part I, line 9, column (B)
Schedule I - Exploited (see instri		Income, Othe	r Than Adv	vertisir	ng Income	•			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4 Net income from unrelated business (coli minus column gain, compute through 7	trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) DIGESTIVE									
(2) DISEASE WEEK		·		+					
(3) ADVERTISING	3,931.	0.	3 (31.		0.		0	
(4)	3,,,,,,	<u> </u>	, , ,	· · · · ·		•			•
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		<u></u>					Enter here and on page 1, Part II, line 26
<u>Totals</u> ▶	3,931.	0.				-			0.
Schedule J - Advertisi	ng Income (see i	nstructions)							
Part I Income From	Periodicals Rep	orted on a Con	solidated	Basis					,
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertis or (loss) (col col 3) If a gai cols 5 thr	2 minus n, compute	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)							hannes distance and a second		
(4)								1	
Tetale (carry to Part II, line (5))									

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information. AMERICAN SOCIETY FOR GASTROINTESTINAL

For calendar year 2018 or other tax year beginning

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

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

	ENDOSCOPY			23-70586	04_
ι	Inrelated business activity code (see instructions) \blacktriangleright 51913	0			
	Describe the unrelated trade or business SALE OF M	EMB	ERSHIP LIST		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	24,509.		24,509.
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	24,509.		24,509.
	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the			9.)	for contributions,
14	Companyation of officers, directors, and trustees (Schedule K)			1 14	I .

17	Compensation of officers, directors, and trustees (concedic ty		
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs .	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	24,509.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) .	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	24,509.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

23-7058604 Form 990-T (2018) ENDOSCOPY Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 that is included in the controlling organization's gross income 2. Employer 3. Net unrelated income 4 Total of specified 6. Deductions directly 1. Name of controlled organization payments made connected with incor in column 5 (loss) (see instructions) (1) (2) (3) (4) Nonexempt Controlled Organizations 7 Taxable Income Net unrelated income (loss) 10. Part of column 9 that is included in the controlling organization's gross income 9. Total of specified payments 11. Deductions directly connected (see instructions) with income in column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I. Enter here and on page 1, Part I. tine 8, column (A) line 8, column (B) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) Deductions 5. Total deductions Set-asides 1. Description of income 2 Amount of income and set-asides (attach schedule) (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1 Enter here and on page 1. Part I, line 9, column (A) Part I, line 9, column (B) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or 5. Gross income expenses (column directly connected Expenses unrelated business business (column 2 1. Description of from activity that with production attributable to 6 minus column 5 exploited activity income from minus column 3) If a is not unrelated of unrelated gain, compute cols 5 business income business income column 4) through 7 (1) SALE OF (2) MEMBERSHIP 24,509 (3) LIST 0 24,509 0. 0 (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0. 24,509 Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4 Advertising gain 7. Excess readership 2 Gross 3. Direct 6. Readership Circulation costs (column 6 minus column 5, but not more or (loss) (col 2 minus advertising 1. Name of periodical 3) If a gain, compute cols 5 through 7 advertising costs income col costs income than column 4) (1) (2) (3)(4)

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Totals (carry to Part II, line (5))